

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2021</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND</u></p> <p><u>C/O CENTRAL STATES FUNDS</u> <u>8647 WEST HIGGINS ROAD</u> <u>CHICAGO, IL 60631-2803</u></p>	<p>1c Effective date of plan <u>02/01/1955</u></p> <p>2b Employer Identification Number (EIN) <u>36-6044243</u></p> <p>2c Plan Sponsor's telephone number <u>847-518-9800</u></p> <p>2d Business code (see instructions) <u>484120</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	BRADLEY GRIMES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	BRADLEY GRIMES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	

5 Total number of participants at the beginning of the plan year	5	364908
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....	6a(1)	51691
a(2) Total number of active participants at the end of the plan year	6a(2)	50096
b Retired or separated participants receiving benefits.....	6b	155935
c Other retired or separated participants entitled to future benefits	6c	117511
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	323542
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	33514
f Total. Add lines 6d and 6e	6f	357056
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	1005
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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:

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning **01/01/2021** and ending **12/31/2021**

A Name of plan CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN	B Three-digit plan number (PN) ▶ 001
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C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND	D Employer Identification Number (EIN) 36-6044243
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Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	GAC 461 ASSN 0	2	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

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

1a Enter the valuation date: Month 01 Day 01 Year 2021

b Assets	
(1) Current value of assets.....	1b(1) <u>10409440502</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>9791415221</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>57182929661</u>
(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) <u>57182929661</u>
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) <u>58623056348</u>
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) <u>535750392</u>
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) <u>2866691718</u>
(3) Expected plan disbursements for the plan year.....	1d(3) <u>2908891718</u>

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

SIGN HERE	
Signature of actuary	<u>08/16/2022</u>
<u>DANIEL V. CINER, MAAA</u>	Date
Type or print name of actuary	<u>20-05773</u>
<u>SEGAL</u>	Most recent enrollment number
Firm name	<u>312-984-8500</u>
<u>101 NORTH WACKER DRIVE, SUITE 500, CHICAGO, IL 60606-1724</u>	Telephone number (including area code)
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:

a Current value of assets (see instructions)	2a	10409440502
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	192079	34084275398
(2) For terminated vested participants	121138	15801905005
(3) For active participants:		
(a) Non-vested benefits.....		336151456
(b) Vested benefits.....		8400724489
(c) Total active	47378	8736875945
(4) Total	360595	58623056348
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	17.76 %

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
07/01/2021	502065605				
07/01/2021	157762962				
			Totals ▶	3(b)	3(c)
				659828567	0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					157762962

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	17.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	D
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	57689899
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	2025

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

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

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method.....	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	2.43 %		
	Pre-retirement		Post-retirement			
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:						
(1) Males	6c(1)	A		A		
(2) Females	6c(2)	A		A		
d Valuation liability interest rate	6d	2.00 %		2.00 %		
e Expense loading	6e	7.5 %	<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			5.6 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h			2.9 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-564730255	-43088626
3	-57689899	-4401709

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	20663273496
b Employer's normal cost for plan year as of valuation date.....	9b	595934587
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	32155213979
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	497569911
e Total charges. Add lines 9a through 9d.....	9e	25376065451

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	659828567
Outstanding balance		
h Amortization credits as of valuation date.....	9h	5426973035
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	26564315
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	48947198008
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	44875836546
(3) FFL credit.....	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits.....	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	1684694353
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	23691371098
9o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2021 plan year.....	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.).....	10	23691371098
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning **01/01/2021** and ending **12/31/2021**

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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	3787920	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MELLON INVESTMENTS CORPORATION

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	3100069	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)

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	1493646	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)

BLACKROCK FINANCIAL MANAGEMENT INC.

13-3806691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	1349879	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	513014	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GROOM LAW GROUP, CHARTERED

52-1219029

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 49	SERVICE PROVIDER	426577	Yes <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)

HITACHI SOLUTIONS AMERICA LTD

94-3127998

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	423636	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CDW DIRECT LLC

36-3310735

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	315429	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PETERSON TECHNOLOGY PARTNERS INC

36-4201657

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	260222	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MICROSOFT CORPORATION

91-1144442

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	196216	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	189538	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LINDQUIST LLP

52-2385296

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	SERVICE PROVIDER	188900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

VITECH SYSTEMS GROUP, INC.

13-3785492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	188102	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THOMAS C NYHAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	178900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FERNANDO J 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	174656	Yes <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)

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	143594	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	141324	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	141300	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JOHN J FRANCYK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	140271	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	139713	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	137947	Yes <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)

ROBERT A 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	135602	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	133900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	132343	Yes <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)

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	131565	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL ADVISORS INC

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	130134	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JAYNE CAMINITI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	129859	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CARRIE L SCHEUERMAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	129696	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 A VELAZQUEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	129290	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 M 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	128552	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

IT ASSOCIATES INC

36-4198983

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	126068	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	125907	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JASCULCA TERMAN STRATEGIC COMM

36-3136983

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	125592	Yes <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)

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	123635	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DORICE M SUCKOW

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	123517	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARY ELLEN BYRNE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	123098	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MICHAEL STUBER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	122202	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JAMESON H ESPOSITO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	121139	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 A COHEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	120881	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARK 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	119964	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LEDA BARATTI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	119599	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	118651	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CHARLOTTE YANKOWSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	118229	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	118162	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARTIN G EGAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	117473	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARY A CHAVEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	116440	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TINA M KEENA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	115822	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DONNA J KUXHAUSE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	114507	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SUSAN M 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	114477	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARKLYN W PIERRE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	114246	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMY L PUCHALSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	113745	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MATTHEW S DRAGOO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	113556	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 D WIATER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	113462	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JEANNETTE B ROSZKO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	112543	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ELIZABETH P 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	112243	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	111460	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MITCHELL MARTIN INC

13-3591013

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	110617	Yes <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)

ANDREA C 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	110513	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ELIZABETH LOPEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	110482	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 J VAN ROSSEM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	110361	Yes <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)

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	110215	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	109936	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TIMOTHY E CHRISTIANS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	108583	Yes <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)

REPRO GRAPHICS INC

36-2614278

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	108366	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALEXANDRIA M BENDINELLI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	107946	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	107871	Yes <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)

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	107609	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TERESA M ZUNIGA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	107327	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 JOGMEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	107224	Yes <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)

KATHLEEN A 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	106639	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	106469	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VICTOR A MELENDEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	106403	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TILSA FERNANDEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	106224	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 J 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	105957	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	105538	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ANDREW J HERINK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	105409	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	104979	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	102939	Yes <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)

CUSHMAN & WAKEFIELD INC

43-0955234

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	102901	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	102460	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VICTORIA BENITEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	102221	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

REBECCA MCMAHON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	101283	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 B 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	101024	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	100886	Yes <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	98780	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	98534	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	97202	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DANIEL SHEPARD

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	96453	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANNE M 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	95822	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CAO ANALYTICS LLC

47-3363557

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	95162	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TAMI LANTZ CRAIG

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	94326	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 A 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	94154	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EPSTEIN BECKER & GREEN PC

13-3031033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	91824	Yes <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)

GLORIA J CATANESE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	90450	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 T BLECHSCHMIDT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	89403	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROBERT HALF TECHNOLOGY

94-1648752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	88675	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JUSTIN D MACKOWIAK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	87839	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	86772	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	86053	Yes <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)

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	85705	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DOUGLAS A GREGG

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	85470	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JESSICA PETERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	84550	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MATTHEW 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	82392	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 W 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	82386	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	82207	Yes <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)

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	82198	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHRISTOPHER R KOZIOL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	82163	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

5WYRE LLC

45-5078554

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	81559	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JOSEPH R MAIELLARO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	81319	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARY A 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	81218	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	81164	Yes <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)

PRESTIGE STAFFING

58-2551180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	81105	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GEOFFREY M GILBERT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	80915	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALEXANDER J ZEMKE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	80571	Yes <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)

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	79606	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input 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	78242	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ORACLE AMERICA INC

94-2805249

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	78166	Yes <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)

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	78096	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 M 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	77624	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	76861	Yes <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)

CHRISTOPHER D 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	76617	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JEANETTE E KIM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	76478	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 B ELVIRA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	76041	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JAMES DEBLASIO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	75861	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRENDAN MASON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	75313	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RYAN MCSHEA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	75265	Yes <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)

BRECK G HAYDEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74599	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	73917	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LUCYNA E SADOWSKA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73913	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DANIEL ZAWADZKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	72938	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KEVIN P LYNCH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	72642	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRIAN SZOTT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	72157	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GEORGE O 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	72089	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CURTIS P DRACKA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	71921	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	71699	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LOIS J YU

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	71367	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

G4S SECURE SOLUTIONS USA INC

59-0857245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	70627	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 M SPRATT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	70361	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ANNA SIONEK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	69860	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VUKASIN KOPRIVICA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	69664	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHRISTIAN A MUELLER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	69443	Yes <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)

BENJAMIN L WISHBA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	69439	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LUIS GOMEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	69152	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	68798	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARK 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	68587	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARTY J MICHEFF

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	68321	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JAMISON R BURCHFIELD

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	68169	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MATTHEW J FRICKE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	68150	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALANTE D ENGLISH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	68090	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 T EWERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	67639	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JAMES C 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	67430	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 E SULLIVAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	67291	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 S VIRTEL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	67234	Yes <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)

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	67181	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CYXTERA COMMUNICATIONS LLC

43-1727675

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	66401	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	65804	Yes <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)

KEVIN J BIRMINGHAM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65641	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	65456	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

IMANAGE LLC

47-4341604

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	64929	Yes <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)

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	64839	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AUSTIN POPE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	64818	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	64787	Yes <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)

ASHLEY R BOLDYGA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	64443	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 SWORDY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	64426	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HUNTER J STEWART

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	64397	Yes <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)

RACHEL I JOAS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	64395	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 KACZOR

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	64281	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HEINZ STRATEGIES LLC

115 SEA STREET
DENNIS PORT, MA 02639

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	64172	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ANDREW J GUENTHER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63453	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	63444	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PETER SLOBIDSKY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63367	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JEFFREY 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	63248	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JON C FELSKÉ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63239	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 B WESLEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	62613	Yes <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)

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	62481	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 AFTAB

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	62372	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	61961	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TEENA L 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	61848	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JASON CHILDRESS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	61494	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HOWARD A LEVY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	61095	Yes <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)

KEVIN KLEINE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60354	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 A FANCIULLACCI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60138	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ENGIE RESOURCES

37-1796578

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	60127	Yes <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)

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	59845	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MICHELLE SCHAEFER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	59803	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KEVIN T KOCH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	59640	Yes <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)

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	59347	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	58702	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	58137	Yes <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)

STACEY L SZTYM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	57920	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	57795	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	57438	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WALTER J STERREBERG

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	57289	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PATRICIA R DORAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56942	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KIMBERLY A STREM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56687	Yes <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)

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	56291	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 FORKENBROCK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56156	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GREGORY M SLESZYNSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	55993	Yes <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)

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	55519	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	55346	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SAYERS

82-4663297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	55157	Yes <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	55106	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	54859	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	54176	Yes <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 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	54163	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	54044	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 BIERNAT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53946	Yes <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)

PETER ROSNER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53692	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	53679	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	53577	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JAMES 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	53552	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 A BRANER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53404	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 M CISMESIA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53342	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JILL D GRUVER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53301	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRYAN LEGANSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53120	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PADMAJA SIRIPURAM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53084	Yes <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)

LLOYD E THAREL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52603	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 J CROWLEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52261	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARLES SCHREIBER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	51932	Yes <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)

HAYDEE HERNANDEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	51779	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	51745	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE CONTACT GROUP

54-2059315

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	51639	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JOHN FLOWERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	51158	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 EVAN 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	51093	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	50755	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DEBORAH TANSLEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	50695	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	50586	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	50570	Yes <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)

CAROL A 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	50551	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VICKY L HUNT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	50477	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOSEPH SADOWSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	50433	Yes <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)

PENSION BENEFIT INFORMATION LLC

82-2042737

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	50273	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EVELYN PASCUAL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	50144	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	50038	Yes <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)

KIMBERLY ANN STEIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	50024	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 V SILVERMAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	49926	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	49879	Yes <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)

APEX SYSTEMS LLC

54-1773546

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	49831	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 R RICHARDSON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	49794	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	49694	Yes <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)

RITA E HEDLUND

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	49298	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NANA K APPIAH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	49268	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	48710	Yes <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	48704	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	48682	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	48410	Yes <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 ESTRADA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48387	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KARA A KHORSHIDIAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48206	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	48167	Yes <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	48124	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

REBECCA M LAURIS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47536	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	47420	Yes <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)

JENNIFER R ORSTROM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47175	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHELSEA HU

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47175	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MICHAEL MULLANE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47173	Yes <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)

ROGETTE M ARMIJO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46814	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DEANA REED

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46809	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 A 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	46795	Yes <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)

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	46679	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	46619	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	46567	Yes <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)

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	46507	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JILL 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	46298	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 C 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	45992	Yes <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)

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	45846	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TINA ERICKSON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	45448	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	45250	Yes <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)

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	45247	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	44915	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 BARRETT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44604	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SUSAN O CAMP

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44556	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	44356	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	44186	Yes <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)

VINCENT TUZIL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44168	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 M 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	44135	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	43922	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JOHN M 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	43905	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	43866	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JENICA A SANTELLA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43695	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WILLIAM 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	43373	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

IVANTI INC

30-0110335

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	43270	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NICOLE FAJDICH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43226	Yes <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 W DEWEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43027	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DIANA KLEEMAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	42919	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KAMILA 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	42593	Yes <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)

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	41978	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TANEESHA R 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	41794	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JESSE MOSHI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	41732	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WIESLAWA MUSIAL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	41572	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VIRIDIANA ANGUIANO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	41174	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DAVID H COAR

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	SERVICE PROVIDER	41029	Yes <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)

CHRISTY PICHARDO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	40860	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	40633	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	40388	Yes <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)

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	40367	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KRISTEN A KRISTENSEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	40144	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DERICK D CARLSON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	40017	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ALEXANDER D JAFFRAY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	39786	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 W 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	39724	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	39268	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

IT HARDWARE PLUS LLC

27-2032355

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	39214	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 RAKHMAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	38243	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 SHKLOVSKY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	38023	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JOHN J SHEEHAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	37879	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	37644	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 L GOELLNER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	37210	Yes <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)

KATHLEEN M 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	37179	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	36947	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	36740	Yes <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)

PATRICIA A 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	36586	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	36544	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CONCORD TECHNOLOGIES

91-1841637

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	36242	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ANNA KOLE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	36046	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DEREK J SCHNUPP

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	35382	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	35379	Yes <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)

MARAH KASUBA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	35371	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WINNING CONNECTIONS

52-1997225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	35159	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SUNDARAVEL GOVINDARAJULU

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	34570	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MICHAEL J 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	34369	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	34354	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRETT M FARRENKOPF

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	33374	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CYNTHIA A MCGINNIS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	32252	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TIM KRUMWIEDE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	32210	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DEVSQUAD

81-3007045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	31528	Yes <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)

KESHEBA S BROWN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	31455	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GASSAN ALRAHI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	31407	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

REBEKAH L FOLEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	31164	Yes <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)

DARRY B WELLS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	31087	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NICOLE M SHREEVES

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	30810	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANTHONY J CLARKE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	30791	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MICHAEL I SHEDROFF

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	30317	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 FANELLA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	30133	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALEX SLEZAK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	30054	Yes <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)

VANNESSA ROCHA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	30053	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 INC

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	29999	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	29998	Yes <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)

KUNAL JAIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	29451	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KEVIN M GIER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	28626	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VISHAL AMIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	28309	Yes <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)

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	27434	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MICHAIL GORELOV

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	27273	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DONNA M WATERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	27273	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RATHNA C RODGERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	26627	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	26622	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROBERT S SANTANGELO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	26560	Yes <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)

COMO NEGRETE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	26411	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DON 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	26119	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KRISTIN A VILLASENOR

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	26003	Yes <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)

KATHLEEN M PUCCIO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25569	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

OPEN TEXT INC

46-0525483

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	25149	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GINA GRANDE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25008	Yes <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)

MAKE CORPORATION

36-4027285

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	24311	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AVANAN INC

47-1350119

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	22991	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	22798	Yes <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)

BRIDGES COURT REPORTING

01-0858250

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	22529	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCHIELE GRAPHICS INC

36-2430120

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	21832	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 W FITTON

3543 N LAWNSDALE AVE UNIT 1
CHICAGO, IL 60618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	21735	Yes <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)

VAMANA SYSTEMS INC

20-8456170

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	21609	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	20965	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	20851	Yes <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)

GARY DUNHAM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	20495	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TIDAL SOFTWARE LLC

83-3927538

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	20218	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ICIMS INC

22-3719840

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	19063	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARK 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?
20	TRUSTEE	18424	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CLEARDATA NETWORKS INC

27-0574916

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	18144	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALLIANT INSURANCE SERVICES INC

33-0785439

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	17893	Yes <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)

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	15863	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

OPTOMI LLC

30-0747677

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	15260	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SBS SECURITY

52-2441849

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	13860	Yes <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)

DYNATRACE LLC

47-3224399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	13858	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	13540	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CONNECT SEARCH LLC

45-4170011

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	13414	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CAMERA CORNER CONNECTING POINT

36-3423921

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	13354	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RAPID7 LLC

74-3111935

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	13342	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AT&T MOBILITY

84-1659970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	13281	Yes <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)

SECURITYSCORECARD INC

46-3593513

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	12933	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALLIED UNIVERSAL SECURITY SERVICES

33-0973846

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	12298	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PLURALSIGHT LLC

20-1279619

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	10994	Yes <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)

SITECORE USA INC

30-0262390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	10830	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PCLAW TIME MATTERS

84-1728342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	10790	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PURESOME CONSULTING INC

85-1084400

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	10693	Yes <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)

SOLARWINDS

73-1559348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	10014	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	9947	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	9940	Yes <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)

CROWN CASTLE FIBER LLC

76-0470458

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9917	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VIDEK INC

16-1587199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9660	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KONE INC

36-2357423

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9618	Yes <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)

BRETT HUBICK

123 N STRATFORD ROAD
ARLINGTON HEIGHTS, IL 60004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9360	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UNITED PARCEL SERVICE INC

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	9020	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALIGNED SEARCH LLC

81-4551029

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9013	Yes <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)

DILIGENT CORPORATION

81-1402466

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	8851	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CITRIX SYSTEMS INC

75-2275152

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	8730	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 PRESORT SERVICES LLC

47-0794215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	8662	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARK JERKATIS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 49	EMPLOYEE/SERVICE PROVIDER	8132	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CLEO COMMUNICATIONS US LLC

61-1680547

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	7619	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PROOFPOINT

51-0414846

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	7161	Yes <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	7134	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMLINGS INTERIOR LANDSCAPE

81-3963700

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6943	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HELLOSIGN

27-5013218

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6336	Yes <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)

JAMF SOFTWARE LLC

27-4335186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6260	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ZIPRECRUITER INC

27-2976158

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6100	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DONOMA SOFTWARE

54-1575464

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6090	Yes <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)

LEVEL 3 COMMUNICATIONS LLC

47-0735805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5848	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ESQUIRE DEPOSITION SOLUTIONS LLC

45-3463120

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5640	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CONTROL UP INC

47-4475306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5299	Yes <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
(d) Enter name and EIN (address) of source of indirect compensation	(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.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM EB TEMPORARY INVESTMENT FUND</u>	b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>	
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>34094539</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<p style="text-align: center;">SCHEDULE G (Form 5500)</p> <p style="font-size: small;">Department of Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p>	<p>Financial Transaction Schedules</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2021</p> <hr/> <p>This Form is Open to Public Inspection.</p>
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For calendar plan year 2021 or fiscal plan year beginning **01/01/2021** and ending **12/31/2021**

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

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"/>	VENEZUELA GOVERNMENT SECURITY FINAL AV. URDANETA, ESQ. DE BOLERO, PALACIO MIRAFLORES DISTRITO CAPITAL CARACAS VE	

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
173100	0	0	236391	173100	63291

(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"/>		

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

(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"/>		

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

(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"/>		

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

(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"/>		

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

(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"/>		

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

(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"/>		

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

(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"/>		

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

Part II Schedule of Leases in Default or Classified as Uncollectible					
Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)					
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

<p style="text-align: center;">SCHEDULE H (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Financial Information</p> <p style="font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2021</p> <hr/> <p style="font-size: small;">This Form is Open to Public Inspection</p>
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For calendar plan year 2021 or fiscal plan year beginning **01/01/2021** and ending **12/31/2021**

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

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1405930	248905
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	55304283	50475394
(2) Participant contributions.....		
(3) Other	474435102	349871462
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	13325	215078
(2) U.S. Government securities	4653061487	3014188154
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	5111267011	4627326198
(B) All other	27727515	21077804
(4) Corporate stocks (other than employer securities):		
(A) Preferred	3106017	3103331
(B) Common	2248103	2581865
(5) Partnership/joint venture interests		
(6) Real estate (other than employer real property)		
(7) Loans (other than to participants).....	1217309794	1741732985
(8) Participant loans		
(9) Value of interest in common/collective trusts.....	41573036	34094539
(10) Value of interest in pooled separate accounts		
(11) Value of interest in master trust investment accounts.....		
(12) Value of interest in 103-12 investment entities		
(13) Value of interest in registered investment companies (e.g., mutual funds)		
(14) Value of funds held in insurance company general account (unallocated contracts).....		
(15) Other.....	110199232	69122708

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	296889770	203306199
(2)	Employer real property.....		
e	Buildings and other property used in plan operation.....	5093725	5364517
f	Total assets (add all amounts in lines 1a through 1e).....	11999634330	10122709139
Liabilities			
g	Benefit claims payable.....		
h	Operating payables.....	86311916	80175126
i	Acquisition indebtedness.....		
j	Other liabilities.....	1503881912	1884306195
k	Total liabilities (add all amounts in lines 1g through 1j).....	1590193828	1964481321
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	10409440502	8158227818

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers.....	502060375	
	(B) Participants.....	5230	
	(C) Others (including rollovers).....		
(2)	Noncash contributions.....		
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)		502065605
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	622	
	(B) U.S. Government securities.....	43905841	
	(C) Corporate debt instruments.....	126437072	
	(D) Loans (other than to participants).....	2287307	
	(E) Participant loans.....		
	(F) Other.....	122766	
	(G) Total interest. Add lines 2b(1)(A) through (F)		172753608
(2)	Dividends: (A) Preferred stock.....		
	(B) Common stock.....	164217	
	(C) Registered investment company shares (e.g. mutual funds).....		
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)		164217
(3)	Rents.....		
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	30895930231	
	(B) Aggregate carrying amount (see instructions).....	30957141054	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....		-61210823
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate.....		
	(B) Other.....	-134355394	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)		-134355394

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		243084
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		158019205
d Total income. Add all income amounts in column (b) and enter total.....	2d		637679502
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2835123558	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2835123558
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	1017499	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	8668222	
(4) Other.....	2i(4)	44082907	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		53768628
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2888892186
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-2251212684
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WITHUM SMITH+BROWN, PC

(2) EIN: 22-2027092

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.).....

	Yes	No	Amount
4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b	X		236391
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X		40044
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 444896.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

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

1	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 36-6044243

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

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

3	0
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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

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

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

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 71339080

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 06 Day 30 Year 2023

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

(1) Contribution rate (in dollars and cents) 68.40

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

a Name of contributing employer YRC INC.

b EIN 34-0492670 **c** Dollar amount contributed by employer 38961298

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 2024

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 USF HOLLAND LLC

b EIN 38-0655940 **c** Dollar amount contributed by employer 28818792

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 2024

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: last contributing employer alternative reasonable approximation (see instructions for required attachment).....

b The plan year immediately preceding the current plan year. Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

c The second preceding plan year. Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14a	198537
14b	204708
14c	206594

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

a The corresponding number for the plan year immediately preceding the current plan year.....

b The corresponding number for the second preceding plan year.....

15a	0.97
15b	0.96

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

a Enter the number of employers who withdrew during the preceding plan year.....

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.....

16a	64
16b	2404589150

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: _____% Investment-Grade Debt: 100% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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): _____

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

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

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

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, 2021 and 2020,
Supplemental Schedules as of and for the Year Ended
December 31, 2021, and Independent Auditor's Report

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

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND

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

INDEPENDENT AUDITOR'S REPORT

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

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Central States, Southeast and Southwest Areas Pension Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Central States, Southeast and Southwest Areas Pension Fund as of December 31, 2021, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Other Matter - December 31, 2020, Financial Statements

The financial statements of Central States, Southeast and Southwest Areas Pension Fund for the year ended December 31, 2020, were audited by Lindquist, LLP, who joined WithumSmith+Brown, PC effective January 1, 2022, and whose report dated September 14, 2021, expressed an unmodified opinion on the financial statements. No auditing procedures have been performed with respect to the December 31, 2020, financial statements since that date.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule G - Financial Transaction Schedules (IRS Form 5500) and Schedule H - Financial Information (IRS Form 5500) are presented for purposes 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 ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Withum Smith + Brown, PC

September 13, 2022

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
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2021 AND 2020

	2021	2020
	(In thousands)	
Assets		
Investments at fair value (Note 3):		
Cash equivalents, including those purchased under agreements to resell of \$50,377 and \$67,116 in 2021 and 2020, respectively	\$ 384,739	\$ 208,855
Fixed income:		
U.S. government and government agency debt	1,806,101	3,864,946
U.S. corporate debt	3,114,989	3,964,321
International debt	960,829	1,011,433
Equity:		
U.S. common and preferred	4,580	4,244
International common and preferred	1,105	1,110
Securities on loan	1,702,633	1,191,136
Other investments	40	40
Total investments at fair value	7,975,016	10,246,085
Receivables:		
Employer contributions, less allowance for uncollectible contributions of \$71,292 and \$64,796 in 2021 and 2020, respectively (Note 2)	50,475	55,304
Interest and dividends	36,604	55,376
Other, primarily securities sold	313,268	419,060
Total receivables	400,347	529,740
Cash	249	1,406
Assets held as collateral in securities lending program (Note 3)	1,741,733	1,217,310
Other, primarily fixed assets - net	5,364	5,094
Total assets	10,122,709	11,999,635
Liabilities		
Liability to return collateral held under securities lending agreements (Note 3)	1,741,733	1,217,310
Investment related, primarily securities purchased	125,440	273,984
Accounts payable and accrued expenses	80,175	86,312
Deferred withdrawal liability receipts	17,133	12,588
Total liabilities	1,964,481	1,590,194
Net assets available for benefits	\$ 8,158,228	\$ 10,409,441

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
 ATTACHMENT A

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
	(In thousands)	
Revenue (Note 2)		
Contributions	\$ 502,066	\$ 496,513
Withdrawal liability	<u>157,763</u>	<u>164,315</u>
 Total revenue	 <u>659,829</u>	 <u>660,828</u>
 Benefits and expenses		
Benefits to participants	2,835,124	2,842,184
General and administrative expenses (Note 5)	<u>45,093</u>	<u>42,242</u>
 Total benefits and expenses	 <u>2,880,217</u>	 <u>2,884,426</u>
 Loss from operations	 (2,220,388)	 (2,223,598)
 Investment income		
Interest and dividends	173,417	253,778
Net appreciation (depreciation) in fair value of investments	(195,566)	80,664
Investment expenses	<u>(8,676)</u>	<u>(11,310)</u>
 Net investment income	 <u>(30,825)</u>	 <u>323,132</u>
 Decrease in net assets	 (2,251,213)	 (1,900,466)
 Net assets available for benefits		
Beginning of year	<u>10,409,441</u>	<u>12,309,907</u>
 End of year	 <u>\$ 8,158,228</u>	 <u>\$ 10,409,441</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 notes regarding the Central States, Southeast and Southwest Areas Pension Plan ("Plan") (EIN/PN 36-6044243/001) provide 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.

The risks of participating in a multiemployer plan are different from single-employer plans in the following respects: contributions made to a multiemployer plan by one employer may be used to provide benefits to employees of other participating employers; if a participating employer stops contributing to a multiemployer plan, the unfunded obligations of the plan may be borne by the remaining participating employers; and if a participating employer chooses to stop participating in a multiemployer plan, it may be required to pay an amount based on the underfunded status of the plan (referred to as withdrawal liability).

Benefits

The Plan provides various pension benefits. Benefit levels are generally based on the participant's contribution levels, service credit and age. Generally, at least five years of service are required to be eligible for any benefit level. Vested participants receive one of the four types of monthly retirement benefits provided by the Plan: Contribution-Based Pension, Contributory Credit Pension, Twenty-Year Service Pension or Deferred Pension. Under certain conditions, partial pensions are available at reduced amounts where participation has been divided between the Plan and other pension plans that have reciprocal agreements with the Fund. At time of retirement, married participants may elect to receive a reduced benefit under joint surviving spouse options. The Plan also provides for a monthly disability benefit, a lump-sum disability benefit and various death benefits.

For certain eligible retirees (and their spouses), the Plan includes an Age 65 Prescription Drug Benefit. This benefit is funded entirely through additional employer contributions to the Pension Fund and has an annual maximum benefit of \$1,000 (per member/spouse). Amounts available to pay this benefit at December 31, 2021 and 2020 were \$66.5 million and \$67.3 million, respectively.

The COVID-19 pandemic did not significantly impact benefit expenses for the plan years ended December 31, 2021 and 2020.

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

The Plan complies with the provisions of the Multiemployer Pension Plan Amendment Act of 1980 ("MPPAA"), which requires imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. Under the provision, a portion of the Plan's unfunded vested liability would be allocated to a withdrawing employer. The Plan's actuary has advised the Plan that, as of January 1, 2022 and 2021, the Plan has an estimated unfunded vested liability for withdrawal liability purposes of \$47.6 billion and \$48.1 billion, respectively.

In accordance with amendments of ERISA by MPPAA, the Trust Agreement and the Plan provide for the Modified Presumptive Method (Two Pool Approach) of determining employer withdrawal liability. The Trustees have approved an exemption of withdrawal liability for employers for certain temporary contribution obligation periods in accordance with Section 4210 of ERISA (29 U.S.C. § 1390). The Trustees have also approved an exemption of withdrawal liability for employers in the building and construction industry in accordance with Section 4203(b) of ERISA (29 U.S.C. § 1383(b)).

New and existing employers may choose to have their withdrawal liability determined following the Direct Attribution Method. Under this alternative method, each employer's withdrawal liability is measured based upon the contributions paid and the benefits accrued by that particular employer on a go forward basis. Existing employers may become part of the Direct Attribution Pool by satisfying their existing withdrawal liability, as calculated under the previous Modified Presumptive Method. Existing participating employers are not required to convert to the Direct Attribution Method.

Plan termination

The Trustees control and manage the operation and administration of the Fund and the Plan and, subject to certain conditions, may amend or terminate the Trust Agreement and Plan. The Trustees intend to continue the Plan; however, termination of the Plan would result in allocation of the Fund's net assets to participants and beneficiaries of the Plan in the order specified by ERISA and in accordance with the Trust Agreement. In the event of Plan termination, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"). Generally, the PBGC guarantees most vested normal age retirement benefits, some early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits as well as the ability of the PBGC to provide the guaranteed level of benefits.

Funding policy

The Trustees establish contribution rates intended to be sufficient to pay benefits required by the Plan. For the years ended December 31, 2021 and 2020, the minimum funding requirements of ERISA were satisfied.

For the years ended December 31, 2021 and 2020, the Plan was certified by its actuary to be in "critical and declining" status as defined by the Multiemployer Pension Reform Act of 2014. Under the Pension Protection Act of 2006 ("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.

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
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In July 2005, subject to certain conditions, the Internal Revenue Service (“IRS”) approved the Fund’s request for a 10-year amortization extension for amortizing the unfunded liabilities for the Plan year beginning January 1, 2004. As of January 1, 2009 the Fund did not meet the funding percentage required as a condition of the amortization extension due to significant investment losses suffered during 2008. On February 12, 2009, the Fund filed an application with the IRS to modify the conditions set forth in the amortization extension; the Fund’s amortization extension expressly provides that the IRS “will consider modifications of [the] conditions in the event that unforeseen circumstances beyond the control of the Fund cause the actual experience of the Plan to fail the funded ratio target.” In April 2016 the IRS approved a modification of the amortization extension. Under this modification there will be no retroactive funding deficiency for years prior to 2009 as a result of any failure of the Fund to satisfy the funding target conditions for 2009 and subsequent years. The Fund employers will not be exposed to excise taxes as long as the Fund has a PPA rehabilitation plan in place and is complying with it. The Fund adopted a rehabilitation plan under the PPA in 2008 and is currently complying with it.

2. Summary of significant accounting policies

Basis of accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Revenue

Contributions are billed monthly based upon employment information provided by employers and rates specified in applicable collective bargaining agreements.

The COVID-19 pandemic did not impact contribution revenue for the plan years ended December 31, 2021 and 2020.

Withdrawal liability, which is based upon an employer’s allocated share of the Plan’s unfunded liability for vested benefits, is assessed at the time of an employer’s partial or complete withdrawal from the Fund, as defined by MPPAA. Generally, the amount of withdrawal liability that will be collected under any given withdrawal liability assessment is not reasonably estimable. At December 31, 2021 and 2020 the Fund had approximately \$10.2 billion and \$9.6 billion, respectively in fully reserved withdrawal liability receivables; that is, these were amounts of assessed withdrawal liability for which no payments had been received.

On June 17, 2009, two affiliated major contributing employers, YRC, Inc. (formerly Yellow Freight and Roadway Express) and USF Holland, Inc. (collectively referred to as “YRC,” both subsidiaries of Yellow Corporation [formerly 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 most recent of which is described below), the new maturity date is December 31, 2022. The agreement is secured by a first priority interest in real property pledged by YRC. During 2021 and 2020, property-related payments received and applied to outstanding principal totaled zero and \$1.3 million, 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.

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART III, LINE 3a
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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. Contributions received from YRC for 2021 and 2020 were \$67.7 million and \$68.4 million, respectively.

On January 30, 2018, the terms of the CDA were amended to provide an extension to December 31, 2022 for the final payment of all remaining principal and interest, along with these additional terms: 1) a lump sum payment of \$16.9 million towards deferred principal on or before January 30, 2018, 2) payments of 2% of the outstanding deferred principal on December 31st of each year from 2018 thru 2021 and 3) the continuation of monthly payments of current pension contributions and monthly accrued interest under the CDA. On December 28, 2017 YRC remitted the required \$16.9 million. In addition, the required annual 2% payments of \$917.6 thousand and \$936.3 thousand were received in December 2021 and December 2020, respectively. YRC remitted accrued interest payments of \$3.6 million and \$3.7 million during 2021 and 2020, respectively.

YRC's outstanding balances under the CDA at December 31, 2021 and 2020 were \$45.1 million and \$46.0 million, respectively. For the years ended December 31, 2021 and 2020, reserves for the deferred amounts included within the allowance for uncollectible contributions on the Statements of Net Assets Available for Benefits were \$33.3 million and \$34.2 million, respectively.

On August 5, 2019, a quorum of Trustees approved the termination of participation in the Pension Fund for Jack Cooper Transport Company, Inc. and Auto Handling Corporation (collectively "OLD JC") retroactive to May 25, 2019. Subsequently, OLD JC filed for bankruptcy and no pension contributions were remitted to the Pension Fund for the period of May 26, 2019 through November 2, 2019 (the "Gap Period"). Thereafter, and as a result of the sale of assets to Jack Cooper Transport Company LLC and Auto Handling LLC ("NEW JC"), contributions to the Pension Fund resumed effective with the week beginning November 3, 2019. NEW JC had also agreed to remit a Special Contribution payment to the Pension Fund by May 4, 2021 of the entire sum of pension contributions (plus interest) that would have been owed with respect to the Gap Period (previously estimated to be \$10.9 million principal) by OLD JC but for the termination of OLD JC from participation in the Pension Fund. After the Pension Fund receives this Special Contribution payment from NEW JC, pension service credits and accruals will be granted for the Gap Period along with an adjustment to any benefits due to pensioners as a result of that credit.

During 2021, NEW JC experienced continuing financial hardship (related to the slow-down in auto manufacturing caused by supply chain problems) and as a result the Special Contribution agreement was modified multiple times. The final agreement called for monthly interest payments from October 2021 through June 2022 and full repayment of principal by June 10, 2022. On May 13, 2022, NEW JC paid all amounts owed in full.

Payment of benefits

Benefit payments to participants are recorded when paid.

Subsequent events

Subsequent events were evaluated through the date on which the financial statements were available to be issued. This date is approximately the same as the independent auditors' report date.

On March 11, 2021, the American Rescue Plan Act of 2021 ("ARPA") was signed into law. Under the ARPA, eligible plans such as the Fund may seek special financial assistance ("SFA") from the federal government. The Fund applied for SFA from the PBGC on April 28, 2022 under the terms of the Interim Final Rule issued by the PBGC on July 9, 2021. During the pendency of the application, the PBGC issued a Final Rule on July 8, 2022. On August 12, 2022, the Fund withdrew its application and filed a revised application that same day under the terms of the Final Rule. The Fund is requesting approximately \$34.9 billion in the revised application.

3. Investments

Custody

Investments owned by the Fund are held under the custody of The Bank of New York Mellon (“BNYM”).

Named Fiduciary and Investment 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. (“Northern”) currently serves as the Fund's Named Fiduciary.

On September 12, 2022, BlackRock Financial Management, Inc. (“BlackRock”) was approved to replace Northern as Named Fiduciary effective October 11, 2022. In addition, the Consent Decree was amended and restated on September 12, 2022 to grant BlackRock responsibility over 100% of the investment assets.

Notwithstanding the foregoing, effective March 2020, the Consent Decree requires 50% of the Fund's investment assets to be invested in a passive domestic fixed income index account. This investment is not subject to the control of the Named Fiduciary, but the Named Fiduciary considers this investment when developing the Fund's overall asset allocation. The account is managed by a separate court-approved investment manager selected by the Fund and is designed to replicate the characteristics of a specific index. There are no redemption restrictions for this investment. The Passive Fixed Income Index Account is managed by Mellon Investments Corporation (“Mellon Investments”) and is governed by an investment policy that is designed to replicate the characteristics of one or more investment grade fixed income indices. Mellon Investments is an affiliate of BNYM, the Fund's custodian, and therefore qualifies as a party-in-interest.

Prior to March 2020, the allocations of passive accounts were 7% passive Standard & Poor's 500 (“S&P 500”) index account, 41.5% passive domestic fixed income index account and 1.5% passive Europe, Australasia, Far East (“EAFE”) index account. These investments were not subject to the control of the Named Fiduciary, but the Named Fiduciary considered these investments when developing the Fund's overall asset allocation. The accounts were managed by separate court-approved investment managers selected by the Fund and designed to replicate the characteristics of specific indices. There were no redemption restrictions for these investments. The BNYM Mellon DB SL Stock Index Fund was governed by an investment policy that required the investment manager to replicate the S&P 500 Index. This investment is a common/collective trust (“CCT”) of which the Fund owned unit shares. The BNYM Mellon DB SL International Stock Index Fund (another CCT) was governed by an investment policy that required the investment manager to replicate the Morgan Stanley Capital International EAFE Index. The Passive Fixed Income Index Account was governed by an investment policy that required the investment manager to replicate the Barclays Intermediate A+ Government/Corporate Credit Index. All index accounts were managed by Mellon Investments Corporation.

The EB Temporary Investment Fund is a CCT which acts as a cash sweep vehicle for the BNYM Mellon DB SL Stock Index Fund, the BNYM Mellon DB SL International Stock Index Fund and the Passive Fixed Income Index Account and is managed by BNYM (a party-in-interest). This CCT's investment objective is to seek as high a level of current income as is consistent with the preservation of capital and the maintenance of liquidity.

Valuation

Investments are stated at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When available, quoted market prices are used to value investments. The valuations are provided by independent pricing sources used by BNYM.

U.S. common and preferred stocks traded on national securities exchanges are valued at the most recent close of trading price, and U.S. common and preferred stocks traded on over-the-counter markets are valued at the last bid price at the most recent close of trading. Non-U.S. equity securities are valued at the primary exchange close. U.S. and non-U.S. long-term corporate debt and government and government agency debt (including forward commitments) are valued on the basis of quotes obtained from independent pricing vendors. All open exchange-

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traded option positions are valued at the last quoted price at the principal exchange where traded. Swap position valuations are derived from their underlying market indices, index futures contracts or spot contracts. These underlying indices are listed on exchanges and prices are quoted by recognized index vendors. Debt securities having a maturity date of one year or less at time of purchase are valued at book value, which approximates fair value, except for corporate bonds which are valued by external pricing vendors regardless of the time remaining until maturity date. Securities purchased under agreements to resell are valued at contract amount which is equal to fair value.

Unit shares of collective investment funds are valued at their pro-rata share of the month end closing composite net asset value based on the net assets of the fund. Valuations of non-U.S. securities are converted into U.S. dollars at the closing daily exchange rate. Sales and purchases of securities are recorded on a trade date basis. Consequently, transactions not settled as of year end will result in the recording of a receivable or payable.

Securities, in general, are exposed to various risks, such as interest rate, credit, foreign currency exchange rate and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the financial statements.

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

Fair value of investments

In accordance with the accounting guidance for fair value measurements and disclosures, the Plan is required to present its investments in a hierarchy as follows: Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities valued based on other significant observable inputs, including quoted prices; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Fund's policy is to recognize significant transfers between levels at the time in which an event or change in circumstances occurs. There were no significant transfers in or out of Levels 1, 2 or 3 during the years ended December 31, 2021 and 2020.

Certain investments that have been measured at fair value using the net asset value per share (or its equivalent) are not categorized in the fair value hierarchy. The following table sets forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value (in thousands) on a recurring basis at December 31, 2021:

	Level 1	Level 2	Level 3	2021 Total
Cash equivalents	\$ 8	\$ 350,636	\$ -	\$ 350,644
Fixed income	1,658,713	4,222,626	580	5,881,919
Equity	2,462	-	3,223	5,685
Securities on loan	1,190,587	512,046	-	1,702,633
Other	-	-	40	40
Total	<u>\$ 2,851,770</u>	<u>\$ 5,085,308</u>	<u>\$ 3,843</u>	\$ 7,940,921
Investments measured at net asset value (collective investment funds)				
Cash equivalents				<u>34,095</u>
Total fair value of investments				<u>\$ 7,975,016</u>
Liability to return collateral held under securities				
lending agreements	\$ -	\$ 1,741,733	\$ -	\$ 1,741,733

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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, 2020:

	Level 1	Level 2	Level 3	2020 Total
Cash equivalents	\$ 25,792	\$ 141,490	\$ -	\$ 167,282
Fixed income	3,527,633	5,312,450	617	8,840,700
Equity	2,127	-	3,227	5,354
Securities on loan	710,044	481,092	-	1,191,136
Other	-	-	40	40
Total	<u>\$ 4,265,596</u>	<u>\$ 5,935,032</u>	<u>\$ 3,884</u>	\$ 10,204,512
Investments measured at net asset value (collective investment funds)				
Cash equivalents				<u>41,573</u>
Total fair value of investments				<u>\$ 10,246,085</u>
Liability to return collateral held under securities lending agreements	\$ -	\$ 1,217,310	\$ -	\$ 1,217,310
Foreign currency exchange contracts				
Contracts receivable	\$ 5	\$ -	\$ -	\$ 5
Contracts payable	\$ (5)	\$ -	\$ -	\$ (5)

The following table presents a reconciliation of the change in value of Level 3 assets (in thousands) for the year ended December 31, 2021:

	Fixed Income	Equity	Other
Beginning balance — January 1, 2021	\$ 617	\$ 3,227	\$ 40
Dispositions	(51)	-	(97)
Realized gains (losses)	1	264	97
Changes in unrealized gains (losses)	<u>13</u>	<u>(268)</u>	<u>-</u>
Ending balance — December 31, 2021	<u>\$ 580</u>	<u>\$ 3,223</u>	<u>\$ 40</u>
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, 2021 reporting date	<u>\$ 13</u>	<u>\$ (268)</u>	<u>\$ -</u>

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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, 2020:

	Fixed Income	Equity	Other
Beginning balance — January 1, 2020	\$ 8,091	\$ 120	\$ 54
Transfers in	-	3,106	-
Acquisitions	403	-	-
Dispositions	(7,591)	-	(42)
Realized gains (losses)	2,276	-	28
Changes in unrealized gains (losses)	(2,562)	1	-
Ending balance — December 31, 2020	<u>\$ 617</u>	<u>\$ 3,227</u>	<u>\$ 40</u>
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, 2020 reporting date	<u>\$ (3,274)</u>	<u>\$ 1</u>	<u>\$ -</u>

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair values of those financial instruments as of December 31, 2021 and 2020, respectively, and the significant unobservable inputs and the ranges of values for those inputs:

Instrument	Fair Values (In thousands)		Principal Valuation Technique	Significant Unobservable Inputs	Range of Significant Input Values	Weighted Average
	12/31/2021	12/31/2020				
Fixed Income	\$ 580	\$ 617	Vendor priced	N/A	N/A	N/A
Equity	3,223	3,227	Investment manager priced	N/A	N/A	N/A
Group Annuity Contract	10	18	Contract value	N/A	N/A	N/A
Trust in Dissolution	30	22	Vendor priced	N/A	N/A	N/A

The Plan utilizes net asset value ("NAV") per share (or its equivalent), as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value and the net asset value is calculated in a manner consistent with investment company accounting. The fair value of the following investment was measured using NAV (or its equivalent):

Investment	Fair Value (In thousands)		Redemption Frequency	Redemption Notice Period	Remaining Commitment 12/31/2021	Remaining Commitment 12/31/2020
	12/31/2021	12/31/2020				
BNYM Mellon EB Temporary Investment Fund	\$ 34,095	\$ 41,573	Daily	Same day	-	-

The temporary investment fund is composed of highly liquid government and corporate debt securities. This investment is a direct filing entity with the Department of Labor; therefore, information regarding investment strategy is not disclosed.

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Securities lending

Securities with a fair value approximating \$1.7 billion and \$1.2 billion were on loan by the custodian to various securities brokers on a temporary basis at December 31, 2021 and 2020, respectively. Under securities lending agreement terms, it is required that each loan at inception shall be secured by collateral with a market value equal to or greater than 102% (105% for non-U.S. securities) of the securities loaned and remain at or above 100% (105% for non-U.S. securities). The Fund's loan of securities may be secured by collateral in the form of cash or United States government debt securities. Any collateral received in the form of cash is reinvested. Net securities lending net income earned was approximately \$1.8 million and \$5.5 million for 2021 and 2020, 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, 2021 and 2020 consists of the following:

	2021	2020
	(In thousands)	
Cash equivalents	\$ -	\$ 26,990
Fixed income:		
Government	1,207,965	734,652
Corporate	383,496	429,494
International	<u>111,172</u>	<u>-</u>
 Total securities on loan	 <u>\$ 1,702,633</u>	 <u>\$ 1,191,136</u>

Repurchase agreements

The Fund manages credit exposure arising from repurchase agreement transactions by entering into master repurchase agreements with counterparties that provide the Fund, in the event of a counterparty default (such as bankruptcy or a counterparty's failure to pay or perform), with the right to net a counterparty's rights and obligations under such agreement and liquidate and set off collateral held by the Fund against the net amount owed by the counterparty.

Derivatives

Investment managers ("manager"), on behalf of the Fund, may enter into derivative instruments as part of the Fund's overall investment policy to manage exposure to risks associated with fluctuations in equity markets, foreign currency exchange rates, interest rates and credit sectors. Derivative instruments were also used to minimize the transaction costs 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.

Futures - A manager, on behalf of the Fund, may enter into financial futures contracts for the future delivery of financial instruments or contracts based on financial indices at a fixed price. The Fund's primary investment in futures contracts is designed to adjust its allocation to various asset classes. Futures contracts are priced daily in order to calculate corresponding notional and fair value (unrealized gain/loss). Payments are made or received by the Fund each day, depending on the daily fluctuations in the fair value of the financial instrument or underlying index. Changes in fair value are accounted for as net appreciation (depreciation) in fair value of investments.

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The fair value of futures contracts at December 31, 2021 and 2020 is as follows:

<i>Futures contracts</i>	2021	2020
	(In thousands)	
Fixed income		
Short position	\$ 34	\$ (1,406)
Long position	<u>(156)</u>	<u>411</u>
Total futures contracts	<u>\$ (122)</u>	<u>\$ (995)</u>

Futures contracts are included with U.S. government and government agency debt in the Statement of Net Assets Available for Benefits. For all contracts outstanding at December 31, 2021 and 2020, all expire within one year.

Foreign currency exchange contracts - Investment managers, on behalf of the Fund, may enter into forward foreign currency exchange ("FX") contracts for the purchase or sale of a specific foreign currency at a fixed price on a future date to hedge exposure to foreign currency fluctuations against the U.S. dollar. FX contracts are repriced to reflect the daily forward exchange rate of the underlying currency, and any gains or losses are recorded for financial statement purposes as unrealized until settlement at which time any gain or loss is realized. The counterparty risk on FX contracts is the risk that the counterparty will fail to meet their obligations. The counterparties to these contracts are usually large banks or sophisticated institutional participants. Because typically no money changes hands at the outset of FX contracts, the counterparty risk is limited to the gain or loss on the contract (not the notional value). The Fund uses multiple counterparties to further reduce this risk.

Foreign currency exchange contracts receivable (payable) are classified with investment related receivables (payables) on the Statements of Net Assets Available for Benefits. The Fund held no foreign currency exchange net contracts on December 31, 2021. The fair value of these instruments at December 31, 2020 is as follows:

<i>Foreign currency exchange contracts</i>	2021	2020
	(In thousands)	
Contracts receivable short position	\$ -	\$ 5
Contracts payable short position	\$ -	\$ (5)

For all foreign currency exchange contracts outstanding at December 31, 2020, the majority expire or settle within one year.

The following table represents the monthly average derivative activity based on month end notional values for both 2021 and 2020:

	2021	2020
	(In thousands)	
<i>Futures contracts</i>		
Foreign currency		
Short position	\$ (31,291)	\$ -
Long position	31,520	-
Fixed income		
Short position	(297,126)	(446,287)
Long position	255,318	416,609
Equity		
Short position	-	(4,274)
Long position	-	666
<i>Foreign currency exchange contracts</i>		
Contracts receivable		
Short position	-	10,252
Long position	-	3,674
Contracts payable		
Short position	-	(10,237)
Long position	-	(3,681)

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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4. Pension and other postretirement benefits for Fund employees

Fund employees are participants in the Plan (a defined benefit plan) as described in Note 1. Amounts contributed to the Plan were \$2.9 million and \$2.8 million for 2021 and 2020, respectively. Employees are also covered by a 401(k) plan. Amounts contributed to the 401(k) plan were \$538 thousand and \$512 thousand for 2021 and 2020, respectively.

In addition, Fund employees are participants in the Central States, Southeast and Southwest Areas Retiree Health and Welfare Plan ("Retiree Plan") (EIN/PN 36-2154936/503). The Retiree Plan provides medical and prescription drug benefits to retired participants and their spouses. Contributions made by the Pension Fund to the Retiree Plan were \$217 thousand and \$206 thousand for 2021 and 2020, respectively.

The obligation of the Pension Fund to remit contributions to the Pension and Retiree Plans on behalf of their bargaining unit employees continues through the expiration date of two separate collective bargaining agreements. One expires on March 31, 2024 and the other on June 30, 2024.

At the date on which the financial statements were issued, Annual Reports (Forms 5500) were not available for the plan year ending December 31, 2021.

5. 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 the Retiree Plan and the Central States, Southeast and Southwest Areas Active Health and Welfare Plan ("Active Plan"). 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 \$29.6 million and \$26.7 million of such costs are included in general and administrative expenses for 2021 and 2020, respectively. The Pension Fund leases office space at a building owned by the Central States, Southeast and Southwest Areas Health and Welfare Fund ("Health Fund") under terms determined by independent parties. The lease has an initial 10-year term with two options to extend an additional five years each. The Pension Fund pays monthly rent to the Health Fund for its share of the office facility. The rent expense was \$912 thousand for both 2021 and 2020.

6. Income tax status

The Internal Revenue Service ("IRS") issued a letter of determination, dated August 9, 2016, stating that the Plan, as designed, is exempt from federal income tax under Section 501 of the Internal Revenue Code. Fund management believes the Plan is currently designed and being operated in accordance with applicable rules and regulations; therefore, no provision for income taxes is included in these financial statements.

Accounting principles generally accepted in the United States of America require Fund management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. Fund management believes it is no longer subject to income tax examinations for years prior to 2018.

7. 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 2021 and 2020 actuarial computations are as follows:

- annual investment rate of return of 2.0% (net of investment expenses);
- varying rates of retirement, resulting in an average retirement age of 64;
- rates of participant termination for reasons other than death, disability or retirement developed from Plan experience;

Rates of Mortality

- Non-Annuitant Lives: For males, Pri-2012 Blue Collar Employee Male table with generational projection using Scale MP-2019 from 2012. For females, Pri-2012 Blue Collar Employee Female table with generational projection using Scale MP-2019 from 2012.
- Healthy Annuitant Lives: For males, Pri-2012 Blue Collar Healthy Annuitant Male table with rates increased by 11%, and generational projection using Scale MP-2019 from 2012. For females, Pri-2012 Blue Collar Healthy Annuitant Female table with rates increased by 4%, and generational projection using Scale MP-2019 from 2012.
- Contingent Survivor Lives: These tables apply upon the death of the corresponding participant. For males, Pri-2012 Blue Collar Contingent Survivor Male table with generational projection using Scale MP-2019 from 2012. For females, Pri-2012 Blue Collar Contingent Survivor Female table with rates increased by 9%, and generational projection using Scale MP-2019 from 2012.
- Disabled Lives: For males, Pri-2012 Disabled Annuitant Male table with rates increased by 23%, and generational projection using Scale MP-2019 from 2012. For females, Pri-2012 Disabled Annuitant Female table with generational projection using Scale MP-2019 from 2012.

The adjusted underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These adjusted mortality tables were then projected to future years using Scale MP-2019 to reflect future mortality improvement.

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, 2021 and 2020 is as follows:

	2021	2020
	(In millions)	
Vested benefits:		
Participants and beneficiaries currently receiving benefits	\$ 32,171	\$ 32,317
Other participants	<u>22,850</u>	<u>24,507</u>
	55,021	56,824
Nonvested benefits	<u>338</u>	<u>359</u>
Total actuarial present value of accumulated benefits	<u>\$ 55,359</u>	<u>\$ 57,183</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.

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Changes during the year in the actuarial present value of accumulated benefits are summarized as follows:

	2021
	(In millions)
Actuarial present value of accumulated benefits at beginning of year	\$ 57,183
Increase (Decrease) during the year attributable to:	
Interest on the actuarial present value of accumulated benefits	1,113
Benefit payments	(2,835)
Benefits accumulated	568
Actuarial experience	(654)
Plan amendments	<u>(16)</u>
Actuarial present value of accumulated benefits at end of year	<u>\$ 55,359</u>

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

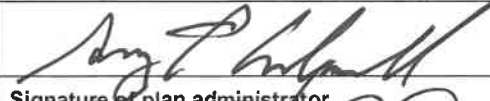

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report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

Part II Basic Plan Information—enter all requested information

1a Name of plan CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 02/01/1955
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND C/O CENTRAL STATES FUNDS 8647 WEST HIGGINS ROAD CHICAGO IL 60631-2803	2b Employer Identification Number (EIN) 36-6044243
	2c Plan Sponsor's telephone number (847) 518-9800
	2d Business code (see instructions) 484120

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

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

SIGN HERE		<u>9/13/22</u>	GARY F. CALDWELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>9/13/22</u>	CHARLES A. WHOBREY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	364,908
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1)	51,691
	6a(2)	50,096
	6b	155,935
	6c	117,511
	6d	323,542
	6e	33,514
	6f	357,056
	6g	
	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	1,005
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1E		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		

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

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

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> <u>1</u> A (Insurance Information)</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input checked="" type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
 EIN: 36-6044243 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, 2021

<u>NOTES</u>	<u>IDENTITY OF ISSUE</u>	<u>INTEREST RATE</u>	<u>PRINCIPAL</u>	<u>COST</u>	<u>CURRENT VALUE</u>
<u>DOMESTIC</u>					
	BNY MELLON CASH RESERVE	0.100 %	\$ 207,040	\$ 207,040	\$ 207,040
	TOTAL DOMESTIC INTEREST-BEARING CASH			207,040	207,040
<u>FOREIGN</u>					
	CURRENCY	VARIOUS	N/A	7,920	8,038
	TOTAL FOREIGN INTEREST-BEARING CASH			7,920	8,038
	TOTAL INTEREST-BEARING CASH			\$ 214,960	\$ 215,078

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
 U.S. GOVERNMENT SECURITIES
 DECEMBER 31, 2021

<u>IDENTITY OF ISSUE</u>	<u>MATURITY</u>	<u>INTEREST RATE</u>	<u>PRINCIPAL</u>	<u>COST</u>	<u>CURRENT VALUE</u>
FEDERAL FARM CREDIT BANK	03/23/2023	0.125 %	\$ 16,000,000	\$ 15,987,840	\$ 15,975,200
FEDERAL FARM CREDIT BANK	04/01/2025	0.710	25,000,000	25,000,000	24,676,000
FEDERAL HOME LOAN BANK	02/17/2023	1.375	6,000,000	6,120,030	6,064,380
FEDERAL HOME LOAN BANK	03/10/2023	2.125	5,000,000	5,243,200	5,096,900
FEDERAL HOME LOAN BANK	09/13/2024	2.875	7,500,000	8,017,425	7,882,875
FEDERAL HOME LOAN MORTGAGE CORPORATION	05/05/2023	0.375	5,000,000	5,009,850	4,989,200
FEDERAL HOME LOAN MORTGAGE CORPORATION	10/16/2023	0.125	8,117,000	8,078,657	8,037,535
FEDERAL HOME LOAN MORTGAGE CORPORATION	09/24/2025	0.570	24,000,000	24,000,000	23,455,920
FEDERAL HOME LOAN MORTGAGE CORPORATION	09/30/2025	0.600	13,000,000	13,000,000	12,781,730
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	0.250	21,000,000	21,012,780	20,890,650
FEDERAL NATIONAL MORTGAGE ASSOCIATION	01/19/2023	2.375	20,560,000	20,404,893	20,982,302
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	0.250	14,000,000	14,009,660	13,933,640
U.S. TREASURY BOND	08/15/2023	6.250	15,370,000	17,911,398	16,768,977
U.S. TREASURY BOND	11/15/2024	7.500	5,000,000	5,985,173	5,937,500
U.S. TREASURY NOTES	08/31/2024	1.875	23,885,000	24,838,614	24,497,889
U.S. TREASURY NOTES	10/15/2024	0.625	35,000,000	34,882,539	34,723,850
U.S. TREASURY NOTES	VARIOUS	0.125	725,155,400	723,613,557	720,532,514
U.S. TREASURY NOTES	VARIOUS	0.250	400,497,300	399,316,054	395,966,837
U.S. TREASURY NOTES	VARIOUS	0.375	297,770,000	297,177,524	294,687,471
U.S. TREASURY NOTES	VARIOUS	0.500	52,580,000	52,648,225	52,436,506
U.S. TREASURY NOTES	VARIOUS	0.750	147,035,000	146,742,108	146,405,612
U.S. TREASURY NOTES	VARIOUS	1.000	71,000,000	71,106,658	71,094,430
U.S. TREASURY NOTES	VARIOUS	1.250	136,775,000	140,978,557	138,135,753
U.S. TREASURY NOTES	VARIOUS	1.375	160,380,000	165,830,675	162,297,232
U.S. TREASURY NOTES	VARIOUS	1.500	50,000,000	51,055,832	50,797,000
U.S. TREASURY NOTES	VARIOUS	1.625	36,415,000	37,355,653	36,950,661
U.S. TREASURY NOTES	VARIOUS	1.750	63,840,000	66,106,289	65,280,426
U.S. TREASURY NOTES	VARIOUS	2.000	39,495,000	41,392,574	40,592,330
U.S. TREASURY NOTES	VARIOUS	2.125	186,155,000	196,599,099	191,622,958
U.S. TREASURY NOTES	VARIOUS	2.250	100,615,000	105,356,124	104,162,625
U.S. TREASURY NOTES	VARIOUS	2.375	59,775,000	63,299,359	62,024,282
U.S. TREASURY NOTES	VARIOUS	2.500	68,115,000	72,697,126	70,566,303
U.S. TREASURY NOTES	VARIOUS	2.625	51,835,000	55,127,202	53,569,860
U.S. TREASURY NOTES	VARIOUS	2.750	64,055,000	68,526,691	66,198,271
U.S. TREASURY NOTES	VARIOUS	2.875	42,455,000	45,448,283	44,172,535
TOTAL U.S. GOVERNMENT SECURITIES				\$ 3,049,879,649	\$ 3,014,188,154

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, 2021

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	3M COMPANY	02/14/2023	1.750 %	USD \$	2,230,000	\$ 2,253,026	\$ 2,254,842
	3M COMPANY	03/15/2023	2.250	USD	23,000	23,307	23,378
	7-ELEVEN, INC.	02/10/2024	0.800	USD	5,005,000	5,000,846	4,948,694
	ABBOTT LABORATORIES	11/30/2023	3.400	USD	25,613,000	25,616,312	26,817,323
	ABBVIE INC.	11/21/2022	2.300	USD	24,880,000	27,114,708	25,229,564
	ABBVIE INC.	05/14/2023	2.850	USD	5,390,000	5,637,086	5,509,928
	ABBVIE INC.	11/14/2023	3.750	USD	3,000,000	3,267,300	3,141,180
	ABBVIE INC.	06/15/2024	3.850	USD	16,475,000	17,927,347	17,442,906
	ABBVIE INC.	11/21/2024	2.600	USD	8,110,000	8,297,032	8,417,288
	ADOBE INC.	02/01/2023	1.700	USD	545,000	545,844	551,050
	AEP TEXAS INC.	10/01/2022	2.400	USD	1,355,000	1,386,109	1,371,314
	AERCAP IRELAND CAPITAL D.A.C.	01/23/2023	3.300	USD	1,100,000	938,882	1,123,210
	AERCAP IRELAND CAPITAL D.A.C.	09/15/2023	4.500	USD	11,000,000	11,579,660	11,539,220
	AERCAP IRELAND CAPITAL D.A.C.	10/29/2023	1.150	USD	4,000,000	4,000,000	3,983,120
	AERCAP IRELAND CAPITAL D.A.C.	01/16/2024	4.875	USD	3,000,000	3,265,520	3,190,800
	AERCAP IRELAND CAPITAL D.A.C.	02/15/2024	3.150	USD	500,000	525,025	515,750
	AERCAP IRELAND CAPITAL D.A.C.	10/29/2024	1.650	USD	22,405,000	22,399,716	22,369,376
	AERCAP IRELAND CAPITAL D.A.C.	01/15/2025	3.500	USD	2,500,000	2,628,425	2,610,350
	AETNA INC.	06/15/2023	2.800	USD	19,232,000	19,301,960	19,706,838
	AETNA INC.	11/15/2024	3.500	USD	1,000,000	1,056,010	1,054,950
	AIG GLOBAL FUNDING	06/17/2024	0.650	USD	3,255,000	3,251,615	3,201,781
	AIR LEASE CORPORATION	07/01/2022	2.625	USD	10,000,000	9,275,000	10,080,300
	AIR LEASE CORPORATION	01/15/2023	2.250	USD	1,663,000	1,550,264	1,683,698
	AIR LEASE CORPORATION	01/15/2023	2.750	USD	1,195,000	1,074,271	1,213,284
	AIR LEASE CORPORATION	07/03/2023	3.875	USD	500,000	534,010	517,880
	AIR LEASE CORPORATION	09/15/2023	3.000	USD	500,000	525,305	513,190
	AIR LEASE CORPORATION	02/15/2024	0.700	USD	13,625,000	13,537,118	13,411,224
	AIR LEASE CORPORATION	08/18/2024	0.800	USD	1,000,000	994,340	979,810
	AIR LEASE CORPORATION	03/01/2025	3.250	USD	3,120,000	3,259,433	3,238,529
	AIR LEASE CORPORATION	07/01/2025	3.375	USD	6,000,000	6,401,040	6,263,160
	AIR PRODUCTS AND CHEMICALS INC.	02/03/2023	2.750	USD	635,000	666,542	648,595
	AIR PRODUCTS AND CHEMICALS INC.	10/15/2025	1.500	USD	7,480,000	7,534,713	7,507,302
	AIRCASTE LIMITED	09/25/2023	4.400	USD	1,250,000	1,339,570	1,309,850
	ALABAMA POWER COMPANY	03/30/2022	2.450	USD	13,726,000	14,088,366	13,769,786
	ALBEMARLE CORPORATION	12/01/2024	4.150	USD	500,000	535,665	535,595
	ALLY AUTO RECEIVABLES TRUST 2019-3	05/15/2024	1.930	USD	4,949,518	4,949,378	4,977,780
	ALLY FINANCIAL INC.	06/05/2023	3.050	USD	1,000,000	1,053,790	1,025,350
	ALLY FINANCIAL INC.	10/02/2023	1.450	USD	2,500,000	2,507,140	2,507,900
	ALLY FINANCIAL INC.	05/21/2024	3.875	USD	500,000	542,130	527,010
	ALPHABET HOLDING COMPANY, INC.	08/15/2025	0.450	USD	4,930,000	4,925,119	4,818,681
	ALTRIA GROUP, INC.	02/14/2024	3.800	USD	5,000,000	5,408,700	5,249,200
	ALTRIA GROUP, INC.	05/06/2025	2.350	USD	7,500,000	7,496,850	7,679,250
	AMAZON.COM, INC.	02/22/2023	2.400	USD	17,730,000	18,153,586	18,060,136
	AMAZON.COM, INC.	05/12/2023	0.250	USD	2,000,000	2,002,780	1,990,180
	AMAZON.COM, INC.	06/03/2023	0.400	USD	5,805,000	5,801,321	5,784,392
	AMAZON.COM, INC.	05/12/2024	0.450	USD	7,195,000	7,192,815	7,125,784
	AMAZON.COM, INC.	08/22/2024	2.800	USD	4,000,000	4,251,520	4,187,680
	AMAZON.COM, INC.	12/05/2024	3.800	USD	4,000,000	4,298,840	4,290,360
	AMEREN CORPORATION	09/15/2024	2.500	USD	1,000,000	1,025,720	1,027,110
	AMERICAN EXPRESS COMPANY	02/27/2023	3.400	USD	10,312,000	10,642,652	10,610,429
	AMERICAN EXPRESS COMPANY	08/03/2023	3.700	USD	17,080,000	18,336,475	17,809,999
	AMERICAN EXPRESS COMPANY	02/22/2024	3.400	USD	11,180,000	11,390,184	11,726,255
	AMERICAN HONDA FINANCE CORPORATION	01/10/2023	2.050	USD	1,730,000	1,690,069	1,755,587
	AMERICAN HONDA FINANCE CORPORATION	05/10/2023	1.950	USD	2,000,000	2,031,120	2,031,700
	AMERICAN HONDA FINANCE CORPORATION	07/07/2023	0.875	USD	34,375,070	34,624,070	34,389,781
	AMERICAN HONDA FINANCE CORPORATION	09/08/2023	0.650	USD	3,850,000	3,848,360	3,838,720
	AMERICAN HONDA FINANCE CORPORATION	10/10/2023	3.625	USD	500,000	545,640	524,220
	AMERICAN HONDA FINANCE CORPORATION	02/16/2024	2.900	USD	5,863,000	5,828,724	6,083,390
	AMERICAN HONDA FINANCE CORPORATION	07/12/2024	0.550	USD	1,000,000	998,040	987,120
	AMERICAN HONDA FINANCE CORPORATION	09/10/2024	2.150	USD	2,000,000	2,081,040	2,049,920
	AMERICAN INTERNATIONAL GROUP, INC.	02/15/2024	4.125	USD	22,008,000	23,957,497	23,371,893
	AMERICAN TOWER CORPORATION	06/15/2023	3.000	USD	2,231,000	2,255,762	2,294,006
	AMERICAN TOWER CORPORATION	01/15/2024	0.600	USD	1,000,000	1,001,700	989,530
	AMERICAN TOWER CORPORATION	02/15/2024	5.000	USD	3,000,000	3,364,220	3,228,750
	AMERICAN TOWER CORPORATION	05/15/2024	3.375	USD	15,000,000	15,974,850	15,666,600
	AMERICAN TOWER CORPORATION	03/15/2025	2.400	USD	1,869,000	1,955,141	1,919,818
	AMERIPRISE FINANCIAL, INC.	10/15/2024	3.700	USD	500,000	540,550	533,830
	AMERIPRISE FINANCIAL, INC.	03/01/2025	3.250	USD	5,902,000	5,893,437	6,192,614
	AMGEN INC.	08/19/2023	2.250	USD	500,000	524,760	510,820
	AMGEN INC.	05/22/2024	3.625	USD	3,000,000	3,163,980	3,160,110
	AMPHENOL CORPORATION	04/01/2024	3.200	USD	500,000	533,900	519,865
	ANTHEM, INC.	01/15/2023	3.300	USD	7,871,000	8,306,504	8,076,197
	ANTHEM, INC.	03/15/2023	0.450	USD	500,000	500,645	497,985
	ANTHEM, INC.	12/01/2024	3.350	USD	2,122,000	2,287,843	2,242,190
	ANTHEM, INC.	01/15/2025	2.375	USD	8,043,000	8,043,000	8,296,033
	AON PLC	06/14/2024	3.500	USD	4,022,000	4,032,325	4,227,605
	APPLE INC.	01/13/2023	2.400	USD	3,042,000	3,132,921	3,100,315
	APPLE INC.	02/23/2023	2.850	USD	8,170,000	8,546,266	8,340,916
	APPLE INC.	05/03/2023	2.400	USD	7,000,000	7,389,870	7,167,510
	APPLE INC.	05/11/2023	0.750	USD	17,830,000	17,909,222	17,880,102
	APPLE INC.	02/09/2024	3.000	USD	4,030,000	4,325,198	4,199,179
	APPLE INC.	05/06/2024	3.450	USD	3,000,000	3,266,940	3,173,430
	APPLE INC.	05/11/2024	2.850	USD	2,000,000	2,139,340	2,083,420
	APPLE INC.	09/11/2024	1.800	USD	17,600,000	17,633,812	17,988,608
	ARES CAPITAL CORPORATION	02/10/2023	3.500	USD	4,910,000	4,438,417	5,023,126
	ARROW ELECTRONICS, INC.	03/01/2023	4.500	USD	185,000	188,765	190,335
	ASTRAZENECA PLC	05/26/2023	0.300	USD	3,000,000	2,998,080	2,986,890
	ASTRAZENECA PLC	08/17/2023	3.500	USD	6,000,000	6,463,930	6,262,140
	AT&T INC.	12/15/2023	4.050	USD	3,000,000	3,318,150	3,174,540
	AT&T INC.	03/25/2024	0.900	USD	36,380,000	36,402,353	36,222,111
	ATMOS ENERGY CORPORATION	03/09/2023	0.625	USD	11,570,000	11,573,247	11,526,497
	AUSTRALIA AND NEW ZEALAND BANKING GROUP LIMITED	02/10/2022	0.120	USD	5,000,000	4,998,467	4,998,467
	AUTOZONE, INC.	01/15/2023	2.875	USD	195,000	196,732	198,046
	AVANGRID, INC.	12/01/2024	3.150	USD	500,000	524,120	523,570
	AVERY DENNISON CORPORATION	08/15/2024	0.850	USD	1,000,000	999,890	985,570
	B.A.T. CAPITAL CORPORATION	08/15/2024	3.222	USD	28,200,000	29,550,987	29,315,028
	B.A.T. CAPITAL CORPORATION	09/06/2024	2.789	USD	2,000,000	2,000,000	2,060,900
	BAIDU INC.	09/29/2023	3.875	USD	1,000,000	1,077,300	1,042,220
	BAKER HUGHES, A GE COMPANY, LLC	12/15/2022	2.773	USD	5,095,000	5,191,604	5,196,187
	BANCO BILBAO VIZCAYA ARGENTARIA, S.A.	09/18/2023	0.875	USD	3,000,000	2,993,430	2,988,240
	BANCO SANTANDER S.A.	02/23/2023	3.125	USD	11,600,000	11,642,004	11,873,760
	BANCO SANTANDER S.A.	04/12/2023	3.848	USD	600,000	623,064	620,682
	BANCO SANTANDER S.A.	06/27/2024	2.706	USD	15,000,000	15,554,740	15,533,740
	BANCO SANTANDER S.A.	06/30/2024	0.701	USD	1,200,000	1,200,000	1,193,712
	BANK OF AMERICA CORPORATION	01/11/2023	3.300	USD	19,583,000	19,654,186	20,120,358
	BANK OF AMERICA CORPORATION	07/24/2023	4.100	USD	3,000,000	3,305,573	3,153,810
	BANK OF AMERICA CORPORATION	12/20/2023	3.004	USD	15,000,000	15,747,750	15,310,950
	BANK OF AMERICA CORPORATION	01/22/2024	4.125	USD	3,000,000	3,318,060	3,187,860
	BANK OF AMERICA CORPORATION	03/05/2024	3.550	USD	21,612,000	22,259,852	22,256,038
	BANK OF AMERICA CORPORATION	04/01/2024	4.000	USD	4,815,000	5,278,492	5,119,452
	BANK OF AMERICA CORPORATION	06/14/2024	0.523	USD	5,250,000	5,214,615	5,215,613
	BANK OF AMERICA CORPORATION	07/23/2024	3.864	USD	6,000,000	6,536,280	6,251,760

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, 2021

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	BANK OF AMERICA CORPORATION	08/26/2024	4.200 %	USD \$	10,000,000	\$ 10,892,600	\$ 10,721,200
	BANK OF AMERICA CORPORATION	10/24/2024	0.810	USD	14,000,000	14,136,740	13,908,160
	BANK OF AMERICA CORPORATION	03/15/2025	3.458	USD	27,910,000	29,806,177	29,193,581
	BANK OF AMERICA CORPORATION	09/25/2025	0.981	USD	5,000,000	4,996,950	4,940,350
	BANK OF AMERICA CORPORATION	10/01/2025	3.093	USD	4,000,000	4,217,440	4,162,840
	BANK OF AMERICA CORPORATION	10/22/2025	2.456	USD	4,000,000	4,138,920	4,109,160
	BANK OF AMERICA CORPORATION	12/06/2025	1.530	USD	5,095,000	5,095,000	5,107,177
	BANK OF MONTREAL	09/15/2023	0.400	USD	2,000,000	2,001,100	1,985,760
	BANK OF MONTREAL	12/08/2023	0.450	USD	10,940,000	10,935,929	10,835,414
	BANK OF MONTREAL	02/05/2024	3.300	USD	2,000,000	2,163,360	2,092,940
	BANK OF MONTREAL	07/09/2024	0.625	USD	3,000,000	2,999,460	2,959,800
	BANK OF MONTREAL	05/01/2025	1.850	USD	12,000,000	11,990,880	12,182,400
	BANK OF MONTREAL	10/05/2028	4.338	USD	500,000	542,055	525,910
	BANK OF NOVA SCOTIA	09/15/2023	0.400	USD	12,000,000	11,990,780	11,906,280
	BANK OF NOVA SCOTIA	09/15/2023	0.550	USD	500,000	499,575	497,160
	BANK OF NOVA SCOTIA	02/11/2024	3.400	USD	17,000,000	18,505,520	17,839,630
	BANK OF NOVA SCOTIA	04/15/2024	0.700	USD	3,000,000	3,002,280	2,974,020
	BANK OF NOVA SCOTIA	07/31/2024	0.650	USD	4,000,000	3,998,040	3,950,600
	BANQUE FEDERATIVE DU CREDIT MUTUEL	02/27/2024	0.650	USD	7,175,000	7,164,883	7,087,250
	BARCLAYS PLC	01/10/2023	3.684	USD	9,350,000	9,327,563	9,354,395
	BARCLAYS PLC	02/15/2023	4.610	USD	15,000,000	15,602,700	15,064,200
	BARCLAYS PLC	05/16/2024	4.338	USD	10,000,000	10,410,600	10,410,600
	BARCLAYS PLC	09/11/2024	4.375	USD	6,000,000	6,511,180	6,412,900
	BARCLAYS PLC	12/10/2024	1.007	USD	3,000,000	3,018,570	2,978,460
	BARCLAYS PLC	05/07/2025	3.932	USD	2,000,000	2,170,380	2,103,700
	BAXTER INTERNATIONAL INC.	11/29/2024	1.322	USD	5,000,000	4,991,750	4,994,150
	BAYER US FINANCE LLC	10/08/2024	3.375	USD	10,200,000	11,113,680	10,663,182
	BAYERISCHE LANDESBANK	01/05/2022	0.110	USD	5,000,000	4,998,610	4,998,610
	BECTON, DICKINSON AND COMPANY	06/06/2024	3.363	USD	4,000,000	4,188,400	4,188,520
	BELL CANADA	03/17/2024	0.750	USD	500,000	499,780	494,930
	BERKSHIRE HATHAWAY ENERGY COMPANY	01/15/2023	2.800	USD	6,809,900	6,824,426	6,934,422
	BERKSHIRE HATHAWAY ENERGY COMPANY	11/15/2023	3.750	USD	500,000	534,270	522,540
	BERKSHIRE HATHAWAY, INC.	02/11/2023	3.000	USD	365,000	363,994	374,315
	BERKSHIRE HATHAWAY, INC.	03/15/2023	2.750	USD	16,800,000	17,668,080	17,154,480
	BERRY GLOBAL INC.	02/15/2024	0.950	USD	3,000,000	2,998,475	2,975,000
	BLACK HILLS CORPORATION	08/23/2024	1.037	USD	500,000	500,965	493,855
	BLACKROCK, INC.	03/18/2024	3.500	USD	3,000,000	3,267,340	3,170,880
	BLACKSTONE PRIVATE CREDIT FUND	11/22/2024	2.350	USD	4,000,000	3,997,240	3,997,800
	BMW U.S. CAPITAL, LLC	04/06/2023	3.800	USD	9,790,000	9,779,916	10,151,936
	BMW U.S. CAPITAL, LLC	08/12/2024	0.750	USD	3,055,000	3,054,725	3,021,701
	BMW VEHICLE LEASE TRUST 2021-1	07/25/2024	0.370	USD	12,815,000	12,814,491	12,708,379
	BNP PARIBAS S.A.	10/15/2024	4.250	USD	8,000,000	8,218,200	8,630,000
	BOARDWALK PIPELINES, LP	02/01/2023	3.375	USD	195,000	171,817	198,512
	BORGWARNER INC.	10/01/2025	5.000	USD	4,900,000	5,646,907	5,481,385
	BOSTON PROPERTIES LIMITED PARTNERSHIP	09/01/2023	3.125	USD	1,500,000	1,582,335	1,543,095
	BOSTON PROPERTIES LIMITED PARTNERSHIP	02/01/2024	3.900	USD	1,500,000	1,588,965	1,568,970
	BP CAPITAL MARKETS AMERICA INC.	05/10/2023	2.750	USD	12,791,000	13,142,607	13,101,310
	BP CAPITAL MARKETS AMERICA INC.	02/06/2024	3.790	USD	2,000,000	2,183,640	2,105,700
	BP CAPITAL MARKETS PLC	02/10/2024	3.814	USD	4,000,000	4,370,280	4,215,480
	BPCE	04/15/2024	4.000	USD	3,000,000	3,281,490	3,193,920
	BRANDYWINE OPERATING PARTNERSHIP, L.P.	02/15/2023	3.950	USD	195,000	206,623	199,657
	BRISTOL-MYERS SQUIBB COMPANY	08/15/2022	3.550	USD	5,923,000	6,194,510	6,035,359
	BRISTOL-MYERS SQUIBB COMPANY	02/20/2023	3.250	USD	1,313,000	1,313,624	1,347,624
	BRISTOL-MYERS SQUIBB COMPANY	11/13/2023	0.537	USD	5,000,000	5,010,500	4,978,250
	BRISTOL-MYERS SQUIBB COMPANY	08/15/2025	3.875	USD	6,595,804	7,465,804	7,139,153
	BRITISH COLUMBIA PROV OF DISC	01/10/2022	0.070	USD	4,000,000	3,999,564	3,999,564
	BRIXMOR OPERATING PARTNERSHIP L.P.	06/15/2024	3.650	USD	3,000,000	3,136,995	3,143,640
	BROADCOM CAYMAN FINANCE LTD.	01/15/2024	3.625	USD	10,000,000	10,721,900	10,460,200
	BROADCOM INC.	10/15/2024	3.925	USD	10,500,000	11,432,540	11,108,370
	BROADCOM INC.	04/15/2025	4.700	USD	2,800,000	3,035,872	3,062,528
	BROOKFIELD FINANCE LLC	04/01/2024	4.000	USD	1,250,000	1,355,318	1,317,738
	BURLINGTON NORTHERN SANTA FE, LLC	03/15/2023	3.000	USD	2,300,000	2,403,208	2,346,046
	BURLINGTON NORTHERN SANTA FE, LLC	09/01/2024	3.400	USD	1,000,000	1,067,160	1,054,370
	BURLINGTON NORTHERN SANTA FE, LLC	09/01/2025	3.650	USD	2,475,980	2,517,983	2,663,818
	CAMPBELL SOUP COMPANY	03/15/2023	3.650	USD	4,528,000	4,585,325	4,668,006
	CANADIAN IMPERIAL BANK OF COMMERCE	06/23/2023	0.950	USD	3,000,000	3,031,420	3,003,930
	CANADIAN IMPERIAL BANK OF COMMERCE	09/13/2023	3.500	USD	3,750,000	4,082,933	3,920,475
	CANADIAN IMPERIAL BANK OF COMMERCE	12/14/2023	0.500	USD	1,000,000	1,002,690	987,770
	CANADIAN IMPERIAL BANK OF COMMERCE	10/18/2024	1.000	USD	500,000	498,235	495,685
	CANADIAN NATURAL RESOURCES LIMITED	01/15/2023	2.950	USD	7,495,000	7,158,989	7,638,155
	CANADIAN PACIFIC RAILWAY COMPANY	12/02/2024	1.350	USD	3,000,000	9,996,640	9,011,520
	CAPITAL ONE FINANCIAL CORPORATION	01/30/2023	3.200	USD	4,466,000	4,616,781	4,574,613
	CAPITAL ONE FINANCIAL CORPORATION	05/11/2023	2.600	USD	20,505,000	20,682,875	20,948,933
	CAPITAL ONE FINANCIAL CORPORATION	12/06/2024	1.343	USD	4,000,000	4,033,640	4,024,440
	CARDINAL HEALTH, INC.	03/15/2023	3.200	USD	1,439,000	1,431,244	1,477,738
	CARGILL, INCORPORATED	07/23/2023	1.375	USD	9,975,000	9,964,626	10,054,102
	CARLISLE COMPANIES INCORPORATED	09/01/2023	0.550	USD	500,000	500,000	495,570
	CARMAX AUTO OWNER TRUST 2021-1	06/17/2024	0.270	USD	7,944,588	7,944,058	7,937,835
	CARMAX AUTO OWNER TRUST 2021-1	12/15/2025	0.340	USD	13,205,391	13,202,391	13,088,796
	CATERPILLAR FINANCIAL SERVICES CORPORATION	07/07/2023	0.650	USD	4,000,000	4,027,550	4,000,080
	CATERPILLAR FINANCIAL SERVICES CORPORATION	09/14/2023	0.450	USD	22,209,000	22,264,551	22,110,392
	CATERPILLAR FINANCIAL SERVICES CORPORATION	12/07/2023	3.650	USD	5,900,000	6,132,014	6,211,520
	CATERPILLAR FINANCIAL SERVICES CORPORATION	05/17/2024	0.450	USD	5,000,000	5,005,580	4,939,000
	CATERPILLAR FINANCIAL SERVICES CORPORATION	05/17/2024	2.850	USD	500,000	535,590	522,075
	CATERPILLAR FINANCIAL SERVICES CORPORATION	09/13/2024	0.600	USD	1,000,000	995,995	985,560
	CATERPILLAR FINANCIAL SERVICES CORPORATION	11/08/2024	2.150	USD	2,000,000	2,055,660	2,058,440
	CATERPILLAR FINANCIAL SERVICES CORPORATION	05/15/2025	1.450	USD	6,665,000	6,810,001	6,687,261
	CATERPILLAR INC.	05/15/2024	3.400	USD	750,000	812,115	787,313
	CC HOLDINGS GS V LLC	04/15/2023	3.849	USD	2,000,000	2,145,120	2,069,780
	CELANESE US HOLDINGS LLC	05/08/2024	3.500	USD	3,000,000	3,260,070	3,133,950
	CELULOSA ARAUCO Y CONSTITUCION S.A.	08/01/2024	4.500	USD	500,000	542,500	531,255
	CHARTER COMMUNICATIONS OPERATING, LLC	02/01/2024	4.500	USD	11,000,000	12,012,460	11,700,150
	CHEVRON CORPORATION	05/11/2023	1.141	USD	12,800,000	12,909,080	12,873,088
	CHEVRON CORPORATION	06/24/2023	3.191	USD	3,000,000	3,200,230	3,089,100
	CHEVRON CORPORATION	03/03/2024	2.895	USD	2,000,000	2,133,620	2,077,700
	CIGNA CORPORATION	11/30/2022	3.050	USD	4,700,000	4,795,410	4,790,804
	CIGNA CORPORATION	07/15/2023	3.000	USD	8,000,000	8,404,800	8,228,760
	CIGNA CORPORATION	07/15/2023	3.750	USD	24,860,000	26,635,453	25,654,400
	CIGNA CORPORATION	03/15/2024	0.613	USD	4,055,000	4,053,725	4,021,911
	CISCO SYSTEMS, INC.	02/28/2023	2.600	USD	9,265,000	9,700,986	9,474,667
	CISCO SYSTEMS, INC.	09/20/2023	2.200	USD	10,000,000	10,310,022	10,248,700
	CISCO SYSTEMS, INC.	03/04/2024	3.625	USD	5,000,000	5,466,780	5,305,300
	CITIGROUP INC.	10/27/2022	2.700	USD	15,220,000	15,619,829	15,459,715
	CITIGROUP INC.	05/15/2023	3.500	USD	1,000,000	1,067,443	1,033,840
	CITIGROUP INC.	07/24/2023	2.876	USD	1,425,368	1,442,368	1,442,157
	CITIGROUP INC.	10/25/2023	3.875	USD	2,245,000	2,243,159	2,366,320
	CITIGROUP INC.	05/15/2024	1.678	USD	2,000,000	2,011,660	2,022,340
	CITIGROUP INC.	06/01/2024	4.044	USD	22,000,000	23,895,249	22,930,160
	CITIGROUP INC.	10/30/2024	0.776	USD	18,300,000	18,337,800	18,183,978
	CITIGROUP INC.	04/24/2025	3.352	USD	11,000,000	11,775,020	11,487,740
	CITIGROUP INC.	04/27/2025	3.300	USD	11,699,000	11,426,261	12,430,304
	CITIGROUP INC.	05/01/2025	0.981	USD	13,000,000	13,061,620	12,899,900

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, 2021

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	CITIGROUP INC.	11/03/2025	1.281 %	USD \$	2,000,000	\$ 1,991,580	\$ 1,995,060
	CITIZENS BANK, N.A.	04/28/2025	2.250	USD	12,000,000	11,969,640	12,284,760
	CNH EQUIPMENT TRUST 2020-A	06/16/2025	1.160	USD	7,245,769	7,245,347	7,268,666
	CNH EQUIPMENT TRUST 2021-A	12/15/2025	0.400	USD	10,180,000	10,177,620	10,077,386
	CNH INDUSTRIAL CAPITAL LLC	07/02/2023	1.950	USD	500,000	511,550	506,550
	COLGATE-PALMOLIVE COMPANY	02/01/2023	1.950	USD	9,000	9,152	9,121
	COLLATERALIZED COMMERCIAL PAPER V COMPANY, LLC	05/26/2022	0.280	USD	4,000,000	3,994,462	3,994,462
	COMCAST CORPORATION	04/15/2024	3.700	USD	4,000,000	4,365,320	4,250,400
	COMCAST CORPORATION	10/15/2025	3.950	USD	10,360,000	11,683,909	11,315,399
	COMMONSPIRIT HEALTH	10/01/2024	2.760	USD	500,000	521,720	515,770
	COMMONWEALTH BANK OF AUSTRALIA	01/25/2022	0.124	USD	5,000,000	4,996,771	4,996,771
	CONAGRA BRANDS INC.	01/25/2023	3.200	USD	549,000	551,668	559,442
	CONAGRA BRANDS INC.	05/01/2024	4.300	USD	2,000,000	2,210,120	2,128,540
	CONNECTICUT LIGHT AND POWER COMPANY	01/15/2023	2.500	USD	605,000	626,586	613,488
	CONSOLIDATED EDISON INC.	12/01/2023	0.650	USD	1,000,000	1,001,020	991,930
	CONSTELLATION BRANDS, INC.	02/15/2023	3.200	USD	1,970,308	1,979,308	2,012,513
	CONSTELLATION BRANDS, INC.	05/01/2023	4.250	USD	7,000,000	7,600,710	7,295,190
	CONSUMERS ENERGY COMPANY	08/15/2023	3.375	USD	2,600,936	2,600,936	2,687,672
	CONTINENTAL RESOURCES, INC.	06/01/2024	3.800	USD	2,000,000	2,093,060	2,086,940
	COOPERATIVE RABOBANK U.A.	01/12/2024	0.375	USD	12,100,000	12,092,931	11,943,063
	COTERRA ENERGY INC.	06/01/2024	4.375	USD	500,000	535,580	528,850
	CREDIT SUISSE AG (NEW YORK BRANCH)	05/05/2023	1.000	USD	10,000,000	10,104,832	10,027,000
	CREDIT SUISSE AG (NEW YORK BRANCH)	08/09/2023	0.520	USD	9,500,000	9,508,960	9,433,405
	CREDIT SUISSE AG (NEW YORK BRANCH)	02/02/2024	0.495	USD	19,500,000	19,515,680	19,267,950
	CREDIT SUISSE AG (NEW YORK BRANCH)	09/09/2024	3.625	USD	2,000,000	2,158,000	2,121,280
	CREDIT SUISSE GROUP AG	01/09/2023	3.574	USD	10,000,000	10,103,400	10,002,800
	CREDIT SUISSE GROUP AG	06/09/2023	3.800	USD	5,000,000	5,385,320	5,180,700
	CROWN CASTLE INTERNATIONAL CORPORATION	07/15/2023	3.150	USD	10,871,000	11,573,838	11,199,956
	CSX CORPORATION	08/01/2024	3.400	USD	1,500,000	1,598,570	1,578,005
	CVS HEALTH CORPORATION	08/15/2024	2.625	USD	4,000,000	4,211,280	4,142,480
	CYRUSONE L.P.	11/15/2024	2.900	USD	500,000	517,160	516,105
	DAIMLER TRUCKS FINANCE NORTH AMERICA LLC	12/13/2024	1.625	USD	4,000,000	3,998,960	4,031,000
	DANSKE BANK A/S	12/08/2023	1.171	USD	15,110,000	15,110,000	15,107,431
	DANSKE BANK A/S	09/10/2025	0.376	USD	3,505,000	3,505,000	3,451,724
	DAVID'S BRIDAL INC.	12/31/2022	0.000	USD	15,999	3,300,028	34,815
	DAVID'S BRIDAL INC.	01/18/2024	0.000	USD	119	340	-
	DBS BANK LTD.	02/01/2022	0.130	USD	5,700,000	5,698,648	5,698,648
	DBS BANK LTD.	06/02/2022	0.295	USD	50,000,000	49,924,222	49,924,222
	DELL EQUIPMENT FINANCE TRUST	03/22/2024	2.830	USD	6,193	6,193	6,201
	DELL INTERNATIONAL LLC	06/15/2023	5.450	USD	4,306,000	4,705,122	4,542,744
	DELL INTERNATIONAL LLC	07/15/2024	4.000	USD	2,545,000	2,533,777	2,701,009
	DELMARVA POWER & LIGHT COMPANY	11/15/2023	3.500	USD	500,000	531,180	520,240
	DEUTSCHE BANK AG	02/27/2023	3.950	USD	7,460,000	7,693,379	7,692,603
	DEUTSCHE BANK AG	11/08/2023	0.962	USD	6,070,000	6,066,280	6,059,863
	DEUTSCHE BANK AG	05/28/2024	0.898	USD	4,000,000	4,005,920	3,965,840
	DEUTSCHE BANK AG	09/18/2024	2.222	USD	7,000,000	7,081,210	7,090,790
	DEUTSCHE BANK AG	04/01/2025	1.447	USD	1,000,000	1,002,050	993,970
	DH EUROPE FINANCE II S.A.R.L.	11/15/2024	2.200	USD	7,650,000	7,659,033	7,819,989
	DIAGEO CAPITAL PLC	04/29/2023	2.625	USD	2,000,000	2,098,700	2,043,100
	DIAGEO CAPITAL PLC	09/29/2025	1.375	USD	12,650,000	12,636,468	12,585,991
	DIAMONDBACK ENERGY, INC.	12/01/2024	2.875	USD	4,000,000	4,148,320	4,150,560
	DISCOVER BANK	02/06/2023	3.350	USD	5,746,000	6,027,646	5,883,789
	DISCOVER BANK	08/08/2023	4.200	USD	3,000,000	3,285,060	3,150,780
	DISCOVER CARD EXECUTION NOTE TRUST	07/15/2024	0.600	USD	2,205,000	2,187,343	2,205,375
	DISCOVERY COMMUNICATIONS, LLC	03/20/2023	2.950	USD	525,932	525,932	536,986
	DNB BANK ASA	02/24/2022	0.140	USD	5,000,000	4,996,442	4,996,442
	DOMINION ENERGY, INC.	08/15/2024	3.071	USD	500,000	529,930	517,655
	DOMINION ENERGY, INC.	10/01/2024	5.750	USD	2,500,000	2,738,865	2,668,300
	DR HORTON INC.	02/15/2023	4.750	USD	1,195,000	1,202,798	201,429
	DR HORTON INC.	10/15/2024	2.500	USD	500,000	521,200	514,585
	DRIVE AUTO RECEIVABLES TRUST 2021-1	11/15/2024	0.440	USD	4,770,000	4,769,720	4,764,658
	DTE ENERGY COMPANY	10/01/2024	2.529	USD	500,000	521,230	514,725
	DUKE ENERGY CAROLINAS, LLC	03/15/2023	2.500	USD	500,000	527,100	508,320
	DUKE ENERGY CAROLINAS, LLC	03/15/2023	3.050	USD	2,500,000	2,646,490	2,561,350
	DUKE ENERGY CORPORATION	04/15/2024	3.750	USD	18,500,000	20,141,087	19,430,550
	DUKE ENERGY PROGRESS, LLC	09/01/2023	3.375	USD	2,340,000	2,339,836	2,429,482
	DUKE REALTY LIMITED PARTNERSHIP	12/01/2024	3.750	USD	500,000	532,570	530,180
	DUPONT DE NEMOURS INC.	11/15/2023	4.205	USD	17,210,000	18,066,259	18,200,952
	EBAY INC.	01/30/2023	2.750	USD	5,184,000	5,175,232	5,299,033
	ECOLAB INC.	12/15/2023	0.900	USD	1,000,000	1,003,980	1,001,420
	EDISON INTERNATIONAL	03/15/2023	2.950	USD	838,000	796,670	851,374
	EDISON INTERNATIONAL	11/15/2024	3.550	USD	1,000,000	1,049,560	1,046,210
	EDUCATION MANAGEMENT LLC	07/02/2021	0.000	USD	146,145	214,368	731
	EDUCATION MANAGEMENT LLC	07/02/2022	0.000	USD	312,610	458,542	31
	EDUCATION MANAGEMENT LLC	12/31/2022	0.000	USD	3,898	5,718	19
	EMERSON ELECTRIC COMPANY	02/15/2023	2.625	USD	1,000,000	1,020,468	1,016,280
	ENBRIDGE INC.	10/01/2023	4.000	USD	500,000	542,735	522,075
	ENBRIDGE INC.	10/04/2023	0.550	USD	1,250,000	1,249,350	1,240,413
	ENBRIDGE INC.	06/10/2024	3.500	USD	7,000,000	7,480,560	7,307,900
	ENERGY TRANSFER PARTNERS, L.P.	01/15/2023	3.450	USD	300,000	262,098	305,463
	ENERGY TRANSFER PARTNERS, L.P.	02/01/2023	3.600	USD	3,230,000	3,029,151	3,292,824
	ENERGY TRANSFER PARTNERS, L.P.	03/15/2023	4.250	USD	1,607,000	1,577,131	1,651,434
	ENERGY TRANSFER PARTNERS, L.P.	09/15/2023	4.200	USD	500,000	532,360	522,195
	ENERGY TRANSFER PARTNERS, L.P.	01/15/2024	5.875	USD	2,500,000	2,783,465	2,691,025
	ENERGY TRANSFER PARTNERS, L.P.	04/15/2024	4.500	USD	1,250,000	1,361,805	1,325,038
	ENERGY TRANSFER PARTNERS, L.P.	03/15/2025	4.050	USD	10,000,000	9,946,000	10,586,900
	ENERGY LOUISIANA, LLC	11/17/2023	0.620	USD	7,000,000	7,016,700	6,944,070
	ENERGY LOUISIANA, LLC	10/01/2024	0.950	USD	8,000,000	7,964,640	7,913,680
	ENTERPRISE PRODUCTS OPERATING, LLC	03/15/2023	3.350	USD	23,209,000	23,681,484	23,750,020
	ENTERPRISE PRODUCTS OPERATING, LLC	02/15/2024	3.900	USD	500,000	545,370	525,090
	EOG RESOURCES, INC.	03/15/2023	2.625	USD	7,109,000	7,240,528	7,230,066
	EQUIFAX INC.	12/01/2024	2.600	USD	2,000,000	2,067,300	2,067,840
	EQUINIX, INC.	11/18/2024	2.625	USD	2,000,000	2,059,380	2,061,180
	ERAC USA FINANCE LLC	10/15/2022	3.300	USD	5,928,000	5,926,135	6,051,125
	EUROPEAN INVESTMENT BANK	04/15/2023	3.000	USD	1,500,000	1,570,890	1,534,155
	EVERGY, INC.	09/15/2024	2.450	USD	3,000,000	3,120,180	3,077,760
	EVERSOURCE ENERGY	12/01/2023	3.800	USD	500,000	539,365	524,905
	EVERSOURCE ENERGY	01/15/2025	3.150	USD	3,800,000	4,063,954	3,959,828
	EXELON GENERATION COMPANY, LLC	06/15/2022	4.250	USD	11,045,000	11,510,723	11,123,420
	EXELON GENERATION COMPANY, LLC	06/01/2025	3.250	USD	10,400,000	10,380,656	10,900,864
	EXXON MOBIL CORPORATION	03/01/2023	2.726	USD	1,359,000	1,411,458	1,385,799
	EXXON MOBIL CORPORATION	03/15/2024	3.176	USD	2,000,000	2,143,860	2,090,320
	EXXON MOBIL CORPORATION	08/16/2024	2.019	USD	4,000,000	4,164,840	4,099,520
	F.N.B. CORPORATION	02/24/2023	2.200	USD	170,000	167,471	171,426
	FEDERAL REALTY INVESTMENT TRUST	01/15/2024	3.950	USD	1,000,000	1,067,720	1,047,430
	FEDERATION DES CAISSES DES JARDINS DU QUEBEC	01/28/2022	0.105	USD	5,000,000	4,998,629	4,998,629
	FIDELITY NATIONAL INFORMATION SERVICES, INC.	03/01/2024	0.600	USD	2,525,000	2,523,510	2,486,039
	FIFTH THIRD BANCORP	05/05/2023	1.625	USD	6,545,000	6,554,356	6,609,010
	FIFTH THIRD BANCORP	01/16/2024	4.300	USD	500,000	552,895	529,795
	FIFTH THIRD BANCORP	01/25/2024	3.650	USD	10,000,000	10,818,773	10,477,700
	FIFTH THIRD BANK, NATIONAL ASSOCIATION	01/30/2023	1.800	USD	5,650,000	5,645,254	5,707,630
	FISERV, INC.	10/01/2023	3.800	USD	1,000,000	1,091,270	1,045,440

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
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NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	FISERV, INC.	07/01/2024	2.750 %	USD \$	9,497,000	\$ 10,022,512	\$ 9,824,836
	FLEX LTD.	02/15/2023	5.000	USD	232,000	231,147	241,997
*	FORD CREDIT AUTO LEASE TRUST 2021-B	12/15/2024	0.400	USD	12,710,000	12,707,931	12,572,986
*	FORD CREDIT AUTO OWNER TRUST 2020-A	08/15/2024	1.040	USD	5,448,736	5,447,771	5,468,024
	FOX CORPORATION	01/25/2024	4.030	USD	4,460,000	4,457,310	4,710,875
	FS KKR CAPITAL CORP	10/12/2024	1.650	USD	500,000	494,945	490,630
	GATX CORPORATION	02/15/2024	4.350	USD	5,290,000	5,286,614	5,615,123
	GENERAL DYNAMICS CORPORATION	05/15/2023	3.375	USD	2,678,000	2,741,574	2,767,285
*	GENERAL MOTORS COMPANY	10/02/2023	4.875	USD	16,000,000	17,403,193	16,998,400
*	GENERAL MOTORS COMPANY	10/02/2023	5.400	USD	7,000,000	7,791,205	7,493,290
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	01/05/2023	3.250	USD	33,000	29,550	33,726
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	06/19/2023	4.150	USD	4,000,000	4,204,760	4,160,480
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	01/17/2024	5.100	USD	7,705,000	8,454,948	8,262,842
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	03/08/2024	1.050	USD	14,110,000	14,103,509	14,038,027
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	04/13/2024	3.950	USD	5,000,000	5,413,200	5,262,000
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	10/15/2024	1.200	USD	5,645,000	5,637,066	5,604,695
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	11/07/2024	3.500	USD	7,000,000	7,614,250	7,350,560
	GENPACT LUXEMBOURG S.A.R.L.	12/01/2024	3.375	USD	500,000	526,465	526,575
	GEORGIA POWER COMPANY	07/30/2023	2.100	USD	4,000,000	4,163,360	4,071,080
	GILEAD SCIENCES, INC.	09/29/2023	0.750	USD	3,353,000	3,357,238	3,339,219
	GILEAD SCIENCES, INC.	04/01/2024	3.700	USD	3,000,000	3,239,610	3,154,050
	GLAXOSMITHKLINE CAPITAL INC.	03/18/2023	2.800	USD	2,891,000	2,961,039	2,961,483
	GLAXOSMITHKLINE CAPITAL INC.	05/15/2023	3.375	USD	3,000,000	3,244,300	3,106,860
	GLAXOSMITHKLINE CAPITAL PLC	10/01/2023	0.534	USD	3,000,000	3,009,930	2,988,440
	GLAXOSMITHKLINE CAPITAL PLC	06/01/2024	3.000	USD	16,000,000	17,246,320	16,742,880
	GLOBAL PAYMENTS INC.	06/01/2023	3.750	USD	2,890,000	2,856,512	2,978,405
	GLOBAL PAYMENTS INC.	06/01/2023	4.000	USD	3,045,000	3,042,442	3,163,390
	GLOBAL PAYMENTS INC.	02/15/2025	2.650	USD	3,050,000	3,056,924	3,135,614
	GM FINANCIAL CONSUMER AUTOMOBILE RECEIVABLES TRUST 2019-4	07/16/2024	1.750	USD	626,185	630,808	628,861
	GM FINANCIAL CONSUMER AUTOMOBILE RECEIVABLES TRUST 2020-2	12/16/2024	1.490	USD	11,394,967	11,394,332	11,461,513
	GM FINANCIAL CONSUMER AUTOMOBILE RECEIVABLES TRUST 2021-1	10/16/2025	0.350	USD	10,590,000	10,588,314	10,522,754
	GOLUB CAPITAL BDC, INC.	04/15/2024	3.375	USD	500,000	519,690	513,820
	HCA INC.	05/01/2023	4.750	USD	4,000,000	4,311,980	4,189,840
	HCA INC.	03/15/2024	5.000	USD	3,000,000	3,341,100	3,226,390
	HEINEKEN N.V.	04/01/2023	2.750	USD	15,000,000	15,635,700	15,321,750
	HEWLETT PACKARD ENTERPRISE COMPANY	10/15/2022	4.400	USD	4,462,000	4,678,848	4,562,127
	HEWLETT PACKARD ENTERPRISE COMPANY	04/01/2023	2.250	USD	2,000,000	2,044,330	2,030,520
	HEWLETT PACKARD ENTERPRISE COMPANY	10/02/2023	4.450	USD	3,000,000	3,311,130	3,165,930
	HEWLETT PACKARD ENTERPRISE COMPANY	04/01/2024	1.450	USD	2,000,000	2,038,060	2,013,140
	HOLLYFRONTIER CORPORATION	10/01/2023	2.625	USD	1,000,000	1,014,245	1,018,980
	HONDA AUTO RECEIVABLES 2020-2 OWNER TRUST	07/15/2024	0.820	USD	14,414,280	14,413,146	14,440,082
	HONEYWELL INTERNATIONAL INC.	08/15/2024	2.300	USD	1,000,350	1,046,350	1,033,530
	HOST HOTELS & RESORTS, L.P.	04/01/2024	3.875	USD	500,000	532,850	522,570
	HSBC HOLDINGS PLC	03/13/2023	3.262	USD	4,850,000	4,915,524	4,872,941
	HSBC HOLDINGS PLC	03/14/2024	4.250	USD	3,000,000	3,266,820	3,168,300
	HSBC HOLDINGS PLC	05/18/2024	3.950	USD	8,000,000	8,586,740	8,297,120
	HSBC HOLDINGS PLC	08/17/2024	0.732	USD	12,000,000	12,004,520	11,894,860
	HSBC HOLDINGS PLC	11/22/2024	1.162	USD	6,695,000	6,690,280	6,675,919
	HSBC HOLDINGS PLC	03/11/2025	3.803	USD	4,000,000	4,318,360	4,198,200
	HSBC HOLDINGS PLC	05/24/2025	0.976	USD	5,000,000	5,027,150	4,940,500
	HSBC HOLDINGS PLC	11/07/2025	2.633	USD	4,000,000	4,103,620	4,103,640
	HUMANA INC.	08/03/2023	0.650	USD	6,000,000	5,986,480	5,969,400
	HUMANA INC.	10/01/2024	3.850	USD	500,000	537,825	530,910
	HUNTINGTON INGALLS INDUSTRIES, INC.	08/16/2023	0.670	USD	500,000	500,270	495,650
	HYATT HOTELS CORPORATION	10/01/2024	1.800	USD	500,000	502,030	500,085
	HYUNDAI AUTO LEASE SECURITIZATION TRUST 2021-A	01/15/2024	0.330	USD	6,570,000	6,569,180	6,551,210
	HYUNDAI AUTO LEASE SECURITIZATION TRUST 2021-B	08/15/2025	0.380	USD	5,600,000	5,599,243	5,541,704
	HYUNDAI AUTO LEASE SECURITIZATION TRUST 2021-C	09/15/2025	0.480	USD	8,050,000	8,049,523	7,958,391
	HYUNDAI AUTO RECEIVABLES TRUST 2020-A	11/15/2024	1.410	USD	7,040,000	7,038,360	7,086,816
	HYUNDAI CAPITAL AMERICA	04/03/2023	0.800	USD	8,470,000	8,453,568	8,432,054
	ILLUMINA, INC.	03/23/2023	0.550	USD	500,000	499,900	497,475
	ING GROEP N.V.	10/02/2023	4.100	USD	1,000,000	1,001,250	1,052,720
	ING GROEP N.V.	04/09/2024	3.550	USD	2,000,000	2,159,960	2,096,860
	ING US FUNDING LLC	03/21/2022	0.125	USD	5,000,000	4,997,000	4,997,000
	INNPHOS HOLDINGS, INC.	02/04/2027	0.000	USD	191,588	190,630	190,789
	INTEL CORPORATION	05/11/2024	2.875	USD	2,000,000	2,141,080	2,082,540
	INTERCONTINENTAL EXCHANGE, INC.	06/15/2023	0.700	USD	9,490,000	9,538,195	9,481,979
	INTERCONTINENTAL EXCHANGE, INC.	09/21/2023	3.450	USD	500,000	541,985	519,983
	INTERNATIONAL BUSINESS MACHINES CORPORATION	08/01/2023	3.375	USD	13,590,000	14,706,017	14,119,331
	INTERNATIONAL BUSINESS MACHINES CORPORATION	02/12/2024	3.625	USD	3,000,000	3,281,040	3,162,870
	INTERNATIONAL BUSINESS MACHINES CORPORATION	05/15/2024	3.000	USD	5,500,000	5,825,580	5,746,400
	INTERNATIONAL FLAVORS & FRAGRANCES, INC.	10/01/2025	1.230	USD	10,700,000	10,690,825	10,468,866
	JACKSON NATIONAL LIFE GLOBAL FUNDING	02/01/2022	3.300	USD	3,960,000	3,956,396	3,969,910
	JOHN DEERE CAPITAL CORPORATION	01/06/2022	2.650	USD	2,678,000	2,674,035	2,678,375
	JOHN DEERE CAPITAL CORPORATION	06/13/2022	1.950	USD	7,100,000	7,126,767	7,149,558
	JOHN DEERE CAPITAL CORPORATION	01/06/2023	2.700	USD	1,983,000	2,022,501	2,022,501
	JOHN DEERE CAPITAL CORPORATION	01/17/2023	0.250	USD	750,000	749,963	748,350
	JOHN DEERE CAPITAL CORPORATION	01/27/2023	2.800	USD	522,000	526,500	533,630
	JOHN DEERE CAPITAL CORPORATION	03/06/2023	2.800	USD	3,200,000	3,262,480	3,279,136
	JOHN DEERE CAPITAL CORPORATION	04/06/2023	1.200	USD	5,740,000	5,743,526	5,783,681
	JOHN DEERE CAPITAL CORPORATION	07/05/2023	0.700	USD	500,000	504,820	499,880
	JOHN DEERE CAPITAL CORPORATION	10/10/2023	0.400	USD	500,000	500,880	497,545
	JOHN DEERE CAPITAL CORPORATION	10/12/2023	3.650	USD	500,000	549,220	524,720
	JOHN DEERE CAPITAL CORPORATION	01/10/2024	3.450	USD	500,000	547,200	525,355
	JOHN DEERE CAPITAL CORPORATION	01/17/2024	0.450	USD	750,000	750,105	742,868
	JOHN DEERE CAPITAL CORPORATION	06/07/2024	0.450	USD	9,700,000	9,686,915	9,581,272
	JOHN DEERE CAPITAL CORPORATION	06/24/2024	2.650	USD	15,000,000	15,814,600	15,574,800
	JOHN DEERE CAPITAL CORPORATION	09/10/2024	0.625	USD	1,000,000	997,660	988,970
	JOHN DEERE OWNER TRUST 2021	09/15/2025	0.360	USD	13,985,000	13,982,312	13,871,861
	JOHNSON & JOHNSON	03/01/2023	2.050	USD	500,000	502,665	507,250
	JOHNSON & JOHNSON	12/05/2023	3.375	USD	2,000,000	2,177,785	2,099,440
	JOHNSON & JOHNSON	01/15/2025	2.625	USD	11,493,000	12,483,582	12,003,059
	JPMORGAN CHASE & COMPANY	01/15/2023	2.972	USD	4,302,000	4,289,938	4,304,968
	JPMORGAN CHASE & COMPANY	01/25/2023	3.200	USD	2,820,000	2,865,771	2,896,676
	JPMORGAN CHASE & COMPANY	05/01/2023	3.375	USD	4,000,000	4,244,800	4,124,120
	JPMORGAN CHASE & COMPANY	05/18/2023	2.700	USD	12,000,000	12,607,640	12,275,240
	JPMORGAN CHASE & COMPANY	02/01/2024	3.875	USD	2,000,000	2,098,460	2,117,600
	JPMORGAN CHASE & COMPANY	03/16/2024	0.697	USD	3,000,000	3,011,790	2,992,990
	JPMORGAN CHASE & COMPANY	05/13/2024	3.625	USD	3,000,000	3,277,350	3,174,960
	JPMORGAN CHASE & COMPANY	06/01/2024	1.514	USD	2,000,000	2,031,260	2,015,360
	JPMORGAN CHASE & COMPANY	07/23/2024	3.797	USD	25,525,000	26,673,328	26,603,942
	JPMORGAN CHASE & COMPANY	09/10/2024	3.875	USD	2,174,500	2,174,500	2,121,900
	JPMORGAN CHASE & COMPANY	09/16/2024	0.653	USD	7,000,000	7,015,770	6,967,870
	JPMORGAN CHASE & COMPANY	02/16/2025	0.563	USD	8,700,000	8,609,277	8,575,503
	JPMORGAN CHASE & COMPANY	03/01/2025	3.220	USD	6,000,000	6,005,078	6,238,440
	JPMORGAN CHASE & COMPANY	06/01/2025	0.824	USD	10,610,000	10,606,080	10,488,091
	JPMORGAN CHASE & COMPANY	08/09/2025	0.768	USD	4,000,000	3,988,160	3,937,440
	JPMORGAN CHASE & COMPANY	10/15/2025	2.301	USD	18,500,000	19,266,650	18,924,205
	JPMORGAN CHASE & COMPANY	12/10/2025	1.561	USD	4,000,000	4,008,940	4,006,240
*	KEURIG DR PEPPER INC.	05/25/2023	4.057	USD	1,570,000	1,656,174	1,636,992
*	KEURIG DR PEPPER INC.	03/15/2024	0.750	USD	5,985,000	5,986,040	5,944,302
	KEYBANK NATIONAL ASSOCIATION	09/14/2022	2.300	USD	9,900,000	9,987,516	10,028,601

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	KEYBANK NATIONAL ASSOCIATION	03/07/2023	3.375 %	USD \$	50,000	\$ 51,116	\$ 51,538
	KEYBANK NATIONAL ASSOCIATION	01/03/2024	0.423	USD	1,750,000	1,753,008	1,743,648
	KFW	03/04/2022	0.140	USD	4,000,000	3,998,647	3,998,647
*	KINDER MORGAN ENERGY PARTNERS, L.P.	02/15/2023	3.450	USD	170,000	162,644	173,609
*	KINDER MORGAN, INC.	01/15/2023	3.150	USD	8,960,000	9,029,633	9,149,683
*	KINDER MORGAN, INC.	11/15/2023	5.625	USD	10,410,000	11,373,843	11,125,583
	KL A CORPORATION	11/01/2024	4.650	USD	4,000,000	4,353,120	4,337,400
	KUBOTA CREDIT OWNER TRUST 2018-1	01/15/2025	3.210	USD	3,806,367	3,806,043	3,810,478
	L3HARRIS TECHNOLOGIES INC.	06/15/2023	3.850	USD	8,330,000	8,764,312	8,652,871
	LABORATORY CORPORATION OF AMERICA HOLDINGS	12/01/2024	2.300	USD	500,000	512,570	512,395
	LANDESBANK BADEN-WURTEMBERG	04/12/2022	0.170	USD	5,000,000	4,995,750	4,995,750
	LAS VEGAS SANDS CORP.	08/08/2024	3.200	USD	6,655,000	6,872,684	6,776,720
	LLOYDS BANK PLC	01/03/2022	0.130	USD	5,000,000	4,997,292	4,997,292
	LLOYDS BANKING GROUP PLC	06/15/2023	1.326	USD	2,920,000	2,924,993	2,924,993
	LLOYDS BANKING GROUP PLC	08/16/2023	4.050	USD	20,405,000	22,243,426	21,380,563
	LLOYDS BANKING GROUP PLC	03/12/2024	3.900	USD	2,000,000	2,175,440	2,112,980
	LLOYDS BANKING GROUP PLC	05/11/2024	0.695	USD	2,440,000	2,441,840	2,430,533
	LLOYDS BANKING GROUP PLC	11/04/2024	4.500	USD	2,000,000	2,167,700	2,155,340
	LLOYDS BANKING GROUP PLC	07/09/2025	3.870	USD	6,000,000	6,503,520	6,339,480
	LMA AMERICAS LLC	01/18/2022	0.110	USD	5,000,000	4,998,090	4,998,090
	LOCKHEED MARTIN CORPORATION	01/15/2023	3.100	USD	300,000	308,134	305,493
	LOEWS CORPORATION	05/15/2023	2.625	USD	508,000	499,896	519,500
	LYB INTERNATIONAL FINANCE B.V.	07/15/2023	4.000	USD	568,000	614,420	593,458
	LYONDELLBASELL INDUSTRIES N.V.	04/15/2024	5.750	USD	570,000	638,987	619,391
	MARSH & MCLENNAN COMPANIES, INC.	03/15/2024	3.875	USD	2,000,000	2,187,440	2,115,600
	MARVELL TECHNOLOGY, INC.	06/22/2023	4.200	USD	500,000	534,445	519,525
	MASSMUTUAL GLOBAL FUNDING	04/13/2022	2.500	USD	13,150,000	13,024,773	13,227,585
	MASSMUTUAL GLOBAL FUNDING	01/11/2025	2.950	USD	4,650,000	4,640,654	4,873,433
	MASTERCARD INC.	03/03/2025	2.000	USD	16,761,805	17,189,746	17,189,746
	MCDONALD'S CORPORATION	04/01/2023	3.350	USD	10,400,000	10,806,127	10,706,800
	MCKESSON CORPORATION	03/15/2024	3.796	USD	2,000,000	2,171,080	2,099,760
	MEDTRONIC, INC.	03/15/2025	3.500	USD	3,487,000	3,523,371	3,714,004
	MERCK & CO., INC.	05/18/2023	2.800	USD	24,325,000	25,877,630	25,042,588
	MERCK & CO., INC.	03/07/2024	2.900	USD	4,510,000	4,824,562	5,015,283
	METLIFE SHORT TERM FUNDING LLC	01/10/2022	0.100	USD	5,000,000	4,997,958	4,997,958
	METLIFE, INC.	04/10/2024	3.600	USD	5,000,000	5,439,830	5,278,200
	MGM RESORTS INTERNATIONAL	06/15/2025	5.750	USD	53,000	53,000	57,041
	MGM RESORTS INTERNATIONAL	04/15/2027	5.500	USD	275,000	275,000	292,875
	MICROCHIP TECHNOLOGY INC.	06/01/2023	4.333	USD	3,000,000	3,228,820	3,127,290
	MICROCHIP TECHNOLOGY INC.	09/01/2023	2.670	USD	2,000,000	2,083,460	2,042,800
	MICROSOFT CORPORATION	05/01/2023	2.375	USD	2,000,000	2,109,280	2,042,520
	MICROSOFT CORPORATION	08/08/2023	2.000	USD	3,000,000	3,141,570	3,057,150
	MICROSOFT CORPORATION	02/06/2024	2.875	USD	6,000,000	6,417,380	6,245,880
	MIRABELA NICKEL LTD.	06/24/2019	9.500	USD	857	29	-
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	03/02/2023	3.455	USD	1,500,000	1,546,230	1,544,820
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	07/26/2023	3.761	USD	8,125,000	8,498,400	8,474,131
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	03/07/2024	3.407	USD	3,000,000	3,224,040	3,141,030
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	07/18/2024	2.801	USD	4,000,000	4,234,760	4,146,720
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	09/15/2024	0.848	USD	14,000,000	14,090,918	13,932,100
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	07/19/2025	0.953	USD	16,700,000	16,727,960	16,498,431
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	10/11/2025	0.962	USD	4,000,000	3,972,120	3,943,960
	MIZUHO FINANCIAL GROUP, INC.	03/05/2023	3.549	USD	1,592,000	1,657,742	1,641,766
	MIZUHO FINANCIAL GROUP, INC.	07/10/2024	1.241	USD	1,000,000	1,002,510	1,002,510
	MIZUHO FINANCIAL GROUP, INC.	09/11/2024	3.922	USD	4,000,000	4,351,480	4,179,240
	MMAF EQUIPMENT FINANCE LLC 2019-B	12/12/2024	2.010	USD	11,890,000	11,796,952	11,928,856
	MOHAWK INDUSTRIES, INC.	02/01/2023	3.850	USD	730,000	754,704	746,907
	MOODY'S CORPORATION	01/15/2023	2.625	USD	1,396,000	1,411,517	1,419,271
	MORGAN STANLEY	01/23/2023	3.125	USD	4,540,000	4,522,823	4,655,271
	MORGAN STANLEY	02/25/2023	3.750	USD	19,637,000	20,270,536	20,311,727
	MORGAN STANLEY	05/22/2023	4.100	USD	6,000,000	6,444,680	6,246,460
	MORGAN STANLEY	11/10/2023	0.560	USD	12,700,000	12,694,627	12,682,982
	MORGAN STANLEY	04/24/2024	3.737	USD	11,000,000	11,580,720	11,380,820
	MORGAN STANLEY	01/22/2025	0.791	USD	12,900,000	12,904,860	12,770,871
	MORGAN STANLEY	05/30/2025	0.790	USD	17,115,000	17,118,766	16,894,559
	MORGAN STANLEY	07/22/2025	2.720	USD	11,000,000	11,576,260	11,337,700
	MORGAN STANLEY	07/23/2025	4.000	USD	13,200,000	13,474,824	14,311,704
	MORGAN STANLEY	10/21/2025	0.864	USD	4,000,000	3,963,800	3,944,000
	MORGAN STANLEY	10/21/2025	1.164	USD	10,310,000	10,230,680	10,230,819
	MPLX LP	03/15/2023	3.375	USD	59,000	53,692	60,504
	MPLX LP	12/01/2024	4.875	USD	4,000,000	4,346,080	4,342,480
	NATIONAL AUSTRALIA BANK LTD.	02/07/2022	0.100	USD	5,000,000	4,997,903	4,997,903
	NATIONAL AUSTRALIA BANK LTD.	04/12/2023	2.875	USD	750,000	770,500	769,380
	NATIONAL AUSTRALIA BANK LTD.	06/20/2023	3.625	USD	1,000,000	1,084,850	1,040,440
	NATIONAL BANK OF CANADA	03/04/2022	0.140	USD	5,000,000	4,996,539	4,996,539
	NATIONAL BANK OF CANADA	02/01/2023	2.100	USD	1,535,470	1,535,470	1,520,310
	NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORPORATION	02/15/2023	2.700	USD	365,000	361,720	371,712
	NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORPORATION	02/08/2024	0.350	USD	2,000,000	1,994,022	1,969,600
	NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORPORATION	10/18/2024	1.000	USD	750,000	749,325	743,685
	NATIONWIDE BUILDING SOCIETY	01/24/2022	0.170	USD	4,000,000	3,998,658	3,998,658
	NATIONWIDE BUILDING SOCIETY	01/27/2023	2.000	USD	4,500,000	4,536,270	4,558,230
	NATIXIS S.A. (NEW YORK)	01/07/2022	0.105	USD	3,500,000	3,497,836	3,497,836
	NATWEST GROUP PLC	09/12/2023	3.875	USD	39,250,000	41,460,659	40,931,863
	NATWEST GROUP PLC	06/25/2024	4.519	USD	12,945,000	13,747,975	13,544,483
	NATWEST GROUP PLC	03/22/2025	4.269	USD	5,000,000	5,452,900	5,296,500
	NEW YORK LIFE GLOBAL FUNDING	04/10/2024	2.875	USD	7,225,000	7,220,015	7,518,046
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	03/01/2023	0.650	USD	8,000,000	8,020,040	7,984,400
	NIEUW AMSTERDAM RECEIVABLES CORPORATION B.V.	01/25/2022	0.120	USD	5,000,000	4,999,200	4,999,200
	NISSAN AUTO RECEIVABLES 2019-A OWNER TRUST	10/16/2023	2.900	USD	1,696,697	1,731,161	1,708,693
	NISSAN MOTOR ACCEPTANCE COMPANY LLC	09/21/2023	3.875	USD	3,060,000	3,276,464	3,183,471
	NISSAN MOTOR ACCEPTANCE COMPANY LLC	03/08/2024	1.050	USD	2,660,000	2,669,761	2,628,692
	NISSAN MOTOR CO., LTD.	09/15/2023	3.043	USD	5,800,000	6,120,856	5,951,902
	NISSAN MOTOR CO., LTD.	09/17/2025	3.522	USD	3,000,000	3,228,450	3,145,950
	NORDEA BANK ABP	04/22/2022	0.155	USD	5,000,000	4,996,147	4,996,147
	NORDEA BANK ABP	06/09/2023	1.000	USD	5,000,000	4,994,850	5,016,150
	NORFOLK SOUTHERN CORPORATION	02/15/2023	2.903	USD	1,003,000	1,019,801	1,019,740
	NORTHERN STATES POWER COMPANY	05/15/2023	2.600	USD	220,000	220,455	223,269
	NORTHROP GRUMMAN CORPORATION	08/01/2023	3.250	USD	8,000,000	8,407,230	8,275,840
	NOVARTIS CAPITAL CORPORATION	05/06/2024	3.400	USD	7,000,000	7,618,649	7,386,400
	NRW BANK	01/19/2022	0.060	USD	5,000,000	4,999,817	4,999,817
	NTT FINANCE CORPORATION	03/01/2024	0.583	USD	3,880,000	3,880,000	3,835,652
	NUTRIEN LTD.	05/13/2023	1.900	USD	500,000	511,000	506,430
	NVIDIA CORPORATION	06/15/2023	0.309	USD	4,000,000	4,003,080	3,971,480
	NVIDIA CORPORATION	06/14/2024	0.584	USD	22,130,000	22,130,000	21,929,724
	NXP B.V.	03/01/2024	4.875	USD	2,000,000	2,222,360	2,148,760
	OLD LINE FUNDING, LLC	01/25/2022	0.130	USD	5,000,000	4,997,111	4,997,111
	OMEGA HEALTHCARE INVESTORS, INC.	08/01/2023	4.375	USD	103,000	111,710	107,486
	OMEGA HEALTHCARE INVESTORS, INC.	04/01/2024	4.950	USD	500,000	545,945	533,980
	ONCOR ELECTRIC DELIVERY COMPANY LLC	06/01/2024	2.750	USD	750,000	797,078	777,555
	ONE GAS, INC.	03/11/2023	0.850	USD	3,000,000	3,050,600	2,996,730
	ONE GAS, INC.	03/11/2024	1.100	USD	9,500,000	9,493,190	9,449,935
	ORACLE CORPORATION	02/15/2023	2.625	USD	3,452,000	3,442,213	3,513,687
	ORACLE CORPORATION	07/15/2023	3.625	USD	9,289,000	9,978,245	9,626,191

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, 2021

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	ORACLE CORPORATION	09/15/2023	2.400 %	USD \$	11,613,000	\$ 11,918,619	\$ 11,843,983
	ORACLE CORPORATION	07/08/2024	3.400	USD	3,000,000	3,214,950	3,136,890
	ORACLE CORPORATION	11/15/2024	2.950	USD	4,000,000	4,173,240	4,160,920
	ORACLE CORPORATION	04/01/2025	2.500	USD	12,270,000	12,886,199	12,562,517
	ORIX CORPORATION	01/16/2024	4.050	USD	500,000	533,535	527,780
	ORTHO-CLINICAL	06/30/2025	0.000	USD	66,390	66,307	66,307
	OSCAR US FUNDING TRUST 2017-2	12/10/2024	2.760	USD	280,282	280,279	281,483
	OSCAR US FUNDING TRUST 2018-1	05/12/2025	3.500	USD	5,157,687	5,156,122	5,227,008
	OSCAR US FUNDING TRUST 2018-2	09/10/2025	3.630	USD	6,402,573	6,401,105	6,516,712
	OSCAR US FUNDING TRUST 2019-2	09/11/2023	2.590	USD	303,237	303,215	305,186
	OVERSEA-CHINESE BANKING CORPORATION LTD.	02/03/2022	0.139	USD	3,650,000	3,646,608	3,646,608
	PACCAR FINANCIAL CORPORATION	02/07/2023	1.900	USD	500,000	506,470	506,080
	PACCAR FINANCIAL CORPORATION	04/06/2023	2.650	USD	500,000	515,660	511,790
	PACCAR FINANCIAL CORPORATION	08/11/2023	0.350	USD	16,000,000	15,980,325	15,872,320
	PACIFIC GAS & ELECTRIC COMPANY	03/10/2023	1.367	USD	6,455,000	6,455,000	6,415,173
	PACIFIC GAS & ELECTRIC COMPANY	08/01/2023	4.250	USD	750,000	799,965	776,115
	PACIFIC GAS & ELECTRIC COMPANY	08/15/2024	3.400	USD	500,000	520,400	516,830
	PAYPAL HOLDINGS, INC.	06/01/2023	1.350	USD	14,000,000	14,078,280	14,114,940
	PAYPAL HOLDINGS, INC.	10/01/2024	2.400	USD	9,690,000	9,854,600	10,030,894
	PEACEHEALTH OBLIGATED GROUP	11/15/2025	1.375	USD	911,000	911,000	905,434
	PEPSICO, INC.	05/01/2023	0.750	USD	10,885,000	10,863,448	10,899,804
	PEPSICO, INC.	10/07/2023	0.400	USD	8,360,000	8,356,895	8,315,358
	PEPSICO, INC.	03/01/2024	3.600	USD	5,000,000	5,254,430	5,259,950
	PERKINELMER, INC.	09/15/2023	0.550	USD	500,000	500,400	495,815
	PERKINELMER, INC.	09/15/2024	0.850	USD	2,000,000	1,991,420	1,971,960
	PFIZER INC.	06/15/2023	3.000	USD	4,000,000	4,293,920	4,139,800
	PFIZER INC.	09/15/2023	3.200	USD	7,410,000	7,870,004	7,699,286
	PFIZER INC.	03/15/2024	2.950	USD	9,515,000	10,119,453	9,908,350
	PFIZER INC.	05/15/2024	3.400	USD	5,000,000	5,458,680	5,296,800
	PFS FINANCING CORPORATION, SERIES 2020-B	06/15/2024	1.210	USD	5,530,000	5,529,256	5,547,862
	PFS FINANCING CORPORATION, SERIES 2020-F	08/15/2024	0.930	USD	1,611,000	1,610,930	1,614,754
	PHILIP MORRIS INTERNATIONAL INC.	08/17/2022	2.375	USD	5,435,000	5,371,273	5,488,100
	PHILIP MORRIS INTERNATIONAL INC.	03/06/2023	2.625	USD	295,000	296,976	301,764
	PHILIP MORRIS INTERNATIONAL INC.	05/01/2023	1.125	USD	12,065,000	12,024,582	12,116,207
	PHILIP MORRIS INTERNATIONAL INC.	05/10/2023	2.125	USD	600,000	516,980	507,515
	PHILLIPS 66	04/06/2023	3.700	USD	2,500,000	2,514,705	2,584,600
	PHILLIPS 66	02/15/2024	0.900	USD	5,095,000	5,089,497	5,058,010
	PIONEER NATURAL RESOURCES COMPANY	01/15/2024	0.750	USD	3,375,000	3,373,616	3,329,775
	PLAINS ALL AMERICAN PIPELINE L.P.	01/31/2023	2.850	USD	170,000	151,482	172,346
	PNC BANK, N.A.	01/30/2023	2.950	USD	483,000	484,772	493,824
	PNC BANK, N.A.	02/24/2023	1.743	USD	5,840,000	5,840,000	5,848,410
	PNC BANK, N.A.	06/08/2023	3.500	USD	500,000	541,340	518,805
	PNC FINANCIAL SERVICES GROUP INC.	03/08/2022	3.300	USD	5,250,000	5,344,476	5,264,490
	PNC FINANCIAL SERVICES GROUP INC.	01/23/2024	3.500	USD	9,700,000	10,334,439	10,158,325
	PNC FINANCIAL SERVICES GROUP INC.	11/01/2024	2.200	USD	1,000,000	1,025,490	1,027,100
	POTOMAC ELECTRIC POWER COMPANY	03/15/2024	3.600	USD	1,000,000	1,075,820	1,046,130
	PPG INDUSTRIES, INC.	03/15/2023	3.200	USD	178,000	177,539	182,503
	PRECISION CASTPARTS CORPORATION	01/15/2023	2.500	USD	6,230,000	6,372,324	6,322,204
	PRICOA GLOBAL FUNDING I	09/23/2024	2.400	USD	4,770,000	4,769,571	4,925,264
	PRINCIPAL FINANCIAL GROUP INC.	05/15/2025	3.400	USD	10,059,000	10,792,402	10,627,233
	PROVINCE OF ALBERTA	01/13/2022	0.130	USD	5,000,000	4,996,660	4,996,660
	PRUDENTIAL FINANCIAL INC.	06/15/2043	5.625	USD	6,000,000	6,432,200	6,243,600
	PUBLIC SERVICE ENTERPRISE GROUP INCORPORATED	06/15/2024	2.875	USD	1,250,000	1,250,218	1,294,613
	QUALCOMM, INC.	01/30/2023	2.600	USD	3,030,000	3,069,304	3,086,691
	RABOBANK, (NEW YORK BRANCH)	01/10/2023	2.750	USD	1,500,000	1,516,425	1,531,635
	RAYTHEON TECHNOLOGIES CORPORATION	08/16/2023	3.650	USD	407,000	420,193	423,178
	REALTY INCOME CORPORATION	02/06/2024	4.600	USD	500,000	539,615	531,865
	REALTY INCOME CORPORATION	07/15/2024	3.875	USD	1,250,000	1,359,848	1,326,200
	RELIANCE STEEL & ALUMINUM COMPANY	04/15/2023	4.500	USD	500,000	522,035	517,585
	RELX CAPITAL INC.	03/16/2023	3.500	USD	580,000	603,140	597,069
	REPUBLIC SERVICES, INC.	08/15/2024	2.500	USD	6,530,000	6,673,237	6,721,133
	ROCKWELL AUTOMATION, INC.	08/15/2023	0.350	USD	2,205,000	2,204,472	2,190,668
	ROGERS COMMUNICATIONS, INC.	10/01/2023	4.100	USD	1,275,000	1,343,329	1,330,769
	ROPER TECHNOLOGIES, INC.	09/15/2024	2.350	USD	1,000,000	1,040,180	1,025,530
	ROYAL BANK OF CANADA	01/17/2023	1.950	USD	1,985,000	1,950,582	2,011,758
	ROYAL BANK OF CANADA	04/17/2023	1.600	USD	9,165,000	9,159,134	9,268,565
	ROYAL BANK OF CANADA	10/05/2023	3.700	USD	4,000,000	4,363,840	4,195,440
	ROYAL BANK OF CANADA	10/26/2023	0.500	USD	2,000,000	1,999,940	1,988,180
	ROYAL BANK OF CANADA	01/19/2024	0.425	USD	7,000,000	7,005,730	6,915,020
	ROYAL BANK OF CANADA	07/16/2024	2.550	USD	10,300,000	10,456,044	10,643,608
	ROYAL BANK OF CANADA	10/07/2024	0.750	USD	10,800,000	10,759,716	10,692,864
	ROYAL BANK OF CANADA	11/01/2024	2.250	USD	4,000,000	4,116,960	4,109,640
	ROYALTY PHARMA PLC	09/02/2023	0.750	USD	7,000,000	7,001,600	6,956,600
	RYDER SYSTEM, INC.	06/09/2023	3.750	USD	500,000	539,995	518,570
	RYDER SYSTEM, INC.	12/01/2023	3.875	USD	2,500,000	2,713,300	2,625,750
	RYDER SYSTEM, INC.	09/01/2024	2.500	USD	1,500,000	1,560,535	1,543,335
	SABINE PASS LIQUEFACTION LLC	04/15/2023	5.625	USD	5,000,000	5,365,985	5,229,850
	SABINE PASS LIQUEFACTION LLC	05/15/2024	5.750	USD	14,521,000	16,444,400	15,794,782
	SALESFORCE.COM, INC.	04/11/2023	3.250	USD	1,000,000	1,065,730	1,031,540
	SALESFORCE.COM, INC.	07/15/2024	0.625	USD	19,795,000	19,791,505	19,614,668
	SANOFI	06/19/2023	3.375	USD	4,000,000	4,326,720	4,147,000
	SANTANDER HOLDINGS USA, INC.	01/18/2023	3.400	USD	6,600,000	6,224,352	6,745,794
	SANTANDER UK GROUP HOLDINGS PLC	01/10/2023	3.571	USD	1,825,000	1,790,297	1,825,767
	SANTANDER UK GROUP HOLDINGS PLC	01/05/2024	3.373	USD	6,500,000	6,356,543	6,641,245
	SANTANDER UK GROUP HOLDINGS PLC	03/15/2025	1.089	USD	3,000,000	3,005,580	2,969,520
	SANTANDER UK PLC	03/13/2024	4.000	USD	2,000,000	2,187,440	2,117,220
	SAUDI ARABIAN OIL COMPANY	04/16/2022	2.750	USD	7,000,000	6,986,000	7,043,750
	SCF EQUIPMENT LEASING 2020-1	10/20/2025	0.680	USD	6,443,919	6,443,612	6,445,852
	SCHLUMBERGER INVESTMENT S.A.	12/01/2023	3.650	USD	4,000,000	4,317,560	4,178,360
	SHEFFIELD RECEIVABLES CORP.	02/15/2022	0.150	USD	4,000,000	3,998,467	3,998,467
	SHELL INTERNATIONAL FINANCE B.V.	11/13/2023	3.500	USD	3,500,000	3,812,130	3,662,470
	SHELL INTERNATIONAL FINANCE B.V.	11/07/2024	2.000	USD	4,000,000	4,092,000	4,100,360
	SHIRE ACQUISITIONS INVESTMENTS IRELAND D.A.C.	09/23/2023	2.875	USD	28,128,000	29,108,460	28,931,898
	SIEMENS CAPITAL COMPANY LLC	02/15/2022	0.090	USD	5,000,000	4,999,125	4,999,125
	SIMON PROPERTY GROUP, L.P.	06/01/2023	2.750	USD	2,250,000	2,347,775	2,300,153
	SIMON PROPERTY GROUP, L.P.	09/13/2024	2.000	USD	5,000,000	5,151,515	5,089,900
	SIMON PROPERTY GROUP, L.P.	10/01/2024	3.375	USD	2,000,000	2,128,040	2,104,120
	SIMON PROPERTY GROUP, L.P.	09/01/2025	3.500	USD	7,390,000	7,458,639	7,878,939
	SKANDINAVISKA ENSKILDA BANKEN AB	05/13/2022	0.230	USD	5,000,000	4,994,506	4,994,506
	SKANDINAVISKA ENSKILDA BANKEN AB	09/01/2023	0.550	USD	7,980,000	7,978,085	7,929,886
	SKANDINAVISKA ENSKILDA BANKEN AB	09/09/2024	0.650	USD	2,050,000	2,047,089	2,015,704
	SKY LIMITED	09/16/2024	3.750	USD	11,308,000	11,439,274	12,043,246
	SOCIETE GENERALE	02/01/2022	0.125	USD	3,500,000	3,498,153	3,498,153
	SOUTHERN CALIFORNIA EDISON COMPANY	08/01/2023	0.700	USD	500,000	500,545	496,950
	SOUTHERN CALIFORNIA EDISON COMPANY	10/01/2023	3.500	USD	1,250,000	1,296,938	1,296,138
	SOUTHERN CALIFORNIA EDISON COMPANY	04/01/2024	1.100	USD	8,650,000	8,662,210	8,618,687
	SOUTHERN CALIFORNIA EDISON COMPANY	08/01/2024	0.975	USD	500,000	499,295	495,395
	SOUTHERN CALIFORNIA GAS COMPANY	09/15/2024	3.150	USD	500,000	529,520	522,775
	SOUTHWEST AIRLINES CO.	05/04/2023	4.750	USD	3,000,000	3,257,840	3,141,990
	SOUTHWESTERN PUBLIC SERVICE COMPANY	06/15/2024	3.300	USD	500,000	533,170	520,400
	SPECTRA ENERGY PARTNERS L.P.	03/15/2024	4.750	USD	7,331,000	7,832,348	7,810,741
	STANDARD CHARTERED PLC	01/12/2025	0.991	USD	12,625,000	12,655,950	12,482,464

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
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 CORPORATE DEBT SECURITIES
 DECEMBER 31, 2021

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	STARBUCKS CORPORATION	02/08/2022	0.130 %	USD \$	6,000,000	\$ 5,997,768	\$ 5,997,768
	STARBUCKS CORPORATION	06/13/2022	0.338	USD	35,000,000	34,940,500	34,940,500
	STARBUCKS CORPORATION	05/07/2022	1.300	USD	5,030,630	5,046,630	5,046,448
	STARBUCKS CORPORATION	03/01/2023	3.100	USD	5,940,000	6,240,975	6,081,847
	STATE STREET CORPORATION	05/15/2023	3.100	USD	2,880,000	3,016,155	2,969,856
	STATE STREET CORPORATION	11/20/2023	3.700	USD	1,000,000	1,096,830	1,052,280
	STATE STREET CORPORATION	12/16/2024	3.300	USD	2,000,000	2,127,780	2,129,460
	STATE STREET CORPORATION	11/01/2025	2.354	USD	2,000,000	2,063,680	2,061,740
	STEEL DYNAMICS, INC.	12/15/2024	2.800	USD	2,500,000	2,498,125	2,599,025
	SUMITOMO MITSUI BANKING CORPORATION	02/07/2022	0.120	USD	5,000,000	4,997,083	4,997,083
	SUMITOMO MITSUI BANKING CORPORATION	07/19/2023	3.950	USD	500,000	548,090	523,385
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	01/14/2022	0.140	USD	5,000,000	4,997,783	4,997,783
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	01/17/2023	3.102	USD	3,537,000	3,504,595	3,621,110
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	07/19/2023	3.748	USD	500,000	543,735	520,920
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	10/16/2023	3.936	USD	500,000	549,050	525,545
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	01/12/2024	0.508	USD	4,205,000	4,206,640	4,156,558
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	07/16/2024	2.696	USD	6,000,000	6,312,020	6,197,280
	SVENSKA HANDELSBANKEN AB	01/28/2022	0.100	USD	5,000,000	4,998,431	4,998,431
	SVENSKA HANDELSBANKEN AB	06/30/2023	0.625	USD	10,000,000	9,965,100	9,972,000
	SVENSKA HANDELSBANKEN AB	06/11/2024	0.550	USD	13,400,000	13,389,682	13,216,616
	SWEDBANK AB	06/02/2023	1.300	USD	4,925,000	4,919,238	4,954,205
	SWEDBANK AB	03/18/2024	0.850	USD	8,415,000	8,410,035	8,359,461
	SYNCHRONY FINANCIAL	08/15/2024	4.250	USD	4,000,000	4,340,600	4,237,200
	TAKEDA PHARMACEUTICAL COMPANY LIMITED	11/26/2023	4.400	USD	11,960,000	13,161,621	12,656,192
	TARGET CORPORATION	07/01/2024	3.500	USD	1,000,000	1,060,490	1,060,490
	TARGET CORPORATION	04/15/2025	2.250	USD	11,625,000	12,237,056	11,984,910
	TELEDYNE TECHNOLOGIES INCORPORATED	04/01/2023	0.650	USD	500,000	500,020	497,410
	TEXAS INSTRUMENTS INC.	05/01/2023	2.250	USD	500,000	529,445	506,950
	TEXAS INSTRUMENTS INC.	03/12/2025	1.375	USD	5,000,000	5,071,400	5,022,750
	THE ALLSTATE CORPORATION	08/15/2053	5.750	USD	500,000	537,400	520,000
	THE BANK OF NOVA SCOTIA	03/11/2022	0.220	USD	5,000,000	4,997,189	4,997,189
	THE BOEING COMPANY	05/01/2022	2.700	USD	4,760,575	4,787,941	4,787,941
	THE BOEING COMPANY	02/04/2023	1.167	USD	4,550,000	4,554,260	4,550,592
	THE BOEING COMPANY	03/01/2023	2.800	USD	32,000	75,057	83,459
	THE BOEING COMPANY	05/01/2023	4.508	USD	10,456,000	10,964,351	10,921,710
	THE BOEING COMPANY	02/01/2024	1.950	USD	8,500,000	8,711,075	8,597,835
	THE BOEING COMPANY	02/04/2024	1.433	USD	13,000,000	13,028,320	12,982,320
	THE BOEING COMPANY	03/01/2024	2.800	USD	3,925,000	3,889,008	4,033,566
	THE CHARLES SCHWAB CORPORATION	01/25/2023	2.650	USD	4,510,000	4,543,891	4,593,661
	THE CHARLES SCHWAB CORPORATION	03/18/2024	0.750	USD	6,000,000	6,037,260	5,974,260
	THE CLEVELAND ELECTRIC ILLUMINATING COMPANY	08/15/2024	5.500	USD	500,000	567,230	550,480
	THE COCA-COLA COMPANY	09/06/2024	1.750	USD	2,000,000	2,072,360	2,036,360
	THE ESTEE LAUDER COMPANIES INC.	12/01/2024	2.000	USD	1,570,000	1,560,910	1,613,034
	THE GOLDMAN SACHS GROUP, INC.	01/24/2022	5.750	USD	12,277,000	13,782,922	12,313,954
	THE GOLDMAN SACHS GROUP, INC.	01/27/2023	0.481	USD	4,000,000	4,001,040	3,990,080
	THE GOLDMAN SACHS GROUP, INC.	02/23/2023	3.200	USD	4,145,000	4,121,077	4,251,278
	THE GOLDMAN SACHS GROUP, INC.	03/08/2023	0.523	USD	500,000	499,970	498,425
	THE GOLDMAN SACHS GROUP, INC.	07/24/2023	2.905	USD	6,969,000	7,084,825	7,047,690
	THE GOLDMAN SACHS GROUP, INC.	12/06/2023	1.217	USD	16,105,000	16,105,000	16,141,890
	THE GOLDMAN SACHS GROUP, INC.	03/03/2024	4.000	USD	9,000,000	9,731,070	9,543,240
	THE GOLDMAN SACHS GROUP, INC.	03/08/2024	0.673	USD	13,500,000	13,528,925	13,438,925
	THE GOLDMAN SACHS GROUP, INC.	07/08/2024	3.850	USD	4,000,000	4,338,760	4,228,400
	THE GOLDMAN SACHS GROUP, INC.	09/10/2024	0.657	USD	16,500,000	16,486,225	16,363,215
	THE GOLDMAN SACHS GROUP, INC.	10/21/2024	0.925	USD	10,365,000	10,363,280	10,321,571
	THE GOLDMAN SACHS GROUP, INC.	09/29/2025	3.272	USD	7,000,000	7,346,290	7,346,290
	THE HERSHEY COMPANY	06/01/2025	0.900	USD	5,950,000	5,938,993	5,873,721
	THE HOME DEPOT, INC.	04/01/2023	2.700	USD	4,000,000	4,198,320	4,080,160
	THE HOME DEPOT, INC.	02/15/2024	3.750	USD	4,000,000	4,357,860	4,216,800
	THE HUNTINGTON NATIONAL BANK	02/03/2023	1.900	USD	11,000,000	10,990,760	11,111,100
	THE MOSAIC COMPANY	11/15/2023	4.250	USD	2,500,000	2,700,175	2,629,775
	THE PROCTER & GAMBLE COMPANY	08/15/2023	3.100	USD	4,000,000	4,331,040	4,158,640
	THE SHERWIN-WILLIAMS COMPANY	06/01/2024	3.125	USD	1,500,000	1,591,785	1,565,985
	THE SOUTHERN COMPANY	07/01/2023	2.950	USD	10,000,000	10,598,315	10,241,800
	THE TJX COMPANIES, INC.	05/15/2023	2.500	USD	500,000	519,215	509,450
	THE TORONTO-DOMINION BANK	06/02/2023	0.300	USD	1,000,000	999,480	993,830
	THE TORONTO-DOMINION BANK	06/12/2023	0.750	USD	25,620,000	25,641,771	25,623,331
	THE TORONTO-DOMINION BANK	07/19/2023	3.500	USD	2,000,000	2,172,620	2,084,320
	THE TORONTO-DOMINION BANK	09/11/2023	0.450	USD	7,000,000	6,989,600	6,957,720
	THE TORONTO-DOMINION BANK	03/04/2024	0.550	USD	750,000	748,980	741,975
	THE TORONTO-DOMINION BANK	03/11/2024	3.250	USD	3,000,000	3,230,430	3,135,540
	THE TORONTO-DOMINION BANK	06/12/2024	2.650	USD	2,000,000	2,118,440	2,074,920
	THE TORONTO-DOMINION BANK	09/10/2024	0.700	USD	11,000,000	10,987,400	10,855,200
	THE TORONTO-DOMINION BANK	12/13/2024	1.250	USD	2,000,000	2,002,080	2,002,690
	THE WILLIAMS COMPANIES, INC.	01/15/2023	3.700	USD	2,759,000	2,744,996	2,819,974
	THE WILLIAMS COMPANIES, INC.	11/15/2023	4.500	USD	6,697,000	6,999,139	7,056,495
	THE WILLIAMS COMPANIES, INC.	03/04/2024	4.300	USD	2,000,000	2,184,480	2,110,880
	THE WILLIAMS COMPANIES, INC.	06/24/2024	4.550	USD	7,000,000	7,492,030	7,492,030
	THE WILLIAMS COMPANIES, INC.	09/15/2025	4.000	USD	1,250,000	1,247,111	1,350,913
	THERMO FISHER SCIENTIFIC INC.	10/18/2023	0.797	USD	6,000,000	6,000,620	5,979,720
	THERMO FISHER SCIENTIFIC INC.	10/18/2024	1.215	USD	17,140,000	17,145,000	17,123,888
	TIME WARNER CABLE ENTERPRISES LLC	03/15/2023	8.375	USD	2,993,000	3,316,992	3,245,669
	TOTALENERGIES CAPITAL INTERNATIONAL	01/15/2024	3.700	USD	3,000,000	3,289,080	3,153,870
	TOTALENERGIES CAPITAL INTERNATIONAL	04/10/2024	3.750	USD	4,000,000	4,357,610	4,245,680
*	TOYOTA AUTO RECEIVABLES 2018-D OWNER TRUST	03/15/2023	3.180	USD	2,062,206	2,099,905	2,071,259
*	TOYOTA AUTO RECEIVABLES 2020-A OWNER TRUST	05/15/2025	1.680	USD	6,000,000	6,030,938	6,072,060
*	TOYOTA AUTO RECEIVABLES 2020-B OWNER TRUST	08/15/2024	1.360	USD	3,773,159	3,772,404	3,791,459
*	TOYOTA AUTO RECEIVABLES 2020-B OWNER TRUST	09/15/2025	1.660	USD	9,695,000	9,897,899	9,815,897
*	TOYOTA LEASE OWNER TRUST 2021-A	09/20/2023	0.270	USD	3,520,148	3,519,696	3,515,677
*	TOYOTA MOTOR CREDIT CORPORATION	01/10/2023	2.625	USD	3,205,000	3,217,605	3,270,254
*	TOYOTA MOTOR CREDIT CORPORATION	01/11/2023	2.700	USD	1,299,000	1,308,843	1,328,228
*	TOYOTA MOTOR CREDIT CORPORATION	04/06/2023	0.400	USD	1,000,000	1,002,380	997,740
*	TOYOTA MOTOR CREDIT CORPORATION	08/14/2023	0.500	USD	9,500,000	9,512,295	9,465,895
*	TOYOTA MOTOR CREDIT CORPORATION	08/25/2023	1.350	USD	2,000,000	2,052,060	2,017,880
*	TOYOTA MOTOR CREDIT CORPORATION	01/11/2024	0.450	USD	10,725,000	10,736,147	10,635,768
*	TOYOTA MOTOR CREDIT CORPORATION	06/18/2024	0.500	USD	16,225,000	16,205,692	15,988,764
*	TOYOTA MOTOR CREDIT CORPORATION	09/13/2024	0.925	USD	2,000,000	1,995,320	1,973,000
	TRANE TECHNOLOGIES GLOBAL HOLDING CO. LTD.	06/15/2023	4.250	USD	500,000	550,610	522,725
	TRANSCANADA PIPELINES LIMITED	10/12/2024	1.000	USD	4,000,000	3,990,480	3,965,600
	TRANSDIGM INC.	12/09/2025	2.474	USD	291,507	284,219	287,245
	TRUIST BANK	02/02/2023	3.000	USD	534,000	532,252	545,780
	TRUIST BANK	03/09/2023	1.250	USD	3,340,000	3,360,374	3,360,374
	TRUIST BANK	05/01/2023	2.750	USD	300,000	286,878	307,644
	TRUIST BANK	04/01/2024	3.200	USD	2,000,000	2,147,800	2,093,880
	TRUIST BANK	08/02/2024	3.689	USD	1,480,000	1,614,616	1,543,596
	TRUIST BANK	12/06/2024	2.150	USD	4,000,000	4,121,880	4,121,880
	TRUIST FINANCIAL CORPORATION	04/01/2022	2.750	USD	6,700,000	6,675,158	6,727,068
	TRUIST FINANCIAL CORPORATION	03/16/2023	2.200	USD	2,946,000	2,922,192	2,995,728
	TRUIST FINANCIAL CORPORATION	12/06/2023	3.750	USD	2,000,000	2,192,200	2,102,480
	TRUIST FINANCIAL CORPORATION	08/01/2024	2.500	USD	4,000,000	4,210,640	4,129,560
	TRUIST FINANCIAL CORPORATION	08/02/2024	3.689	USD	5,850,000	5,850,000	6,101,375
	TYSON FOODS, INC.	08/15/2024	3.950	USD	6,000,000	6,484,520	6,379,260
	U.S. BANCORP	02/05/2024	3.375	USD	2,000,000	2,171,360	2,096,860

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NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	U.S. BANCORP	09/11/2024	3.600 %	USD \$	4,000,000	\$ 4,318,820	\$ 4,249,400
	U.S. BANCORP	05/12/2025	1.450	USD	12,000,000	11,986,200	12,054,480
	U.S. BANK NATIONAL ASSOCIATION	01/09/2023	1.950	USD	2,000,000	2,058,220	2,025,860
	U.S. BANK NATIONAL ASSOCIATION	07/24/2023	3.400	USD	3,400,000	3,681,298	3,535,524
	UBS AG, LONDON BRANCH	06/01/2023	0.375	USD	6,190,000	6,183,377	6,142,028
	UBS AG, LONDON BRANCH	02/09/2024	0.450	USD	27,650,000	27,637,510	27,238,015
	UBS GROUP AG	08/15/2023	2.859	USD	5,420,000	5,420,000	5,485,203
	UBS GROUP AG	07/30/2024	1.008	USD	4,305,000	4,305,000	4,291,655
	UNILEVER CAPITAL CORPORATION	09/14/2023	0.375	USD	500,000	500,555	498,885
	UNILEVER CAPITAL CORPORATION	05/05/2024	2.600	USD	5,000,000	5,308,740	5,168,700
	UNION PACIFIC CORPORATION	06/08/2023	3.500	USD	2,000,000	2,189,660	2,068,880
	UNION PACIFIC CORPORATION	03/01/2024	3.150	USD	5,400,000	5,429,489	5,629,500
	UNITED OVERSEAS BANK LTD.	06/07/2022	0.175	USD	5,000,000	4,992,927	4,992,927
	UNITED PARCEL SERVICE, INC.	04/01/2023	2.500	USD	7,000,000	7,354,740	7,139,650
	UNITED PARCEL SERVICE, INC.	09/01/2024	2.200	USD	1,000,000	1,039,560	1,029,790
	UNITEDHEALTH GROUP INCORPORATED	02/15/2023	2.750	USD	4,987,000	4,981,994	5,072,876
	UNITEDHEALTH GROUP INCORPORATED	03/15/2023	2.875	USD	1,606,000	1,657,533	1,647,049
	UNITEDHEALTH GROUP INCORPORATED	05/15/2024	0.550	USD	2,000,000	2,002,160	1,984,440
	UNITEDHEALTH GROUP INCORPORATED	08/15/2024	2.375	USD	5,000,000	5,253,700	5,178,450
	USAA CAPITAL CORPORATION	05/01/2023	1.500	USD	1,775,000	1,772,799	1,792,644
	USJ ACUCAR E ALCOOL S.A.	11/09/2021	9.875	USD	183,473	134,779	126,222
	VENTAS REALTY, L.P.	04/15/2024	3.500	USD	3,250,000	3,451,730	3,398,785
	VENTAS REALTY, L.P.	05/01/2024	3.750	USD	500,000	537,215	523,720
	VERIZON COMMUNICATIONS INC.	03/22/2024	0.750	USD	5,000,000	5,010,640	4,980,400
	VERIZON COMMUNICATIONS INC.	11/01/2024	3.500	USD	2,000,000	2,122,640	2,128,540
	VERIZON COMMUNICATIONS INC.	02/15/2025	3.376	USD	9,400,000	9,927,716	10,003,010
	VERIZON COMMUNICATIONS INC.	11/20/2025	0.850	USD	12,000,000	11,686,680	11,690,040
	VERIZON OWNER TRUST 2019-C	04/22/2024	1.940	USD	4,935,353	4,934,972	4,969,160
	VERIZON OWNER TRUST 2020-B	02/20/2025	0.470	USD	18,955,000	18,951,019	18,904,580
	VICTORY RECEIVABLES	01/07/2022	0.100	USD	3,000,000	2,998,942	2,998,942
	VIRGINIA ELECTRIC AND POWER COMPANY	03/15/2023	2.750	USD	4,203,000	4,286,846	4,275,166
	VISA INC.	09/15/2022	2.150	USD	6,040,000	5,977,722	6,104,084
	VMWARE, INC.	08/15/2023	0.600	USD	3,000,000	3,004,320	2,979,270
	VMWARE, INC.	08/15/2024	1.000	USD	10,300,000	10,314,256	10,202,665
	VODAFONE GROUP PLC	01/16/2024	3.750	USD	17,499,000	18,999,643	18,424,872
	VOLKSWAGEN AUTO LOAN ENHANCED TRUST 2020-1	11/20/2024	0.980	USD	9,043,575	9,042,957	9,066,546
	VOLKSWAGEN GROUP OF AMERICA FINANCE, LLC	09/26/2022	2.700	USD	4,175,000	4,173,455	4,235,371
	VOLKSWAGEN GROUP OF AMERICA FINANCE, LLC	11/22/2023	0.875	USD	13,500,000	13,479,750	13,411,440
	W. P. CAREY INC.	04/01/2024	4.600	USD	1,000,000	1,093,135	1,061,790
	WALGREENS BOOTS ALLIANCE, INC.	11/17/2023	0.950	USD	8,500,000	8,498,640	8,496,515
	WALGREENS BOOTS ALLIANCE, INC.	11/18/2024	3.800	USD	2,000,000	2,125,180	2,124,820
	WALMART INC.	06/26/2023	3.400	USD	20,400,000	21,732,690	21,222,936
	WALMART INC.	04/22/2024	3.300	USD	5,000,000	5,385,500	5,242,000
	WALMART INC.	07/08/2024	2.850	USD	10,000,000	10,805,100	10,451,400
	WASTE MANAGEMENT INC.	05/15/2023	2.400	USD	2,555,000	2,536,004	2,602,983
	WEC ENERGY GROUP, INC.	09/15/2023	0.550	USD	3,000,000	3,007,576	2,976,390
	WEC ENERGY GROUP, INC.	03/15/2024	0.800	USD	7,750,000	7,747,823	7,671,880
	WELLS FARGO & COMPANY	08/15/2023	4.125	USD	3,000,000	3,281,790	3,147,030
	WELLS FARGO & COMPANY	01/24/2024	3.750	USD	8,000,000	8,684,760	8,406,560
	WELLS FARGO & COMPANY	06/02/2024	1.654	USD	28,000,000	28,486,400	28,239,400
	WELLS FARGO & COMPANY	09/09/2024	3.300	USD	2,000,000	2,151,400	2,103,440
	WELLS FARGO & COMPANY	05/19/2025	0.805	USD	2,000,000	2,008,060	1,977,800
	WELLS FARGO & COMPANY	10/30/2025	2.406	USD	10,000,000	10,328,900	10,246,200
	WELLTOWER INC.	01/15/2024	4.500	USD	500,000	553,845	529,120
	WELLTOWER INC.	03/15/2024	3.625	USD	4,000,000	4,258,220	4,207,480
	WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORP.	03/15/2024	4.400	USD	1,500,000	1,636,035	1,586,805
	WESTLAKE CHEMICAL CORPORATION	08/15/2024	0.875	USD	1,000,945	1,000,945	985,040
	WESTPAC BANKING CORPORATION	06/08/2022	0.300	USD	50,000,000	49,924,167	49,924,167
	WESTPAC BANKING CORPORATION	01/11/2023	2.750	USD	2,125,000	2,151,231	2,170,326
	WESTPAC BANKING CORPORATION	01/13/2023	2.000	USD	4,125,000	4,128,249	4,186,958
	WESTPAC BANKING CORPORATION	05/15/2023	3.650	USD	3,500,000	3,793,125	3,639,650
	WESTPAC BANKING CORPORATION	11/18/2024	1.019	USD	4,000,000	3,975,760	3,990,200
	WILLIS NORTH AMERICA INC.	05/15/2024	3.600	USD	1,000,000	1,048,480	1,047,530
	WORLD OMNI AUTO RECEIVABLES TRUST 2020-C	11/17/2025	0.480	USD	15,170,000	15,166,094	15,132,682
	WRKCO INC.	09/15/2024	3.000	USD	1,000,000	1,055,455	1,042,990
	XCEL ENERGY INC.	10/15/2023	0.500	USD	1,000,000	1,003,615	993,370
	ZOETIS INC.	02/01/2023	3.250	USD	4,326,000	4,364,971	4,408,468
	TOTAL CORPORATE DEBT					\$ 4,894,661,679	\$ 4,851,710,201

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
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NOTES	IDENTITY OF ISSUE	NUMBER OF SHARES	COST	CURRENT VALUE
	<u>PREFERRED STOCK</u>			
	AMERIKING, INC.	17	\$ 97	\$ 17
	EDUCATION MANAGEMENT CORPORATION	3,468	483,543	-
	SEQUA CORPORATION	3,106	3,103,314	3,103,314
	TOTAL PREFERRED STOCK		<u>3,586,954</u>	<u>3,103,331</u>
	<u>COMMON STOCK</u>			
	ACC CLAIMS HOLDINGS LLC	10,649,798	-	42,599
	ACS ACTIVIDADES DE CONSTRUCCION Y SERVICIOS S.A.	12	404	366
	ALAPIS S.A.	1,230	58,563	-
	AMERIKING, INC.	375	405,000	3,750
	CENGAGE LEARNING HOLDINGS II, L.P.	22,777	837,055	408,986
	CHINA HIGH PRECISION AUTOMATION GROUP LIMITED	768,000	226,454	120,180
	CITY MAIN STREET TECHNOLOGIES, INC.	100	1	-
	EDUCATION MANAGEMENT CORPORATION	7,126,794	1,654,282	-
	EURONAV NPV	672	138	6,779
	IPAYMENT HOLDINGS, INC. - WARRANTS	237,112	-	23,711
	LEAR CORPORATION	508	4,789	92,939
	MBF CAPITAL	2,000	25,483	9
	NMC HEALTH PLC	663	31,276	-
	NWS HOLDINGS LIMITED	6,146	7,358	5,763
	STAR TRIBUNE HOLDINGS CORPORATION	9,966	1	-
	PHI GROUP, INC.	54,367	1,072,649	850,420
	RENTECH, INC. - WARRANTS	18,800	-	18,800
	SSE PLC	48	952	1,452
	TIANHE CHEMICALS GROUP LTD	6,470,000	1,392,855	970,961
	TITANIUM ASSET MANAGEMENT CORP. - CLASS S	142,300	-	34,150
	TOTAL COMMON STOCK		<u>5,717,260</u>	<u>2,581,865</u>
	TOTAL EQUITY SECURITIES		<u>\$ 9,304,214</u>	<u>\$ 5,685,196</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
 COLLECTIVE INVESTMENT FUNDS
 DECEMBER 31, 2021

<u>NOTES</u>	<u>IDENTITY OF ISSUE</u>	<u>NUMBER OF UNITS</u>	<u>COST</u>	<u>CURRENT VALUE</u>
	<u>COLLECTIVE INVESTMENT CASH EQUIVALENT FUND</u>			
*	BNYM MELLON EB TEMPORARY INVESTMENT FUND	34,094,539	\$ 34,094,539	\$ 34,094,539
	TOTAL COLLECTIVE INVESTMENT FUNDS		\$ 34,094,539	\$ 34,094,539

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, 2021

<u>NOTES</u>	<u>IDENTITY OF ISSUE</u>	<u>MATURITY</u>	<u>INTEREST RATE</u>	<u>NUMBER OF SHARES</u>	<u>PRINCIPAL CURRENCY</u>	<u>PRINCIPAL</u>	<u>COST</u>	<u>CURRENT VALUE</u>
<u>NON-U.S. GOVERNMENT SECURITIES</u>								
	GERMANY	12/29/2022	2.380 %		USD	\$ 18,470,000	\$ 18,225,839	\$ 18,817,605
	VENEZUELA	10/13/2019	7.750		USD	173,100	80,556	10,386
	TOTAL NON-U.S. GOVERNMENT SECURITIES						18,306,395	18,827,991
<u>SECURITIES PURCHASED UNDER AGREEMENT TO RESELL</u>								
	BARCLAYS PLC	01/03/2022	0.050		USD	979,320	979,320	979,320
	CITIGROUP INC.	01/03/2022	0.050		USD	1,312,281	1,312,281	1,312,281
	DEUTSCHE BANK AG	01/03/2022	0.040		USD	3,795,640	3,795,640	3,795,640
	MERRILL LYNCH WEALTH MANAGEMENT	01/03/2022	0.050		USD	20,448,807	20,448,807	20,448,807
	MIZUHO BANK LTD.	01/03/2022	0.040		USD	870,973	870,973	870,973
	NATWEST GROUP PLC.	01/03/2022	0.050		USD	22,480,949	22,480,949	22,480,949
	THE GOLDMAN SACHS GROUP, INC.	01/03/2022	0.050		USD	488,982	488,982	488,982
	TOTAL SECURITIES PURCHASED UNDER AGREEMENT TO RESELL						50,376,952	50,376,952
<u>FUTURES CONTRACTS - LONG</u>								
	2 YEAR U.S. TREASURY NOTE			1,104			-	(156,367)
	TOTAL FUTURES CONTRACTS - LONG						-	(156,367)
<u>FUTURES CONTRACTS - SHORT</u>								
	5 YEAR U.S. TREASURY NOTE			755			-	42,334
	10 YEAR U.S. TREASURY NOTE			76			-	10,885
	ULTRA 10 YEAR U.S. TREASURY NOTE			8			-	(19,131)
	TOTAL FUTURES CONTRACTS - SHORT						-	34,088
	TOTAL FUTURES CONTRACTS						-	(122,279)
	JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY GROUP ANNUITY CONTRACT						352,316	9,989
	TRUST IN DISSOLUTION						30,055	30,055
	TOTAL OTHER INVESTMENTS						\$ 69,065,718	\$ 69,122,708
	TOTAL ASSETS HELD FOR INVESTMENT PURPOSES						\$ 8,057,220,759	\$ 7,975,015,876

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, 2021

<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>
BNYM MELLON CASH INVESTMENT STRATEGIES SHORT-TERM INVESTMENT FUND	INTEREST-BEARING CASH	\$ 3,543,495,233	\$ 3,479,326,876	716	\$ -
EMPLOYEE BENEFIT TEMPORARY INVESTMENT FUND	INTEREST-BEARING CASH	1,767,374,793	1,774,853,289	250	-
BNYM MELLON CASH RESERVE .100% 12/31/49	CASH RESERVE	351,338,452	351,132,214	274	-

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
 EIN: 36-6044243 AND PN: 001
 SCHEDULE G, PART I

SCHEDULE OF LOANS OR FIXED INCOME OBLIGATIONS IN DEFAULT OR
 CLASSIFIED AS UNCOLLECTIBLE
 FOR THE YEAR ENDED DECEMBER 31, 2021

<u>Identity of Obligor</u>	<u>Security ID</u>	<u>Maturity</u>	<u>Rate</u>	<u>Original Amount of Loan</u>	<u>Amount Received</u>		<u>Unpaid Balance</u>	<u>Amount Overdue</u>	
					<u>Principal</u>	<u>Interest</u>		<u>Principal</u>	<u>Interest</u>
VENEZUELA GOVERNMENT SECURITY	NAB4W0DJ3	10/13/2019	7.750%	<u>173,100</u>	<u>-</u>	<u>-</u>	<u>236,391</u>	<u>173,100</u>	<u>63,291</u>
TOTALS				<u>\$ 173,100</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 236,391</u>	<u>\$ 173,100</u>	<u>\$ 63,291</u>

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see Instructions.
► Go to www.irs.gov/Form5558 for the latest information.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) TRUSTEES OF CENTRAL STATES, SE & SW AREAS PENSION FUND Number, street, and room or suite no. (if a P.O. box, see instructions) 8647 WEST HIGGINS ROAD City or town, state, and ZIP code CHICAGO, IL 60631-2803	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 36-6044243			
	Social security number (SSN) (9 digits XXX-XX-XXXX)			
C Plan name CENTRAL STATES, SE & SW AREAS PENSION PLAN	Plan number 0 0 1	Plan year ending—		
		MM 12	DD 31	YYYY 2021

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 1 0 / 1 7 / 2 0 2 2 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 1 0 / 1 7 / 2 0 2 2 to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is automatically approved to the date shown on line 2 and/or line 3 (above) if (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until ____ / ____ / ____ to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.
- a Enter the Code section(s) imposing the tax ►

a	_____
---	-------
- b Enter the payment amount attached ►

b	_____
---	-------
- c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ►

c	_____
---	-------

5 State in detail why you need the extension:

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ► _____ Date ► _____

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, 2021

<u>NAME OF EMPLOYER</u>	<u>EIN</u>	<u>CONTRIBUTION RATE</u>
YRC Inc.	34-0492670	182 total pension accounts with pension rates of \$105.55 weekly and \$21.31 daily, resulting in rates per contribution base unit of \$105.55 for weekly and \$106.55 for daily.
USF Holland LLC	38-0655940	125 total pension accounts with pension rates of \$105.55 weekly and \$21.31 daily, resulting in rates per contribution base unit of \$105.55 for weekly and \$106.55 for daily.

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 PN: 001
SCHEDULE R – UPDATE OF REHABILITATION PLAN
DECEMBER 31, 2021

The following 18 pages contain a summary of the updated Rehabilitation Plan and related exhibits.

APPENDIX M-13. REHABILITATION PLAN (INCLUDING 2021 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-13 is added to the Pension Plan effective on and after December 31, 2021 (except where a different effective date for any provision is noted below) in order to update the Rehabilitation Plan in compliance with the requirements of the Pension Protection Act of 2006 ("PPA").

The Central States, Southeast and Southwest Areas Pension Fund (the "Fund") was initially certified on March 24, 2008 by its actuary to be in "critical status" (sometimes referred to as the "red zone") under the PPA: the Fund's actuary has also certified the Fund to be in critical status in March of each subsequent year through March 2014. For 2015, 2016, 2017, 2018, 2019, 2020 and 2021 the actuary certified the Fund to be in "critical and declining status", pursuant to the Multiemployer Pension Reform Act of 2014 ("MPRA"). The Fund's Board of Trustees, as the plan sponsor of a "critical and declining status" pension plan, is charged under the PPA and MPRA with developing a "rehabilitation plan" designed to improve the financial condition of the Fund in accordance with the standards set forth in the PPA, and with annually updating the rehabilitation plan. Although for plan year 2009 the Fund was exempt from the update requirement, pursuant to an election under the Worker Retiree and Employer Recovery Act of 2008, for subsequent plan years the PPA provisions concerning the rehabilitation plan update process are applicable to the Fund. The purpose of this updated Rehabilitation Plan is to comply with those PPA provisions, as amended to date, including any applicable amendments under MPRA.

Under the PPA, a rehabilitation plan, including annual updates to the plan, must include one or more schedules showing revised benefit structures, revised contributions, or both, which, if adopted by the parties obligated under agreements participating in the pension plan, may reasonably be expected to enable the Fund to emerge from critical status in accordance with the rehabilitation plan. The PPA also provides that one of the rehabilitation plan schedules of benefits and contributions shall be designated the "default" schedule. The default schedule must assume that there are no increases in contributions under the plan other than the increases necessary to emerge from critical status after future benefit accruals and other benefits have been reduced to the maximum extent permitted by law. The PPA also creates certain categories of "adjustable benefits" which may be reduced or eliminated dependent upon the outcome of bargaining over the rehabilitation plan schedules and dependent on the exercise of certain flexibility and discretion conferred upon the Board of Trustees by the PPA. Adjustable benefits that may be affected in this manner include post-retirement death benefits, early retirement benefits or retirement-type subsidies, and generally any benefit that would be payable prior to normal retirement age (age 65 benefits under the Fund's Plan Document - or, as discussed below, a Contribution Based Benefit actuarially reduced to be equivalent to an age 65 benefit). As noted, the PPA also requires annual updates of the rehabilitation plan.

Unless otherwise indicated, all capitalized terms herein shall have the definitions and meanings assigned to them in the Fund's Pension Plan Document.

Section 2. SCHEDULES OF CONTRIBUTIONS AND BENEFITS.

With the PPA requirements outlined above in mind, the Fund's Board of Trustees hereby provides the following PPA Schedules to the parties charged with bargaining over agreements requiring contributions to the Fund.

A. PRIMARY SCHEDULE (EXCEPT AS NOTED, PRESERVES ALL CURRENT BENEFITS).

1. Benefits

With regard to Bargaining Units (and any non-Bargaining Unit employee groups participating in the Fund) whose Contributing Employers are in compliance with this Primary Schedule, there will be no change in benefit formulas, levels or payment options in effect on January 1, 2008, *except that* as provided in Section 2(J) below, Participants who (i) have not submitted a retirement application on or before July 1, 2011 and (ii) do not have a benefit commencement date (within the meaning of ERISA § 305(i)(10)) on or before July 1, 2011, will not be granted a Retirement Date prior to their 57th birthday and will not be eligible to receive retirement benefit payments of any type until after achieving age 57.

Further, subject to the notice requirements of the PPA and other applicable law, any Bargaining Units (and any non-Bargaining Unit employee groups participating in the Fund) whose Contributing Employers incur a Rehabilitation Plan Withdrawal on or after March 26, 2008 shall have their Adjustable Benefits listed in Section 2(H) below eliminated or reduced to the extent indicated in Section 2(B)(1) below.

2. Contributions

Compliance with the Primary Schedule requires annually compounded contribution rate increases in accordance with Exhibit A effective immediately after the expiration of the Collective Bargaining Agreement (or other agreement requiring contributions to the Fund) and each agreement anniversary date (or reallocation anniversary, where applicable) during the term of the new bargaining agreement to the extent indicated in Exhibit A, depending on the year that the new agreement is effective. Note that all contribution rate increases are annually compounded on the total contribution rate (including any reallocations of employee benefit contributions or agreed mid-contract contribution increases) immediately prior to the increase.

The required annual rate increase may be provided through annual allocations to pension contributions of general and aggregate employee benefit contribution increases that were negotiated at the outset of an agreement, but were not specifically allocated to pension contributions until subsequent contract years. The Primary Schedule requires 8% per year contribution rate increases for the first 5 years, 6% per year contribution rate increases for the next 3 years and 4% per year contribution rate increases each year thereafter for 2008 agreements under the Primary Schedule and comparable rate increases over time for all other agreements under the Primary Schedule (see Exhibit A).

Provided, however, that absent further amendment to this rehabilitation plan, as of June 1, 2011, any Collective Bargaining Agreement requiring contributions of (1) \$348 per week for each full-time employee with respect to Participants covered by the National Master Automobile Transporter Agreement, and (2) \$342 per week for each full-time employee with respect

to all other Participants, will be deemed to be in compliance with the Primary Schedule *without* the need for additional annual rate increases.

Provided further that any Employer that qualifies as a New Employer under § 2.2(b) of Appendix E of the Pension Plan will be deemed, as of the date it qualifies as a New Employer, to be in compliance with the Primary Schedule *without* the need for additional contribution rate increases.

B. DEFAULT SCHEDULE.

1. Benefits

With regard to Bargaining Units (and any non-Bargaining Unit employee groups participating in the Fund) whose Contributing Employers agree to comply with this Default Schedule [or who become subject to the Default Schedule due to a failure to achieve an agreement to accept one of the Rehabilitation Plan Schedules within the time frame specified under ERISA § 305(e)(3)(C)], the benefit formulas, levels, and payment options in effect on January 1, 2008 will remain in effect except for the following, upon the effective date that the Default Schedule applies to the Bargaining Unit (or to any non-Bargaining Unit employee groups participating in the Fund):

- Adjustable Benefits listed in Section 2(H) below are eliminated or reduced to the maximum extent permitted by law, but the future benefit accrual rate of 1% of contributions (the Contribution-Based Pension) remains in effect, with the modification that the Contribution Based Pension monthly benefit payable at age 65 is reduced by 1/2% per month for each month prior to age 65 with a minimum retirement age of 57, *except that*, for Participants who (i) have not submitted a retirement application on or before July 1, 2011 and (ii) do not have a benefit commencement date [within the meaning of ERISA § 305(i)(10)] on or before July 1, 2011, the Contribution Based Pension monthly benefit payable at age 65 shall be reduced to an actuarially equivalent benefit in accordance with the Schedule attached as Exhibit B with a minimum retirement age of 57.

2. Contributions

Compliance with the Default Schedule consists of annually compounded contribution rate increases of 4% effective immediately after the expiration of the Collective Bargaining Agreement (or other agreement requiring contributions to the Fund) and each anniversary thereof during the term of the agreement.

3. Effect of agreement to or imposition of Default Schedule.

- (i) If a Contributing Employer agrees to the Default Schedule with respect to a particular Bargaining Unit, the Fund will not accept any subsequent Collective Bargaining Agreements covering that Bargaining Unit which are compliant with the Primary Schedule, except as determined by the Board of Trustees in their sole discretion.
- (ii) If a Contributing Employer becomes subject to the Default Schedule by operation of ERISA Section 305(e)(3)(C), because the bargaining parties have failed to adopt either of the Schedules compliant with this

Rehabilitation Plan within 180 days of the expiration of their prior Collective Bargaining Agreement, the Fund will then accept a Collective Bargaining Agreement that is compliant with the Primary Schedule described in this Rehabilitation Plan, provided that such new Collective Bargaining Agreement provides for Primary Schedule contribution rates that are retroactive to the expiration date of the last Collective Bargaining Agreement that covered the affected Bargaining Unit.

C. DISTRESSED EMPLOYER SCHEDULE.

1. Benefits

With regard to Bargaining Units (and any non-Bargaining Unit employee groups participating in the Fund) whose Contributing Employers and contribution rates have been specifically accepted and approved by the Board of Trustees as satisfying the Qualifications for the Distressed Employer Schedule (as set forth in Section 2(C)(2) below), the benefit formulas, levels, and payment options in effect on January 1, 2008 will remain in effect except for the following, upon the effective date that the Distressed Employer Schedule applies to the Bargaining Unit (or to any non-Bargaining Unit employee group participating in the Fund) that is accepted by the Board of Trustees as qualifying under the Distressed Employer Schedule:

- Adjustable Benefits listed in Section 2(H) below are eliminated or reduced to the maximum extent permitted by law, but the future benefit accrual rate of 1% of contributions (the Contribution-Based Pension) remains in effect, with the modification that the Contribution Based Pension monthly benefit payable at age 65 is reduced by $\frac{1}{2}\%$ per month for each month prior to age 65 with a minimum retirement age of 57, *except that*, for Participants who (i) have not submitted a retirement application on or before July 1, 2011 and (ii) have not achieved a Retirement Date on or before July 1, 2011, the Contribution Based Pension monthly benefit payable at age 65 shall be reduced to an actuarially equivalent benefit in accordance with the Schedule attached as Exhibit B with a minimum retirement age of 57, *and except that* any Participant who (i) has achieved a minimum age of 55 as of the date of the Distressed Employer's termination of participation in the Fund (see Section 2(C)(2) below) and (ii) has accrued a minimum of 25 years credit towards a Contributory Credit Pension or an And-Out Pension as of that date (see Pension Plan §§ 4.04, 4.05 and 4.06), shall be entitled to retain his eligibility for (but not gain further credit towards) any such Pension, *provided that* any such Participant has a minimum retirement age of 62.

2. Contributions and Qualifications for the Distressed Employer Schedule.

The Board of Trustees may deem a Collective Bargaining Agreement with contribution rates not in compliance with either the Primary Schedule or the Default Schedule to be in compliance with and subject to the Distressed Employer Schedule, if in the Board of Trustees' sole discretion, the Board determines that the Contributing Employer meets each of the following qualifications:

- (i) the common stock of the Employer or its parent corporation (or other affiliate under 80% or more common control with the Employer) is publicly traded and registered pursuant to the securities laws of the United States;
- (ii) the Employer has previously incurred a termination of its participation in the Fund due to an inability to remain current in its Contribution obligations, and the Employer was in terminated status immediately prior to executing the Agreement sought to be qualified under the Distressed Employer Schedule;
- (iii) during the last ten years in which the Employer participated in the Fund prior to its termination, it had paid contributions to the Fund on behalf of at least 1,000 full-time employees per month (or had, including part-time employees, paid contributions on behalf of the equivalent of at least 1,000 full-time employees per month for the specified ten year period);
- (iv) the Employer submits to a review of its financial condition and operations by the Fund's Staff and outside expert and consultants, and agrees to reimburse the Fund for all fees and expenses incurred by the Fund in this review (including, but not limited to, reimbursement to the Fund for the time devoted by the Fund's Staff to any such review, with this reimbursement to be made at market rates for comparable services performed by Fund's Staff);
- (v) on the basis of this financial and operational review, it appears that the Employer is not able to contribute to the Fund at a higher rate than is indicated in the Collective Bargaining Agreement proposed for acceptance under the Distressed Employer Schedule, *and* that acceptance of the proposed Agreement is in the best interest of the Fund under all the circumstances and advances the goals of this Rehabilitation Plan; and
- (vi) the Employer provides the Fund with first lien collateral in any and all unencumbered assets to the fullest extent it is able in order to fully secure (i) any delinquent or deferred Contribution obligations owed to the Fund, (ii) the Employer's obligation to make current and future pension contributions to the Fund, and (iii) any future withdrawal liability potentially incurred by the Employer (with the amount of such potential withdrawal liability to be determined based on estimates to be provided by the Fund).

3. Effect of agreement to or imposition of the Distressed Employer Schedule.

If a Contributing Employer becomes subject to the Distressed Employer Schedule with respect to a particular Bargaining Unit, the Fund will not accept any subsequent Collective Bargaining Agreements covering that Bargaining Unit which are compliant with the Primary Schedule, except as determined by the Board of Trustees in their sole discretion.

D. ADJUSTMENT OF BENEFITS OF CERTAIN PARTICIPANTS WHO HAVE EARNED CONTRIBUTORY SERVICE WITH AN EMPLOYER INCURRING A REHABILITATION PLAN WITHDRAWAL.

Subject to the provisos indicated in the final clauses of this Subsection D, effective March 26, 2008, all Adjustable Benefits (listed below in Section 2(H)) shall be

eliminated or reduced (to the same extent indicated in Subsection B(1) above) with respect to Participants whose benefit commencement date [within the meaning of ERISA § 305(i)(10)] with the Fund is on or after April 8, 2008, and:

- (1) whose last Hour of Service prior to January 1, 2008 was earned while employed by United Parcel Service, Inc. ("UPS"), or with any trades or businesses at any time under common control with UPS, within the meaning of ERISA § 4001(b)(1);
or
- (2) who (i) has earned or earns an Hour of Service while employed with a Contributing Employer (or any predecessor or successor entity) that at any time on or after March 26, 2008 incurs a Rehabilitation Plan Withdrawal (see Section 2(I) below), and (ii) whose *last* year of Contributory Service Credit *prior* to the Rehabilitation Plan Withdrawal was earned while a member of a Bargaining Unit (or any predecessor or successor Bargaining Unit) ultimately incurring such Withdrawal.

Proviso 1: *Provided, however,* that any Pensioner otherwise subject to the elimination of Adjustable Benefits, due to a Rehabilitation Plan Withdrawal pursuant Section 2(D)(2) above, who has a benefit commencement date [within the meaning of ERISA § 305(i)(10)] one year or more prior to the earlier of: (i) the date of such Rehabilitation Plan Withdrawal or (ii) the date of the expiration of the last Collective Bargaining Agreement requiring Employer Contributions under the Primary Schedule prior to such Withdrawal, shall not be subject to the elimination of Adjustable Benefits provided that the Pensioner does not engage in Restricted Reemployment at any time subsequent to the benefit commencement date.

Proviso 2: And provided further that in the event of a Rehabilitation Plan Withdrawal resulting from an administrative termination of a Contributing Employer as referenced in Section 2(I)(3)(ii) below, the Board of Trustees shall have full discretionary authority (A) to decline to apply the elimination of Adjustable Benefits to Participants otherwise affected by a Rehabilitation Plan Withdrawal of this type who have submitted a pension application naming a Retirement Date to the Fund on or before the date selected by the Trustees as the effective date of the administrative termination which ended the Employer's obligation to contribute to the Pension Fund, and (B) to decline to apply the requirement of Section 2(G) below that a Participant incurring a benefit adjustment due to Rehabilitation Plan Withdrawal must cease employment with and the performance of services for the withdrawn Employer within 60 days of the Rehabilitation Plan Withdrawal in order to eventually qualify for a restoration of benefits; in exercising their discretionary authority under this Proviso 2, the Board of Trustees shall consider, weigh and balance the following factors:

- (i) the extent to which any actively employed members of the affected Bargaining Unit or any members who submitted a retirement application prior to the effective date of the administrative termination were aware of, participated in or controlled, or could have controlled or prevented, through bargaining, grievance procedures, NLRB proceedings, litigation or other means, the circumstances that led to the administrative termination of the Employer;
- (ii) the extent to which any actively employed members of the affected Bargaining Unit or any members who submitted a retirement application prior to the effective date of the administrative termination benefited, directly or indirectly from the cessation of Employer Contributions or from the circumstances that led to the administrative termination of the Employer;

- (iii) the extent to which any actively employed members of the affected Bargaining Unit or any members who submitted a retirement application prior to the effective date of the administrative termination resisted or attempted to alter, or acquiesced in, the circumstances that led to the administrative termination of the Employer;
- (iv) the extent to which any actively employed members of the affected Bargaining Unit or any members who submitted a retirement application prior to the effective date of the administrative termination have become engaged as employees or independent contractors in the service of operations that were or are in whole or in part a successor of the operations of the Employer that has undergone the administrative termination; and
- (v) the extent of the hardship that might be incurred by any actively employed members of the affected Bargaining Unit or by any members who submitted a retirement application prior to the effective date of the administrative termination due to the elimination of Adjustable Benefits.

Proviso 3: *And provided further* that the spouse of any Participant otherwise subject to the elimination of Adjustable Benefits, due to a Rehabilitation Plan Withdrawal pursuant to Subsection D(2) above, shall not incur a loss of Adjustable Benefits with respect to any Surviving Spouse Benefits for which such spouse has a benefit commencement date [within the meaning of ERISA Section 305(i)(10)] prior to the date of the Rehabilitation Plan Withdrawal.

E. ADJUSTMENT OF BENEFITS OF CERTAIN PARTICIPANTS WHO HAVE EARNED CONTRIBUTORY SERVICE WITH AN EMPLOYER WHO BECOMES SUBJECT TO THE DEFAULT SCHEDULE.

Subject to the provisos indicated in the final clauses of this Subsection E, effective March 26, 2008, all Adjustable Benefits (listed below in Section 2(H)) shall be eliminated or reduced (to the same extent indicated in Section B(1) above) with respect to any Participants whose benefit commencement date [within the meaning of ERISA § 305(i)(10)] is on or after April 8, 2008, and:

- (1) who have earned any Contributory Service Credit with a Contributing Employer (or any predecessor or successor entity) that at any time becomes subject (by agreement or otherwise) to the Default Schedule described herein; and
- (2) whose *last* year of Contributory Service Credit prior to the Employer's becoming subject to the Default Schedule was earned while a member of a Bargaining Unit (or any predecessor or successor Bargaining Unit) that ultimately became subject to the Default Schedule.

Proviso 1: *Provided, however.* that any Pensioner otherwise subject to the elimination of Adjustable Benefits, due to his Contributing Employer becoming subject to the Default Schedule pursuant to this Subsection E, who has a benefit commencement date [within the meaning of ERISA § 305(i)(10)] one year or more prior to the Contributing Employer becoming subject to the Default Schedule, shall not be subject to the elimination of Adjustable Benefits provided that the Pensioner does not engage in Restricted Reemployment at any time subsequent to the benefit commencement date.

Proviso 2: *And provided further* that the spouse of any Participant otherwise subject to the elimination of Adjustable Benefits, due to his Contributing Employer becoming subject to the Default Schedule pursuant this Subsection E. shall not incur a loss of

Adjustable Benefits with respect to any Surviving Spouse Benefits for which such spouse has a benefit commencement date [within the meaning of ERISA Section 305(i)(10)] prior to the date on which the Contributing Employer became subject to the Default Schedule.

F. ADJUSTMENT OF BENEFITS OF CERTAIN PARTICIPANTS WHO HAVE EARNED CONTRIBUTORY SERVICE WITH AN EMPLOYER WHO BECOMES SUBJECT TO THE DISTRESSED EMPLOYER SCHEDULE.

Subject to the provisos indicated in the final clauses of this Subsection F, effective March 26, 2008, all Adjustable Benefits (listed below in Section 2(H)) shall be eliminated or reduced (with the exception indicated in Section 2(C)(1) above) with respect to any Participants whose benefit commencement date [within the meaning of ERISA § 305(i)(10)] is on or after April 8, 2008, and:

- (1) who have earned any Contributory Service Credit with a Contributing Employer (or any predecessor or successor entity) that at any time becomes subject (by agreement or otherwise) to the Distressed Employer Schedule described herein; and
- (2) whose last year of Contributory Service Credit prior to the Employer's becoming subject to the Distressed Employer Schedule was earned while a member of a Bargaining Unit (or any predecessor or successor Bargaining Unit) that ultimately became subject to the Distressed Employer Schedule.

Proviso 1: Provided, however, that any Pensioner otherwise subject to the reduction in Adjustable Benefits indicated in the Distressed Employer Schedule, due to his Contributing Employer becoming subject to that Schedule pursuant to this Subsection F, who has a benefit commencement date [within the meaning of ERISA Section 305(i)(10)] one year or more prior to the Contributing Employer becoming subject to the Distressed Employer Schedule, shall not be subject to the reduction of Adjustable Benefits otherwise mandated by the Distressed Employer Schedule provided that the Pensioner does not engage in Restricted Reemployment at any time subsequent to the benefit commencement date, and provided further that with respect to Bargaining Units that become subject to the Distressed Employer Schedule on or prior to June 1, 2011, no Pensioners with Retirement Dates prior to September 24, 2010 shall be subject to such Distressed Employer Schedule benefit reduction.

Proviso 2: *And provided further* that the spouse of any Participant otherwise subject to the reduction of Adjustable Benefits. due to his Contributing Employer becoming subject to the Distressed Employer Schedule pursuant to this Subsection F, shall not incur a loss of Adjustable Benefits with respect to any Surviving Spouse Benefits for which such surviving spouse has a benefit commencement date [within the meaning of ERISA Section 305(i)(10)] prior to the date on which the Contributing Employer became subject to the Distressed Employer Schedule, *and provided further* in any event that with respect to Bargaining Units that become subject to the Distressed Employer Schedule on or prior to June 1, 2011, no spouse shall be subject to such Distressed Employer Schedule benefit reduction if the Participant's death occurred prior to September 24, 2010.

G. RESTORATION OF ADJUSTED BENEFITS.

Any Participant who incurs a benefit adjustment or elimination under the terms of Sections 2(A), 2(B), 2(C), 2(D), 2(E) or 2(F) above may have those affected benefits restored if, subsequent to the event causing the benefit adjustment, the Participant:

- (1) in the case of benefit adjustment caused by a Rehabilitation Plan Withdrawal (see Section 2(I) below), permanently ceases all employment with, and performance of services in any capacity for, the Contributing Employer (and any successors or trades or businesses under common control with such Employer within the meaning of ERISA § 4001(b)(1)) within 60 days of the occurrence of such Rehabilitation Plan Withdrawal; and
- (2) in any case, subsequently earns one year of Contributory Service Credit with a Contributing Employer while that Employer is in compliance with the Primary Schedule described herein.

H. ADJUSTABLE BENEFITS.

As used herein, Adjustable Benefits shall mean and include:

- (1) Any right to receive a Retirement Pension Benefit (Pension Plan, Article IV) prior to age 65 [including without limitation any pre-age 65 benefits that would otherwise be payable as (i) a Twenty Year Service Pension (Pension Plan § 4.01); (ii) a Contributory Credit Pension (Pension Plan § 4.04); (iii) a Vested Pension (Pension Plan § 4.07); (iv) a Deferred Pension (Pension Plan § 4.08); or (v) a Twenty-Year Deferred Pension (Pension Plan § 4.09)].
- (2) Early retirement benefit or retirement-type subsidies [including without limitation (i) an Early Retirement Pension (Pension Plan § 4.02); (ii) a 25-And-Out Pension (Pension Plan § 4.05); or a 30-And-Out Pension (Pension Plan § 4.06)].
- (3) All Disability Benefits not yet in pay status (Pension Plan, Article V).
- (4) Before Retirement Death Benefits (Pension Plan, Article VI) other than the 50% surviving spouse benefit.
- (5) Post-retirement death benefits that are not part of the annuity form of payment.
- (6) All Partial Pensions (Pension Plan, Appendix D), to the extent any such pension is tied to one or more of the Adjustable Benefits listed above.
- (7) All Contribution-Based Pensions (Pension Plan § 4.03) except that, assuming the Participant meets all other requirements for receiving a Contribution-Based Pension, the Contribution-Based Pension is payable at age 65 reduced by 1/2% per month for each month prior to age 65 at the time of retirement with a minimum retirement age of 57. Such minimum retirement age shall not apply if the Participant retired prior to age 57 before the Participant's Adjustable Benefits were eliminated or reduced. In such circumstance, the Participant shall be entitled to receive the Contribution-Based Pension reduced by 1/2% per month for each month prior to age 65 at the time of retirement. *Provided, however*, for Participants who (i) have not submitted a retirement application on or before July 1, 2011 and (ii) do not have a benefit commencement date [within the meaning of ERISA § 305(i)(10)] on or before July 1, 2011, the reductions in the Contribution-Based Pensions payable at age 65 referenced in this subparagraph (7) shall be based on actuarial equivalence in accordance with the Schedule attached as Exhibit B hereto.

- (8) To the extent not already included in paragraphs (1) - (7) above, the following categories of benefits listed and defined as “adjustable benefits” under ERISA § 305(e)(8)(iv):
- (i) benefits, rights, and features under the plan, including post-retirement death benefits, 60-month guarantees, disability benefits not yet in pay status, and similar benefits,
 - (ii) any early retirement benefit or retirement-type subsidy (within the meaning of ERISA Section 204(g)(2)(A)) and any benefit payment option (other than the qualified joint and survivor annuity), and
 - (iii) benefit increases that would not be eligible for a guarantee under ERISA Section 4022A on the first day of the Fund’s initial critical year under the PPA because the increases were adopted (or, if later, took effect) less than 60 months before such first day.

Provided, however, that except as provided in subparagraph (8)(iii) above, nothing in this paragraph shall be construed to reduce the level of a Participant’s accrued benefit payable at normal retirement.

I. REHABILITATION PLAN WITHDRAWAL

Subject to the discretionary authority of the Board of Trustees indicated in the final clause of this Subsection I, a “Rehabilitation Plan Withdrawal” occurs on the date a Contributing Employer (a) is no longer required to make Employer Contributions to the Pension Fund under one or more of its Collective Bargaining Agreements, or (b) undergoes a significant reduction in its obligation to make Employer Contributions resulting from outsourcing or subcontracting work covered by the applicable Collective Bargaining Agreement(s), as a result of actions by members of a Bargaining Unit (or its representatives) or the Contributing Employer, which actions include, but are not limited to the following:

- (1) decertification or other removal of the Union as a bargaining agent;
- (2) ratification or other acceptance of a Collective Bargaining Agreement which permits withdrawal of the Bargaining Unit, in whole or in part, from the Pension Plan;
- (3) administrative termination of the Contributing Employer with respect to any or all of its Collective Bargaining Agreements due to: (i) a violation of the Fund’s rules with respect to the terms of a Collective Bargaining Agreement (including, without limitation, a provision providing for a split bargaining unit); or (ii) a violation of any other Fund rule or policy (including, without limitation, practices or arrangements that result in adverse selection);
- (4) any transaction or other event (including, without limitation, a merger, consolidation, division, asset sale (other than an asset sale complying with ERISA § 4204), liquidation, dissolution, joint venture, outsourcing, subcontracting) whereby all or a portion of the operations for which the Contributing Employer has an obligation to contribute are continued (whether by the Contributing Employer or by another party) in whole or in part without maintaining the obligation to contribute to the Fund under the same or better terms (including, for example, as to number of participants and contribution rate) as existed before the transaction;

Provided, however, that with respect to the circumstances described in Subparagraphs. (3)(ii) or (4) above, the Board of Trustees shall have full discretionary authority to consider, weigh and balance the following factors in determining whether a Rehabilitation Plan Withdrawal has occurred:

- (i) the extent to which the affected Bargaining Unit or its bargaining representative participated in or controlled, or could have controlled or prevented, through bargaining, grievance procedures, NLRB proceedings, litigation or other means, the cessation of Employer Contributions;
- (ii) the extent to which the affected Bargaining Unit benefited, directly or indirectly, from the cessation of Employer Contributions;
- (iii) the extent to which the affected Bargaining Unit, or its bargaining representative, resisted or attempted to resist, or acquiesced in, the cessation of Employer Contributions;
- (iv) the extent to which the affected Bargaining Unit, or any of its members, become engaged as employees or independent contractors in the service of operations that were or are in whole or in part a successor of the operations of the Contributing Employer who incurred the cessation of Employer Contributions; and
- (v) the extent of the hardship that might be incurred by members of the affected Bargaining Unit by the elimination of Adjustable Benefits.

J. BENEFIT ADJUSTMENTS APPLICABLE TO ALL PARTICIPANTS (INCLUDING INACTIVE VESTED PARTICIPANTS) WHO HAVE NOT SUBMITTED A RETIREMENT APPLICATION ON OR BEFORE JULY 1, 2011 AND DO NOT HAVE A BENEFIT COMMENCEMENT ON OR BEFORE THAT DATE.

Minimum Retirement Age 57.

Participants who (i) have not submitted a retirement application on or before July 1, 2011 and (ii) do not have a benefit commencement date [within the meaning of ERISA § 305(i)(10)] on or before July 1, 2011, will not be granted a Retirement Date prior to their 57th birthday and will not be eligible to receive retirement benefit payments of any type until after achieving age 57.

K. SPECIAL SCHEDULE: QUALIFYING NEW (“HYBRID METHOD”) EMPLOYERS (EXCEPT AS NOTED, PRESERVES ALL BENEFITS).

1. Benefits.

Bargaining Units (and any non-Bargaining Unit groups participating in the Fund) whose Contributing Employers have been specifically accepted and approved by the Trustees as satisfying the requirements for this Qualifying New Employer Schedule will, as it relates to benefits or potential benefit adjustments, be treated in the same way as Bargaining Units (and non-Bargaining Unit groups) under the Primary Schedule (Section 2.A. above).

2. Contributions.

Contributing Employers who have qualified as New Employers within the meaning of Appendix E of the Plan Document, Section 2.2 (b) (and are thus eligible for treatment under the Pension Fund's alternative, or "hybrid," method of calculating Employer Withdrawal Liability), *and* who have fulfilled all requirements relating to the duration and/or level of continued participation in the Pension Fund contained in the agreement under which the Fund accepted the Employer as a New Employer, may contribute under this Schedule to the Fund at a rate to be specifically and separately approved by the Board of Trustees with respect to each such New Employer (the "New Rate"), subject to a specific determination by the Board of Trustees that the following conditions have been or will be met:

- (i) The New Employer has in fact fulfilled its contribution or participation commitments under the agreement in which the Fund accepted the Employer's New Employer status, and the New Employer has fulfilled all other obligations under that agreement, is current in its ongoing contribution obligations to the Fund and is in compliance with the Fund's rules and policies applicable to Contributing Employers;
- (ii) Unless a New Rate is determined and made available under this Schedule, the New Employer would likely withdraw from the Fund on about the expiration date of its most recent Collective Bargaining Agreement requiring contributions to the Fund;
- (iii) the New Employer's continued participation in the Fund at the New Rate, under the specific circumstances presented, will result in net positive cash flow to the Fund, in comparison to the net cash flow that would result from a withdrawal by the New Employer from the Fund; and
- (iv) the New Employer's obligation to contribute to the Fund at the New Rate is documented in a Collective Bargaining Agreement that is or will be acceptable to the Board of Trustees, and contains (or will contain) terms under which the bargaining representative of the affected Bargaining Unit specifically agrees or acknowledges that any reductions in labor costs resulting from the New Employer's contributions at the New Rate have been allocated to the Bargaining Unit in a manner that is satisfactory to the bargaining representative.

L. SPECIAL SCHEDULE: QUALIFYING BARGAINING UNITS THAT HAVE BEEN SUBJECT TO A WAGE FREEZE (EXCEPT AS NOTED PRESERVES ALL BENEFITS). (Effective on and after March 14, 2017)

1. Benefits.

With regard to any Bargaining Unit subject to a Collective Bargaining Agreement in effect as of March 1, 2017 (the "Current Agreement") that –

- (i) was (or is) of 3 to 5 years in duration,
- (ii) did not (or does not) provide for any wage increases for the entire duration of the Agreement, and
- (iii) required (or requires) pension contribution rate increases in compliance with the Primary Schedule (Section 2.A of this Rehabilitation Plan) for the entire

duration of the Agreement, but did not (or does not) at any time require contributions at rates equal to or in excess of any of the maximum rates specified under the provisos to the Primary Schedule

the benefits available to any such Bargaining Unit under any new Collective Bargaining Agreement that is the immediate successor or renewal Agreement of the Current Agreement, and is not in compliance with the Primary Schedule ("Successor Agreement"), will be nevertheless identical to the benefits available to Bargaining Units whose Collective Bargaining Agreements are in compliance with the Primary Schedule, provided that any such Successor Agreement has the characteristics specified in Section 2.L.2 below.

2. Contributions.

In order for a Bargaining Unit to qualify for the benefits specified under Section 2.L.1 above, the Successor Agreement must:

- (i) Not be of less duration than the Current Agreement, but not exceeding 5 years in duration;
- (ii) require pension contributions at a rate that is at least as high as the highest rate required under the Current Agreement, but need not provide for any increase in the contribution rates for the duration of the Successor Agreement (the "Special Rate"); and
- (iii) contain terms under which the bargaining representative of the affected Bargaining Unit specifically agrees and acknowledges that any reduction in labor costs resulting from contributions at the Special Rate (*i.e.*, contributions without the rate increases otherwise required under the Primary Schedule) have been allocated to the Bargaining Unit in a manner that is satisfactory to the bargaining representative.

Section 3. REHABILITATION PLAN STANDARDS AND OBJECTIVES.

The Schedules of Contributions and Benefits discussed above have been formulated by the Fund's Board of Trustees as reasonable measures which, under reasonable actuarial assumptions, are designed and projected to forestall the possible insolvency of the Fund prior to 2025. Projections of insolvency may vary from year to year as actual experience may differ from assumptions.

The Trustees recognize the possibility that actual experience could be less favorable than the reasonable assumptions used for the Rehabilitation Plan on an annual basis. Consequently, the annual standards for meeting the requirements of the Rehabilitation Plan are as follows:

- Actuarial projections updated for each year show, based on reasonable assumptions, that under the Rehabilitation Plan and its schedules (as amended and updated from time to time) the Fund will forestall its possible insolvency *prior* to 2023.

Section 4. ALTERNATIVES CONSIDERED BY THE TRUSTEES.

The Board of Trustees considered numerous alternatives [including combinations of contribution rate increases (and other updates to the schedules of contribution rates in light of the experience of the Fund) and benefit adjustments] that might enable the Fund to emerge from Critical Status either by the end of ten year PPA Rehabilitation Period (which began on

January 1, 2011 and ended on December 31, 2020), or to forestall possible insolvency indefinitely (beyond the date referenced above under the “Standards and Objectives” heading). Some of the alternatives considered were determined to be unreasonable measures. The various default and alternative schedules considered included the following:

Schedules considered by the Board of Trustees in formulating an initial 2008 rehabilitation plan that might permit the Fund to emerge by the end of the Rehabilitation Period on December 31, 2020:

Schedule	Benefit Reductions	Contribution Rate Increases
Default	Immediate maximum Critical Status benefit cuts for all participants to the extent permitted by law	15% per year until emergence in 2021 (plus an additional 1.6% annual increase for Benefit Classes 14 and below)
Alternative 1	Maintain current benefits	17% per year until emergence in 2021
Alternative 2	On the second anniversary of the new bargaining agreement, reduce the future benefit accrual rate from 1% of contributions payable at age 62 to 1% of contributions at payable at age 65	16% per year until emergence in 2021

In formulating the Fund’s initial rehabilitation plan in 2008, the Board of Trustees concluded that utilizing any and all *possible* measures to emerge from Critical Status by the end of the 10-year presumptive Rehabilitation Period described in ERISA Section 305(e)(4), would be unreasonable and would involve considerable risk to the Fund and Fund participants. In particular, the Board of Trustees concluded that the continued existence of the Fund and the Trustees’ ability to maintain and improve the Fund’s funded status in accordance with the terms of the IRS approved amortization extension would be jeopardized by any attempt to emerge from critical status by the end of the presumptive 10-year Rehabilitation Period.

As shown above, based on January 1, 2008 valuation data, the emergence by the end of the presumptive 10 year Rehabilitation Period would require double-digit annual contribution rate increases. For example, the daily contribution rate would generally have to grow from \$52 to over \$300. Therefore, the Trustees concluded in 2008 that annual contribution rate increases above the 8%/6%/4% level in the Primary Schedule were not reasonable and could trigger mass withdrawals and significant losses to the Fund and the participants.

During the process of updating the Rehabilitation Plan in each applicable year subsequent to 2008, the Trustees concluded that in light of current valuation data available in each of those years, the experience of the Fund and projections, the option available to the Fund under ERISA Section 305(e)(3)(ii) was to pursue reasonable measures to forestall a possible insolvency. The Trustees also concluded during the 2010 - 2020 update processes that requiring annual contribution increases above the level described in the Primary Schedule would not be reasonable and would likely accelerate a possible insolvency of the Fund rather than forestall it.

Prior to Plan/calendar year 2021, the Trustees have implemented (and, where applicable, have continued to implement) numerous measures to improve the Fund's funding. These have included:

- Reducing the benefit accrual rate from 2% of contributions to 1% of contributions;
- Protecting the "and-out" and early retirement benefits while freezing them at their year-end 2003 levels;
- Obtaining agreements from the major bargaining parties to reallocate significant amounts of annual benefit contributions to the Pension Fund;
- Obtaining an amortization extension from the Internal Revenue Service in 2005, and successfully seeking a waiver of the conditions of that extension in light of investment losses resulting from the weakness in financial markets in recent years (waiver or alteration of conditions granted in 2016);
- Requiring as a condition of continued participation in the Fund that new bargaining agreements in the last several years include significant annual contribution rate increases;
- Providing information to Congress and federal agencies with respect to legislative or regulatory proposals that appear to assist in addressing the funding challenges confronting the Fund;
- Approving a Distressed Employer Schedule as part of the Fund's Rehabilitation Plan under which YRC, Inc. and its affiliate USF Holland, Inc., two distressed (but historically significant) Contributing Employers, resumed Contributions in June 2011 at rates lower than would have been permitted under previous (pre-2011) Rehabilitation Plan Schedules; this Distressed Employer Schedule significantly adjusted the benefits of the affected Bargaining Unit members, and helped assure that despite the lower Contribution rates, the continued participation of these Employers would tend to improve overall pension funding; and
- Adopting a new withdrawal liability method, and obtaining approval of that method by the Pension Benefit Guaranty Corporation, under which new Contributing Employers, and existing Contributing Employers who satisfy their withdrawal liability under the Fund's historic (pre-2011) withdrawal liability method (*i.e.*, the "modified presumptive method"), will have any future withdrawal liability determined under the "direct attribution" method; the Trustees believe that this "hybrid" method will be attractive to some Contributing Employers who wish to continue to participate in the Fund, but may be concerned about the potential for future growth of their estimated withdrawal liability as calculated under the Fund's prior (pre-2011) withdrawal liability method, and that this, in turn, will encourage continued participation in the Fund and tend to improve overall pension funding.
- Amending the Primary Schedule of the Rehabilitation Plan to permit Contributing Employers, who satisfy their existing withdrawal liability and qualify as New Employers eligible for the direct attribution method under the hybrid method, to comply with the Primary Schedule without the need (under their current collective bargaining agreements) for the contribution rate increases otherwise required under the Primary Schedule. The Trustees determined that this amendment to the Rehabilitation Plan will encourage existing Contributing Employers to satisfy their existing withdrawal liability and to continue their participation in the Fund as New Employers under the

hybrid method; the Trustees determined that the New Employers' participation on these terms would tend to improve overall pension funding.

- Authorizing the filing, on September 25, 2015, of an application with the United States Department of the Treasury requesting approval of a plan of suspension of benefits under MPRA. (The Trustees determined that the filing of this application was a reasonable measure designed to forestall insolvency, and therefore one that they were required to take under the PPA. However, the Fund's MPRA application was denied by the Department of Treasury on May 6, 2016, and the Trustees have determined that it is not feasible for the Fund to submit a revised MPRA application.)
- Approval of the Special Schedule relating to Qualifying New ("Hybrid") Method Employers indicated in Section 2.K. of this Appendix.
- And the addition of Section 2.L. to this Appendix dealing with Qualifying Bargaining Units that have been subject to wage freezes.

However, the Trustees have also determined, as part of the 2021 Rehabilitation Plan update process, that mandating additional significant benefit cuts (beyond those provided in this updated Rehabilitation Plan), or (as noted) mandating significant contribution rate increases at levels beyond those required in recent years, would risk substantially accelerating the rate at which employers would withdraw from the Fund, in large part because the Union could conclude that it would be in its members' best interest to agree to withdrawals. The Board of Trustees also determined that this acceleration of employer withdrawals would, in turn, be counterproductive to the Trustees' effort to forestall possible insolvency.

Exhibit A
Primary Schedule: Contribution Rate Increases by Bargaining Agreement Year
(all rate increases are to be compounded annually)

Calendar Year of Contribution Rate Increases	Year of Initial Bargaining Agreement Conforming to Primary Schedule															
	2006 & Earlier	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2006	7%															
2007	7%	8%														
2008	7%	8%	8%													
2009	7%	8%	8%	8%												
2010	7%	8%	8%	8%	8%											
2011	6%	8%	8%	8%	8%	8%										
2012	5%	6%	8%	8%	8%	8%	8%									
2013	4%	4%	6%	8%	8%	8%	8%	8%								
2014	4%	4%	6%	8%	8%	8%	8%	8%	8%							
2015	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%						
2016	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%					
2017	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%				
2018	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%			
2019	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%		
2020	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%	
2021	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%
2022	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%
2023	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%
2024	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%
2025	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%
2026	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%
2027	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%
2028	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%

EXHIBIT B

Schedule for Actuarial Reduction of Age 65 Benefits

**(Applicable to Default Schedule and Rehabilitation Plan
Withdrawal benefit adjustments for Participants who
(i) have not submitted a retirement application on or
before July 1, 2011 and (ii) do not have a benefit commencement
date [within the meaning of ERISA§ 305(i)(10)] on or before July 1, 2011)**

<u>Age</u>	<u>Percent of Age 65 Benefit Based on Actuarial Equivalence</u>
65	100%
64	90%
63	81%
62	74%
61	67%
60	61%
59	55%
58	50%
57	46%

Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2020.

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	1,284	327	921	36	–	–	–	–	–	–	–
25 - 29	2,594	371	1,726	486	11	–	–	–	–	–	–
30 - 34	3,245	338	1,740	913	241	13	–	–	–	–	–
35 - 39	3,666	305	1,619	985	535	205	17	–	–	–	–
40 - 44	4,379	277	1,594	1,097	636	483	285	7	–	–	–
45 - 49	5,500	241	1,498	1,242	776	758	749	229	7	–	–
50 - 54	7,393	201	1,520	1,216	910	909	1,306	899	418	14	–
55 - 59	9,395	131	1,231	1,172	955	1,089	1,604	1,382	1,420	388	23
60 - 64	7,144	70	638	840	680	793	1,091	1,019	1,095	614	304
65 - 69	1,909	13	148	242	198	210	261	214	238	168	217
70 & over	214	4	23	18	23	20	25	21	25	19	36
Unknown	655	179	433	41	1	1	–	–	–	–	–
Total	47,378	2,457	13,091	8,288	4,966	4,481	5,338	3,771	3,203	1,203	580

Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Rationale for Demographic and Noneconomic Assumptions	The information and analysis used in selecting each demographic assumption that has a significant effect on this actuarial valuation is shown in a detailed actuarial experience study (<i>Review of Demographic Plan Experience for Five-Year Period from January 1, 2015 Through December 31, 2019</i>). Current data is reviewed with each annual valuation. Based on professional judgement, no assumption changes are warranted at this time, except if noted otherwise.
Decrements	<p><i>Rates of Retirement:</i> Table A. The retirement assumption consists of age-based rates at which active and inactive participants are assumed to retire and commence benefits under the Plan. The retirement assumption applies only to participants who are eligible to commence benefits under the Plan.</p> <p><i>Rates of Withdrawal Prior to Retirement:</i> Table B. The withdrawal assumption consists of rates at which active participants are assumed to terminate from covered employment. The rates under the withdrawal assumption are based on service.</p> <p><i>Rates of Disability:</i> Table C. The disability assumption consists of age-based rates at which participants become disabled and collect disability retirement benefits from the Plan, which are available through age 62. This assumption applies only to participants who are eligible for a disability benefit under the Plan, and it determines when disabled annuitant life mortality rates apply in the valuation.</p> <p><i>Rates of Mortality:</i></p> <p><u>Non-Annuitant Lives:</u> For males, Pri-2012 Blue Collar Employee Male table with generational projection using Scale MP-2019 from 2012. For females, Pri-2012 Blue Collar Employee Female table with generational projection using Scale MP-2019 from 2012.</p> <p><u>Healthy Annuitant Lives:</u> For males, Pri-2012 Blue Collar Healthy Annuitant Male table with rates increased by 11%, and generational projection using Scale MP-2019 from 2012. For females, Pri-2012 Blue Collar Healthy Annuitant Female table with rates increased by 4%, and generational projection using Scale MP-2019 from 2012.</p> <p><u>Contingent Survivor Lives:</u> These tables apply upon the death of the corresponding participant. For males, Pri-2012 Blue Collar Contingent Survivor Male table with generational projection using Scale MP-2019 from 2012. For females, Pri-2012 Blue Collar Contingent Survivor Female table with rates increased by 9%, and generational projection using Scale MP-2019 from 2012.</p> <p><u>Disabled Lives:</u> For males, Pri-2012 Disabled Annuitant Male table with rates increased by 23%, and generational projection using Scale MP-2019 from 2012. For females, Pri-2012 Disabled Annuitant Female table with generational projection using Scale MP-2019 from 2012.</p> <p>The adjusted underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These adjusted mortality tables were then projected to future years using Scale MP-2019 to reflect future mortality improvement.</p> <p>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.</p>

Table A
Retirement (%)

Age	Active Participants Primary Schedule		Active Participants Default/Distressed/RPW Schedule		Inactive Vested Participants			
	Service < 20	Service ≥ 20	Service < 20	Service ≥ 20	Non-UPS Service < 20	Non-UPS Service ≥ 20	UPS Retirees*	UPS Non- Retirees**
57	2.0	11.0	1.0	3.0	7.0	15.0	0.0	20.0
58	1.0	7.0	1.0	2.0	3.0	6.0	0.0	10.0
59	2.0	8.0	2.0	3.0	4.0	7.0	0.0	10.0
60	3.0	9.0	2.0	4.0	5.0	9.0	0.0	10.0
61	8.0	18.0	4.0	12.0	8.0	13.0	0.0	13.0
62	15.0	33.0	11.0	24.0	14.0	22.0	0.0	25.0
63	12.0	22.0	8.0	16.0	8.0	15.0	0.0	13.0
64	17.0	24.0	13.0	22.0	14.0	20.0	0.0	17.0
65	28.0	33.0	26.0	30.0	25.0	35.0	100.0	30.0
66	28.0	33.0	26.0	26.0	14.0	24.0	100.0	13.0
67	23.0	26.0	18.0	18.0	8.0	15.0	100.0	9.0
68	21.0	26.0	17.0	17.0	6.0	13.0	100.0	7.0
69	14.0	23.0	11.0	11.0	6.0	11.0	100.0	5.0
70	26.0	26.0	13.0	13.0	6.0	15.0	100.0	5.0
71	100.0	100.0	100.0	100.0	17.0	38.0	100.0	100.0
72	100.0	100.0	100.0	100.0	3.0	3.0	100.0	100.0
73-75	100.0	100.0	100.0	100.0	2.0	2.0	100.0	100.0
76-84	100.0	100.0	100.0	100.0	1.0	1.0	100.0	100.0
85	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

These rates pertain to commencement of benefits under the Central States Plan, assuming the participant has already commenced benefits under the UPS/IBT Full-Time Employee Pension Plan (the "UPS Plan").

These rates apply to when UPS inactive vested participants are assumed to commence benefits from the UPS Plan.

Table B
Withdrawals* (%)

Years of Participation Service	Withdrawal Rate	Years of Participation Service	Withdrawal Rate
< 1	29.0	12	10.0
1	29.0	13	10.0
2	23.0	14	10.0
3	18.0	15	9.0
4	16.0	16	9.0
5	15.0	17	8.0
6	15.0	18	7.0
7	15.0	19	7.0
8	13.0	20	7.0
9	11.0	21	7.0
10	11.0	22	7.0
11	10.0	23 & over	6.0

* Withdrawal rates apply to all active participants who are not eligible for immediate commencement of a retirement benefit under the Plan.

Table C
Disability (%)

<u>Age</u>	<u>Rate of Disability</u>	<u>Age</u>	<u>Rate of Disability</u>	<u>Age</u>	<u>Rate of Disability</u>
30 and under	0.00	41	0.02	52	0.11
31	0.00	42	0.02	53	0.15
32	0.01	43	0.02	54	0.21
33	0.01	44	0.02	55	0.20
34	0.01	45	0.02	56	0.13
35	0.01	46	0.02	57	0.11
36	0.01	47	0.02	58	0.03
37	0.01	48	0.02	59	0.03
38	0.01	49	0.02	60	0.03
39	0.01	50	0.06	61	0.03
40	0.01	51	0.11	62	0.03

Table D

Mortality*

Age	Healthy**		Contingent Survivor		Disabled	
	Male	Female	Male	Female	Male	Female
20	0.07%	0.02%	1.68%	0.79%	1.43%	0.35%
25	0.08%	0.03%	1.84%	0.85%	1.53%	0.49%
30	0.09%	0.04%	2.07%	0.92%	1.79%	0.57%
35	0.11%	0.05%	2.16%	0.92%	2.18%	0.78%
40	0.11%	0.07%	1.94%	0.82%	2.38%	1.05%
45	0.13%	0.09%	1.60%	0.70%	2.59%	1.35%
50	0.17%	0.13%	1.44%	0.67%	2.45%	1.31%
55	0.27%	0.21%	1.65%	0.93%	2.61%	1.52%
60	1.07%	0.79%	2.12%	1.27%	2.99%	1.83%
65	1.45%	1.11%	2.65%	1.66%	3.61%	2.12%
70	2.19%	1.58%	3.28%	2.21%	4.65%	2.63%
75	3.45%	2.53%	4.39%	3.24%	6.66%	3.75%
80	5.95%	4.31%	6.36%	5.01%	10.29%	5.86%
85	10.30%	7.54%	9.67%	8.10%	15.99%	9.55%
90	17.54%	13.17%	15.59%	13.80%	24.11%	15.64%

Rates above are sample rates in 2021. Rates are projected on a generational basis after 2021 using Scale MP-2019.

Employee rates shown for ages 20-55 and annuitant rates shown for ages 60-90.

Description of Weighted Average Retirement Age	Age 64, 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, 2021 actuarial valuation.
Future Benefit Accruals	One year of service per year The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment.

Frequency of Employer Contributions	For active participants, based on the units of contributions during the most recent Plan Year, as follows:			
	Assumed Weeks Worked	Assumed Days Worked	Assumed Hours Worked	
	50	240	1,900	
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 participants were born 30 years prior to participation date.			
Definition of Active Participants	Active participants are defined as those reported as Active by the Fund Office excluding those who have retired as of the valuation date. All actives have earned one year of vesting service in the most recent plan year.			
Exclusion of Inactive Vested Participants	Inactive participants over age 85 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.			
Deceased Inactive Vested Participants	Liabilities for inactive vested participants reported with a date of death are included in the valuation and multiplied by a factor of 0.41 to reflect an assumption that 75% have a surviving spouse that will collect benefits.			
Percent Married	75% of active and inactive vested participants are assumed to be married.			
Age and Sex of Spouse	Spouses are assumed to be the opposite sex of participants. Females are assumed to be 2 years younger than their male spouses.			
Post-NRA Retirements	95% of benefits paid to inactive vested participants retiring after age 65 are assumed to be ineligible for retroactive payments or adjustments due to post-NRA commencement. This assumption is based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment.			
Benefit Election	Active and inactive vested participants are assumed to elect optional forms of payment as shown in the table below.			
	Single		Married	
	Single Life*	Single Life*	50% Joint & Survivor	75% Joint & Survivor
	25%	40%	20%	15%
	* A death benefit is payable to the beneficiaries of participants who are covered under the Primary Schedule of the Rehabilitation Plan, who elect a single life annuity, and who die within 60 months of commencing benefits. For married participants, the death benefit is the balance of 60 monthly payments; for single participants, the death benefit is a single payment of \$1,000.			

Net Investment Return

2.00% per year

The net investment return is a long-term estimate derived from analysis of historical data, current and recent market expectations, and professional judgment.

Under the American Rescue Plan Act of 2021 (ARPA), which was enacted on March 11, 2021, the Plan will receive a large (but currently unknown) amount of special financial assistance (SFA) from the PBGC that will enable the Plan to avoid insolvency in 2025. The expected duration of solvency of the Plan cannot be determined until the PBGC approves the amount, timing, and investment restrictions on the SFA. It is expected that the Plan’s investment policy will be updated to reflect the SFA and the requirement under ARPA that the funds be invested in investment grade bonds or other investments deemed appropriate by PBGC. At this time, however, it is not yet known what the updates to the investment policy will be.

The Plan’s current investment policy was adopted in 2017 and has been subsequently revised. Under the current policy, the Plan’s target asset allocation has shifted to short-term and cash equivalent securities as the Plan was projected to approach insolvency. For the period after which the Plan was projected to become insolvent (without respect to SFA under ARPA), the year-by-year expected returns are based on the estimated average cash-equivalent assets needed each quarter to pay for estimated PBGC guaranteed benefits and administrative expenses.

Year-by-year expected returns were developed using a building block approach based on 2021 capital market assumptions developed by Segal Marco Advisors, including inflation expectations, expected returns, and anticipated risk premiums for each of the Plan’s asset classes. The projected cash flows were based on the January 1, 2021 actuarial valuation and assumptions, reflecting the Trustees’ industry activity assumptions provided for the 2021 actuarial status (“zone”) certification.

The following tables show expected returns on Plan assets through the projected date of insolvency without respect to SFA under ARPA and a sample of expected annual returns on cash-equivalent securities following the projected date of Plan insolvency. In the event that SFA prolongs plan solvency, a long-term, return weighted analysis of expected cash returns indicates a long-term 2.0% return assumption is reasonable.

Expected Returns on Plan Assets		Expected Returns on Cash-Equivalent Securities			
Year	Return	Year	Return	Year	Return
2021	0.18%	2030	1.91%	2050	4.33%
2022	0.32%	2035	2.73%	2055	4.66%
2023	0.51%	2040	3.39%	2060	4.91%
2024	0.68%	2045	3.92%	2065	5.11%

Additional information regarding the development of the net investment return assumption appears in a separate report (*Review and Selection of Economic Assumptions for Plan Year Beginning January 1, 2020*).

Annual Administrative Expenses	<p>\$42,200,000 for the year beginning January 1, 2021 (equivalent to \$41,750,441 payable at the beginning of the year) or 7.5% of Normal Cost.</p> <p>The annual administrative expenses were based on the expense budget for the current year as of January 1, 2021.</p>
Actuarial Value of Assets	<p>The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.</p>
Actuarial Cost Method	<p>Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.</p>
Benefit Class	<p>Plan participants are assumed to remain in their current Benefit Class until termination or retirement.</p>
Benefits Valued	<p>Unless otherwise indicated, includes all benefits summarized in Exhibit L.</p>
Current Liability Assumptions	<p><i>Interest:</i> 2.43%, within the permissible range prescribed under IRC Section 431(c)(6)(E)</p> <p><i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2019 (previously, the MP-2018 scale was used).</p>
Estimated Rate of Investment Return	<p><i>On actuarial value of assets (Schedule MB, line 6g):</i> 5.6%, for the Plan Year ending December 31, 2020</p> <p><i>On current (market) value of assets (Schedule MB, line 6h):</i> 2.9%, for the Plan Year ending December 31, 2020</p>
FSA Contribution Timing (Schedule MB, line 3a)	<p>Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 1 contribution date.</p>
Actuarial Models	<p>Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.</p>
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	<p>Based on past experience and future expectations, the following actuarial assumption was changed as of January 1, 2021 for funding purposes:</p> <p>Administrative expenses, previously \$45,200,000 payable monthly</p>

Schedule of Projection of Expected Benefit Payments

(Schedule MB, Line 8b(1))

Plan Year	Expected Annual Benefit Payments
2021	\$2,855,756,249
2022	2,859,115,797
2023	2,859,388,701
2024	2,854,362,177
2025	2,844,496,029
2026	2,830,007,269
2027	2,808,500,309
2028	2,779,826,818
2029	2,745,908,582
2030	2,704,946,556

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the plan.

**FSA Contribution
Timing (Schedule MB,
line 3a)**

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

Summary of Plan Provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Year	January 1 through December 31																								
Pension Credit Year	January 1 through December 31																								
Plan Status	Ongoing plan																								
Participation	Employee is eligible to participate when at least 20 weeks of contributions have been made on his or her behalf in the first year of employment or in any calendar year thereafter (for Benefit Classes 15A through 18+, need 20 weeks or 75 days of contributions).																								
Contributions	Employers made daily or weekly contributions on behalf of their employees, as established by a collective bargaining agreement. These contribution rates are a factor in determining Benefit Class. Minimum contribution rates vary by several factors, including Benefit Class and year of last contract. The average annual contribution rate per participant, based on the assumptions regarding frequency, is \$10,404.																								
Service Credit	Sum of Contributory Credit and Non-Contributory Credit																								
Contributory Credit	<p>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:</p> <table style="margin-left: 40px;"> <tr> <td colspan="2"><u>Benefit Classes 1 – 14</u></td> </tr> <tr> <td>0 – 19 weeks contributed</td> <td>No Credit</td> </tr> <tr> <td>20 – 39 weeks contributed</td> <td>Number of weeks divided by 40</td> </tr> <tr> <td>40 or more weeks contributed</td> <td>1 year credit</td> </tr> <tr> <td colspan="2"><u>Benefit Classes 15A – 18+</u></td> </tr> <tr> <td>0 – 19 weeks contributed</td> <td>No Credit</td> </tr> <tr> <td>20 – 39 weeks contributed</td> <td>Number of weeks divided by 40</td> </tr> <tr> <td>40 or more weeks contributed</td> <td>1 year credit</td> </tr> <tr> <td colspan="2">Or</td> </tr> <tr> <td>74 days contributed</td> <td>No Credit</td> </tr> <tr> <td>75 – 179 days contributed</td> <td>Number of days divided by 180</td> </tr> <tr> <td>180 or more days contributed</td> <td>1 year credit</td> </tr> </table>	<u>Benefit Classes 1 – 14</u>		0 – 19 weeks contributed	No Credit	20 – 39 weeks contributed	Number of weeks divided by 40	40 or more weeks contributed	1 year credit	<u>Benefit Classes 15A – 18+</u>		0 – 19 weeks contributed	No Credit	20 – 39 weeks contributed	Number of weeks divided by 40	40 or more weeks contributed	1 year credit	Or		74 days contributed	No Credit	75 – 179 days contributed	Number of days divided by 180	180 or more days contributed	1 year credit
<u>Benefit Classes 1 – 14</u>																									
0 – 19 weeks contributed	No Credit																								
20 – 39 weeks contributed	Number of weeks divided by 40																								
40 or more weeks contributed	1 year credit																								
<u>Benefit Classes 15A – 18+</u>																									
0 – 19 weeks contributed	No Credit																								
20 – 39 weeks contributed	Number of weeks divided by 40																								
40 or more weeks contributed	1 year credit																								
Or																									
74 days contributed	No Credit																								
75 – 179 days contributed	Number of days divided by 180																								
180 or more days contributed	1 year credit																								

Non-Contributory Credit	Employee can earn Non-Contributory Credit if he or she became a Participant prior to April 1, 1985, and if he or she worked for a Teamster type organization prior to becoming a participant in this plan. Up to one year of Non-Contributory Credit can be given for each year of Contributory Credit.
Reemployment	If a pensioner or disabled Participant returns to work, benefit payments may be suspended pursuant to the terms of the Plan. Benefit may have to be re-calculated if he or she earns additional credit.
Vesting Service	A Participant earns one year of Vesting Service for each calendar year during which the employer makes at least 20 weeks of contribution on his or her behalf (20 weeks or 75 days for Benefit Classes 15A through 18+). A Participant becomes vested upon earning five years of vesting service.
Break in Service	<p>A one-year break is a calendar year with less than 10 weeks of Contributory Credit, Non-Contributory Credit, or Vesting Service.</p> <p>A Break in Service occurs when a non-vested Participant has the greater of a) five consecutive one-year breaks, or b) a number of consecutive one-year breaks equal to the number of years of Vesting Service prior to the one-year breaks.</p>
Retirement Benefits	<p>A Participant receives the best of the following benefit types at retirement:</p> <ul style="list-style-type: none">• Twenty-Year Service Pension• Contribution-Based Pension• Contributory Credit Pension

Twenty-Year Service Pension

This benefit is earned by combining Contributory Credit and Non-Contributory Credit, and at least one-half of the total Credit must be Contributory.

This Benefit is based on Benefit Class and age at retirement as follows:

Benefit Class	Monthly Pension Benefit				
	Age 57	Age 58	Age 59	60-64	Age 65
1	\$60	\$60	\$60	\$60	\$60
2	90	90	90	90	90
2A	125	125	125	125	125
3	140	140	140	170	170
3A	170	170	170	210	210
4	225	225	225	275	275
5	260	260	260	315	315
6	285	285	285	350	350
7	330	330	330	400	400
8	365	365	365	445	445
9	400	400	400	485	485
10	435	435	435	530	530
11	490	490	490	595	595
12	575	575	575	675	675
13	600	600	600	725	725
14	625	625	625	775	775
15	700	750	800	900	900
16	700	750	800	900	1,100
17A&B	700	750	800	900	1,100
18&18+	700	750	800	900	1,100

- **Eligibility:** Attain age 50 while an active plan participant with 20 years of Credit
 Or
 30 years of Credit, regardless of age.
- **Amount:** Monthly pension benefit is based on chart above using age on the earlier of 1) retirement date, or 2) date of termination. Benefit is reduced by .5% for each month retirement age precedes age 57.

**Deferred Pension
(Special Provision)**

- *Eligibility:* Attain age 57 while an active plan participant with 20 years of Credit
Or
20 years of Contributory Credit, regardless of age, with at least 20 weeks under Schedule B of the Benefit Class Rate Chart
Or
Attain age 50 while an active plan participant with 20 years of Contributory Credit.
- *Amount:* Monthly pension benefit is based on previous chart using age at retirement (not age at termination). This special Deferred Pension allows a participant to terminate employment, but delay retirement to a later date to receive a greater benefit. This benefit is reduced .5% for each month retirement age precedes age 57. This benefit is not payable prior to age 50.

**Contribution-Based
Credit**

- *Eligibility:* Five years of Vesting Service.
- *Amount:* This monthly pension benefit is payable, unreduced, at the earlier of age 65 and age 62 with 20 years of Credit, and is equal to (a) + (b) + (c):
 - (a) 1% of all employer contributions paid on the Participant's behalf on or after January 1, 2004;
 - (b) 2% of all employer contributions paid on the Participant's behalf on or after January 1, 1986 through December 31, 2003;
 - (c) Pre-1986 credit is determined using a formula as defined in the January 1, 1985 Pension Plan.
- This benefit can be taken early, with a reduction of .5% for each month retirement date precedes age 65, or age 62 with 20 years of Credit if earlier.

Contributory Pension

- *Eligibility (must meet any of the following):*
 - 30 years of Contributory Credit, with at least ½ year of Contributory Credit earned prior to January 1, 2004 and Contribution being made under Schedule B of the Benefit Class Rate Chart;
 - At least age 57 with at least 20 years of Contributory Credit and Benefit Class 16 or higher;
 - At least age 57 with at least 25 years of Contributory Credit and Benefit Class 15C or higher;
 - At least age 60 with at least 25 years of Contributory Credit and Benefit Class 15A or higher;
 - 25 years of Contributory Credit and Benefit Class 17A, 18, or 18+;
 - At least age 55 with at least 25 years of Contributory Credit and Benefit Class 17B;
 - At least age 50 with at least 20 years of Contributory Credit and Benefit Class 18 or 18+
 - *Amount:* The sum of (a) and (b), where:
 - (a) 1% of Contributions paid on participant's behalf on or after January 1, 2004 (payable monthly and reduced .5% per month for retirement prior to 62);
 - (b) a percentage (determined by taking years of Contributory Credit as of December 31, 2003 divided by the total years of Contributory Credit, capped at the minimum years needed for the applicable benefit amount) 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 Benefits Class 15A:

Age	25 Years	30 Years
Any	\$0	\$1,000
60-61	950	1,050
62-64	1,050	1,125
65+	1,125	1,250

For Benefit Class 15B:

Age	25 Years	30 Years
Any	\$0	\$1,000
60-61	1,000	1,100
62-64	1,100	1,250
65+	1,250	1,500

For Benefit Class 15C (Phase I):

Age	25 Years	30 Years
Any	\$0	\$1,000
57-59	900	1,125
60-61	1,125	1,350
62-64	1,225	1,500
65+	1,375	1,750

For Benefit Class 15C (Phase II):

Age	25 Years	30 Years
Any	\$0	\$1,000
57-59	1,000	1,250
60-61	1,250	1,600
62-64	1,350	1,750
65+	1,500	2,000

For Benefit Class 16:

Age	20 Years	25 Years	30 Years
Any	\$0	\$0	\$2,000
57	900	1,200	2,000
58	950	1,300	2,000
59	1,000	1,400	2,000
60	1,050	1,500	2,000
61	1,100	1,600	2,100
62	1,200	1,700	2,200
63	1,300	1,800	2,300
64	1,400	1,900	2,400
65+	1,500	2,000	2,500

Contributory Credit Pensions Under Benefit Class 17A

Age	Years of Contributory Service										
	25	26	27	28	29	30	31	32	33	34	35 & Over
Any Age	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$2,000	\$2,100	\$2,200	\$2,300	\$2,400	\$2,500
56	1,500	1,600	1,600	1,600	1,600	2,000	2,100	2,200	2,300	2,400	2,500
57	1,500	1,600	1,700	1,700	1,700	2,000	2,100	2,200	2,300	2,400	2,500
58	1,500	1,600	1,700	1,800	1,800	2,000	2,100	2,200	2,300	2,400	2,500
59	1,500	1,600	1,700	1,800	1,900	2,000	2,100	2,200	2,300	2,400	2,500
60	1,500	1,600	1,700	1,800	1,900	2,000	2,100	2,200	2,300	2,400	2,500
61	1,600	1,600	1,700	1,800	1,900	2,100	2,100	2,200	2,300	2,400	2,500
62	1,700	1,700	1,700	1,800	1,900	2,200	2,200	2,200	2,300	2,400	2,500
63	1,800	1,800	1,800	1,800	1,900	2,300	2,300	2,300	2,300	2,400	2,500
64	1,900	1,900	1,900	1,900	1,900	2,400	2,400	2,400	2,400	2,400	2,500
65 & Up	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										
	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	1,500	1,600	1,700	1,700	1,700	2,500	2,600	2,700	2,800	2,900	3,000
58	1,500	1,600	1,700	1,800	1,800	2,500	2,600	2,700	2,800	2,900	3,000
59	1,500	1,600	1,700	1,800	1,900	2,500	2,600	2,700	2,800	2,900	3,000
60	1,500	1,600	1,700	1,800	1,900	2,500	2,600	2,700	2,800	2,900	3,000
61	1,600	1,600	1,700	1,800	1,900	2,500	2,600	2,700	2,800	2,900	3,000
62	1,700	1,700	1,700	1,800	1,900	2,500	2,600	2,700	2,800	2,900	3,000
63	1,800	1,800	1,800	1,800	1,900	2,500	2,600	2,700	2,800	2,900	3,000
64	1,900	1,900	1,900	1,900	1,900	2,500	2,600	2,700	2,800	2,900	3,000
65 & Up	2,000	2,000	2,000	2,000	2,000	2,500	2,600	2,700	2,800	2,900	3,000

Contributory Credit Pensions Under Benefit Class 18

Age	Years of Contributory Service											
	20-24	25	26	27	28	29	30	31	32	33	34	35 & Over
Any Age	-	\$2,000	\$2,100	\$2,200	\$2,300	\$2,400	\$3,000	\$3,100	\$3,200	\$3,300	\$3,400	\$3,500
50	\$650	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
51	700	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
52	750	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
53	800	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
54	850	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
55	900	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
56	950	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
57	1,000	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
58	1,050	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
59	1,100	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
60	1,150	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
61	1,200	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
62	1,300	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
63	1,400	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
64	1,500	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
65 & Up	2,000	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500

Contributory Credit Pensions Under Benefit Class 18 Plus

Age	Years of Contributory Service											
	20-24	25	26	27	28	29	30	31	32	33	34	35 & Over
Any Age	-	\$2,000	\$2,100	\$2,200	\$2,300	\$2,400	\$3,000	\$3,100	\$3,200	\$3,300	\$3,400	\$3,500
50	\$650	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
51	700	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
52	750	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
53	800	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
54	850	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
55	900	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
56	950	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
57	1,000	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
58	1,050	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
59	1,100	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
60	1,150	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
61	1,200	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
62	1,300	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
63	1,400	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
64	1,500	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
65 & Up	2,000	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500

Disability Pension

- *Eligibility:* Under age 62 with 10 years of credited service and Benefit Class 4 or higher
- *Amount:* For Benefit Class 18: \$650 per month plus \$50 for each year that the age at time of disability exceeded age 50 with a maximum benefit of \$1,000. For other Benefit Classes: \$265 per month until death or recovery from disability. At age 65, a disabled participant may elect to receive a normal retirement benefit instead.

Vesting

- *Eligibility:* 5 years of vesting service
- *Amount:* Vested participants retiring after January 1, 1987 will get a Contribution-Based Pension. The Vested Pension is only for those retiring on or before January 1, 1987.

Pre-Retirement Death Benefits

Survivors may only receive one non-disability death benefit.

50% Surviving Spouse Benefit

- *Eligibility:* Married and either a vested participant or eligible for an immediate pension.
- *Amount:* 50% of the pension that would have been payable under the Joint and 50% Surviving Spouse option.

60-Month Survivor Benefit

- *Eligibility:* Active participant with 20 years of credited service, married or with dependent children, and Benefit Class 4 or higher.
- *Amount:* 60 months' pension equal to the greater of \$160 per month or the pension the deceased participant could have received under the lifetime with limited surviving spouse payment option.

Lump-Sum Death Benefit

- *Eligibility:* Active participant with 10 years of credited service.
- *Amount:* \$4,000 under Schedule B, \$2,000 under Schedule A, or \$10,000 under Benefit Class 18 but not more than 50% of the contributions made for the participant. Survivor eligible for more than one death benefit must elect which one to receive if not covered under Benefit Class 18.

Disability Death Benefit

- *Eligibility:* Receiving a disability pension.
- *Amount:* \$1,000 unless the surviving spouse elects to receive the 50% Surviving Spouse Benefit described above.

Lump-Sum Disability Benefit

- *Eligibility:* Age 45 with 10 years of credited service and not eligible for the disability pension.
- *Amount:* \$3,000 under Schedule B or \$2,000 under Schedule A, but not more than 50% of the contributions made for the participant.

Optional Forms of Payment

For single participants:

- Single Life Annuity for members of Benefit Classes 4 and higher, with a \$1,000 death benefit
- Single Life Annuity for members of Benefit Classes below 4 and a benefit based on 20 years of Credit, with a \$1,000 death benefit

For married participants:

- 50% Joint and Survivor Pension (QJSA) with pop-up provision, reduced from the single life annuity
- 75% Joint and Survivor Pension (QOSA) with pop-up provision, reduced from the single life annuity
- Single Life Annuity for members of Benefit Classes 4 and higher with at least 20 years of Credit, with 60 months of payments guaranteed or, if the spouse does not survive to the pensioner's death, a \$1,000 death benefit
- Single Life Annuity for members of Benefit Classes below 4 and a benefit based on 20 years of Credit, with a \$1,000 death benefit upon the pensioner's death and a \$500 death benefit upon the spouse's death

Benefit Transfer	Effective January 1, 2008, the responsibility to pay all benefits to non-retired UPS participants as of January 1, 2008 other than the Contribution-Based Pension Accrued Benefit payable at age 65 was transferred to the UPS/IBT Full-Time Pension Plan.
Summary of Plan Changes Under Rehabilitation Plan	<p>Primary Schedule: Except for plan withdrawals, preserves all current benefit provisions. Annually compounded contribution increases were required effective immediately after the expiration of the Collective Bargaining Agreements in effect on March 26, 2008. For 2008 agreements, the increases were 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.</p> <p>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% were required effective immediately after the expiration of the Collective Bargaining Agreements in effect on March 26, 2008. 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.</p> <p>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.</p> <p>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.</p>
Changes in Plan Provisions	The following plan provision was changed and is reflected in this valuation: During the plan year ended December 31, 2020, 1,694 active participants and 1,413 inactive vested participants were first reported to be covered under the Default Schedule, Distressed Employer Schedule, or were subject to Adjustable Benefit reductions as a result of a Rehabilitation Plan Withdrawal. As participants become subject to these schedules, their changes in benefits are treated as a plan change.



March 31, 2021

Internal Revenue Service
Employee Plans Compliance Unit
Group 7602 (TEGE:EP:EPCU)
230 S. Dearborn Street
Room 1700 - 17th Floor
Chicago, Illinois 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, 2021 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: 8647 West Higgins Road, Chicago, Illinois 60631
Phone number: 847.518.9800

As of January 1, 2021, the Plan is in critical and declining status.

This certification does not reflect the enactment of the American Rescue Plan Act of 2021 (ARPA) on March 11. We anticipate clarification of ARPA relief provisions based on regulations to be issued by the IRS and the Pension Benefit Guaranty Corporation. Decisions that the Trustees may make to elect options available to them that might affect the Plan's "zone" status and minimum funding requirements for the current and future years may be reflected in a revised or future actuarial valuation.

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
101 North Wacker Drive, Suite 500
Chicago, IL 60606-1724
Phone number: 312.984.8500

Sincerely,

A handwritten signature in black ink, appearing to read "DVC", with a long horizontal flourish extending to the right.

Daniel V. Ciner, MAAA, EA
Senior Vice President and Actuary
Enrolled Actuary No. 20-05773

Actuarial status certification as of January 1, 2021 under IRC Section 432

March 31, 2021

Illustration Supporting Actuarial Certification of Status (Schedule MB, line 4b)

This is to certify that 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, 2021 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, 2020 actuarial valuation, dated September 14, 2020. 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 does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which this certification is based reflects 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	
EA#	20-05773
Title	Senior Vice President and Actuary
Email	dciner@segalco.com

Certificate Contents

Exhibit I	Status Determination as of January 1, 2021
Exhibit II	Summary of Actuarial Valuation Projections
Exhibit III	Funding Standard Account Projections
Exhibit IV	Funding Standard Account – Projected Bases Assumed Established After January 1, 2020
Exhibit V	Solvency Projection
Exhibit VI	Actuarial Assumptions and Methodology

Actuarial Status Certification under IRC Section 432

Exhibit I

Status Determination as of January 1, 2021

Status	Condition	Component Result	Final Result
Critical Status:			
I. Initial critical status tests:			
	C1. A funding deficiency is projected in four years?	Yes	Yes
	C2. (a) A funding deficiency is projected in five years,	Yes	
	(b) AND the present value of vested benefits for non-actives is more than present value of vested benefits for actives,	Yes	
	(c) AND the normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) is greater than contributions for current year?	Yes	Yes
	C3. (a) A funding deficiency is projected in five years,	Yes	
	(b) AND the funded percentage is less than 65%?	Yes	Yes
	C4. (a) The funded percentage is less than 65%,	Yes	
	(b) AND the present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over seven years?	Yes	Yes
	C5. The present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over five years?	Yes	Yes
II. Emergence test:			
	C6. (a) Was in critical status for the immediately preceding plan year,	Yes	
	(b) AND EITHER a funding deficiency is projected for the plan year or any of the next nine plan years, without regard to the use of the shortfall method but taking into account any extension of amortization periods under ERISA Section 304(d)(2) or ERISA Section 304 as in effect prior to PPA'06,	Yes	
	(c) OR insolvency is projected for the current year or any of the 30 succeeding plan years?	Yes	
	Plan did NOT emerge?		Yes
	III. In Critical Status? (If any of C1-C6 is Yes, then Yes)		Yes

Actuarial Status Certification under IRC Section 432

Status	Condition	Component Result	Final Result
IV. Determination of critical and declining status:			
C7. (a)	In critical status?	Yes	Yes
	(b) AND EITHER Insolvency is projected within 15 years using assumptions described in Exhibit VI.B?	Yes	Yes
	(c) OR		
	(i) The ratio of inactives to actives is at least 2 to 1,	Yes	
	(ii) AND insolvency is projected within 20 years using assumptions described in Exhibit VI.B?	Yes	Yes
	(d) OR		
	(i) The funded percentage is less than 80%,	Yes	
	(ii) AND insolvency is projected within 20 years using assumptions described in Exhibit VI.B?	Yes	Yes
In Critical and Declining Status?			Yes
Endangered Status:			
E1. (a)	Is not in critical status,	No	
	(b) AND the funded percentage is less than 80%?	N/A	No
E2. (a)	Is not in critical status,	No	
	(b) AND a funding deficiency is projected in seven years?	N/A	No
In Endangered Status? (Yes when either (E1) or (E2) is Yes)			No
In Seriously Endangered Status? (Yes when BOTH (E1) and (E2) are Yes)			No
Neither Critical Status Nor Endangered Status			
Neither Critical nor Endangered Status?			No

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on the annual standards of the rehabilitation plan. The annual standard for meeting the requirements of the rehabilitation plan is that actuarial projections updated for each year show, based on reasonable assumptions, that under the rehabilitation plan and its schedules (as amended and updated from time to time) the Fund will forestall its possible insolvency prior to 2023. The actuarial projection shown in Exhibit V indicates the Fund is projected to remain solvent until 2025. The actuarial assumptions and methods used for this projection are as described in Exhibit VI.B.

Actuarial Status Certification under IRC Section 432

Exhibit II Summary of Actuarial Valuation Projections

The actuarial factors as of January 1, 2021 (based on projections from the January 1, 2020 valuation certificate):

I. Financial Information			
1.	Market value of assets		\$10,409,440,502
2.	Actuarial value of assets		9,792,370,217
3.	Reasonably anticipated contributions		
a.	Upcoming year		600,191,837
b.	Present value for the next five years		2,682,187,842
c.	Present value for the next seven years		3,580,826,305
4.	Projected benefit payments		2,864,321,328
5.	Projected administrative expenses (beginning of year)		41,750,441
II. Liabilities			
1.	Present value of vested benefits for active participants		\$8,926,497,326
2.	Present value of vested benefits for non-active participants		48,122,465,438
3.	Total unit credit accrued liability		57,431,642,826
4.	Present value of payments	Benefit Payments	Administrative Expenses
a.	Next five years	\$13,665,886,592	\$206,857,347
b.	Next seven years	18,749,373,807	287,942,255
			Total
			\$13,872,743,939
			19,037,316,062
5.	Unit credit normal cost plus expenses		637,205,882
6.	Ratio of inactive participants to active participants		6.62
III.	Funded Percentage (I.2)/(II.3)		17.0%
IV. Funding Standard Account			
1.	Funding deficiency as of the end of prior year		(\$20,663,273,497)
2.	Years to projected funding deficiency		0
V.	Years to Projected Insolvency*		5

* The year of projected insolvency is 2025.

Actuarial Status Certification under IRC Section 432

Exhibit III Funding Standard Account Projections

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

	Year Beginning January 1,					
	2020	2021	2022	2023	2024	2025
1. Funding deficiency (BOY)	(\$17,527,412,260)	(\$20,663,273,497)	(\$23,812,982,814)	(\$27,089,416,605)	(\$30,626,777,767)	(\$33,680,362,401)
2. Interest on (1)	(350,548,245)	(413,265,470)	(476,259,656)	(541,788,332)	(612,535,555)	(673,607,248)
3. Normal cost	607,067,409	595,455,441	602,684,780	579,831,479	555,943,182	533,661,970
4. Administrative expenses	44,718,482	41,750,441	42,505,702	42,913,270	43,669,293	44,419,988
5. Net amortization charges	2,734,432,463	2,639,889,806	2,673,571,632	2,869,720,049	2,332,330,022	2,513,695,218
6. Interest on (3), (4) and (5)	67,724,367	65,541,914	66,375,243	69,849,296	58,638,850	61,835,544
7. Expected contributions	662,009,633	600,191,837	579,171,507	561,129,964	544,091,354	528,970,610
8. Interest on (7)	<u>6,608,277</u>	<u>6,001,918</u>	<u>5,791,715</u>	<u>5,611,300</u>	<u>5,440,914</u>	<u>5,289,706</u>
9. Funding deficiency (EOY): (1) + (2) - (3) - (4) - (5) - (6) + (7) + (8)	(\$20,663,273,497)	(\$23,812,982,814)	(\$27,089,416,605)	(\$30,626,777,767)	(\$33,680,362,401)	(\$36,973,322,053)
	2026	2027				
1. Funding deficiency (BOY)	(\$36,973,322,053)	(\$40,245,828,070)				
2. Interest on (1)	(739,466,441)	(804,916,561)				
3. Normal cost	512,386,396	490,448,577				
4. Administrative expenses	44,837,487	45,580,541				
5. Net amortization charges	2,434,989,917	2,317,183,125				
6. Interest on (3), (4) and (5)	59,844,277	57,064,245				
7. Expected contributions	513,879,704	497,875,497				
8. Interest on (7)	<u>5,138,797</u>	<u>4,978,755</u>				
9. Funding deficiency (EOY): (1) + (2) - (3) - (4) - (5) - (6) + (7) + (8)	(\$40,245,828,070)	(\$43,458,166,867)				

Actuarial Status Certification under IRC Section 432

Exhibit IV

Funding Standard Account – Projected Bases Assumed Established after January 1, 2020

Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Experience Gain	01/01/2021	(\$374,661,986)	15	(\$28,586,516)
Experience Gain	01/01/2022	(310,522,825)	15	(23,692,731)
Experience Gain	01/01/2023	(102,401,933)	15	(7,813,215)
Experience Gain	01/01/2024	(207,726,904)	15	(15,849,455)
Experience Gain	01/01/2025	(19,987,000)	15	(1,524,998)

Actuarial Status Certification under IRC Section 432

Exhibit V Solvency Projections

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

	Year Beginning January 1,					
	2020	2021	2022	2023	2024	2025
1. Market Value at beginning of year	\$12,309,907,060	\$10,409,440,502	\$8,257,652,150	\$6,054,385,289	\$3,798,536,202	\$1,485,526,641
2. Contributions	496,512,748	496,072,419	479,175,597	463,592,510	449,029,712	435,281,421
3. Withdrawal liability payments	164,314,959	105,000,000	105,000,000	105,000,000	105,000,000	105,000,000
4. Benefit payments	2,842,184,040	2,864,322,250	2,869,326,338	2,872,821,213	2,874,181,018	2,873,892,786
5. Administrative expenses	42,241,636	42,200,000	42,963,393	43,375,350	44,139,514	44,898,292
6. Interest earnings	<u>323,131,411</u>	<u>153,661,479</u>	<u>124,847,273</u>	<u>91,754,965</u>	<u>51,281,260</u>	<u>0</u>
7. Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	\$10,409,440,502	\$8,257,652,150	\$6,054,385,289	\$3,798,536,202	\$1,485,526,641	Insolvent
8. Available resources: (1)+(2)+(3)-(5)+(6)	\$13,251,624,542	\$11,121,974,400	\$8,923,711,627	\$6,671,357,415	\$4,359,707,659	\$1,980,909,770

Actuarial Status Certification under IRC Section 432

Exhibit VI

Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the January 1, 2020 actuarial valuation certificate, dated September 14, 2020, 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, 2020 were based on formal commitments by the collective bargaining parties settled before January 1, 2021 based on preliminary census data as of December 31, 2020.
Asset Information:	<p>The financial information as of December 31, 2020 was based on an unaudited financial statement provided by the Fund's Manager, General Accounting. Employer contributions for Funding Standard Account purposes were adjusted for changes in YRCW Contribution Deferral Agreement balances, based on information received from the Fund Office.</p> <p>For projections after that date, the assumed administrative expenses were projected to be \$42.2 million for the 2021 Plan Year, based on information from the Fund Office, increasing 2.0% per year for the non-PBGC premium portion of assumed expenses, plus the expected PBGC premium increasing 2.0% per year and adjusted by the percent change in the number of Plan participants each year. Benefit payments were projected based on the January 1, 2020 actuarial valuation. The projected net investment return was assumed to be 2.0% of the average market value of assets beginning with the 2021 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.</p>
Projected Industry Activity:	<p>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, 2020 actuarial valuation, the number of active participants is assumed to decline by 11.37% during the 2020 Plan Year (based on preliminary census data as of December 31, 2020) and by 4.98% during the 2021 Plan Year and each year thereafter. The number of employment units (weeks, days, and hours worked) is assumed to match the assumptions in the January 1, 2020 actuarial valuation.</p> <p>In addition to projections of industry activity directly linked to the level of ongoing employment, the Fund Office also anticipates that withdrawal liability payments will be \$105 million per year for the next 10 years.</p>

Actuarial Status Certification under IRC Section 432

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. Demographic profiles for new entrants were developed based on actual experience for new active participants who entered the Plan in the 2017-2019 Plan Years. Detailed descriptions of the new entrant profiles can be found in the report titled: Review of Demographic Plan Experience for Five-Year Period from January 1, 2015 Through December 31, 2019, dated September 14, 2020.

B. Assumptions for Insolvency Projections

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

- Year-by-year expected investment returns are determined on a geometric basis and reflect the Plan's asset allocation, which has shifted towards short-term and liquid assets as the Plan approaches insolvency ("glide-path" asset allocation). More details on the calculation of these expected investment returns are included in the January 1, 2020 Actuarial Valuation Report. The assumed rates of return are 1.66%, 1.76%, 1.88%, 1.96%, and 2.08% for the five years from 2021 through the projected year of insolvency.
- For participants under the Primary Schedule based on the January 1, 2020 valuation, the projection recognizes annual contribution rate increases equivalent to 4% per year (per the Rehabilitation Plan) to a maximum of \$348 per week for each participant covered by the National Master Automobile Transporters Agreement and \$342 per week for all other participants. YRCW is assumed to remain on the Distressed Employer Schedule with no additional future contribution rate increases other than those already reported. For participants under the Default Schedule based on the January 1, 2020 valuation, the projection recognizes annual contribution rate increases of 4%.
- Assumptions with respect to future Rehabilitation Plan Withdrawals (RPW) are as follows:
 - For active participants, 20% of withdrawals are due to an RPW.
 - For inactive vested participants who last worked for an employer active as of January 1, 2020, 25% will be subject to a future RPW by the time they commence benefits from the Plan.

Actuarial Status Certification under IRC Section 432

Technical issues

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

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.

6035146v5/10346.006

Actuarial status certification as of January 1, 2021 under IRC Section 432

March 31, 2021

Illustration Supporting Actuarial Certification of Status (Schedule MB, line 4b)

This is to certify that 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, 2021 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, 2020 actuarial valuation, dated September 14, 2020. 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 does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which this certification is based reflects 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	
EA#	20-05773
Title	Senior Vice President and Actuary
Email	dciner@segalco.com

Certificate Contents

Exhibit I	Status Determination as of January 1, 2021
Exhibit II	Summary of Actuarial Valuation Projections
Exhibit III	Funding Standard Account Projections
Exhibit IV	Funding Standard Account – Projected Bases Assumed Established After January 1, 2020
Exhibit V	Solvency Projection
Exhibit VI	Actuarial Assumptions and Methodology

Actuarial Status Certification under IRC Section 432

Exhibit I

Status Determination as of January 1, 2021

Status	Condition	Component Result	Final Result
Critical Status:			
I. Initial critical status tests:			
	C1. A funding deficiency is projected in four years?	Yes	Yes
	C2. (a) A funding deficiency is projected in five years,	Yes	
	(b) AND the present value of vested benefits for non-actives is more than present value of vested benefits for actives,	Yes	
	(c) AND the normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) is greater than contributions for current year?	Yes	Yes
	C3. (a) A funding deficiency is projected in five years,	Yes	
	(b) AND the funded percentage is less than 65%?	Yes	Yes
	C4. (a) The funded percentage is less than 65%,	Yes	
	(b) AND the present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over seven years?	Yes	Yes
	C5. The present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over five years?	Yes	Yes
II. Emergence test:			
	C6. (a) Was in critical status for the immediately preceding plan year,	Yes	
	(b) AND EITHER a funding deficiency is projected for the plan year or any of the next nine plan years, without regard to the use of the shortfall method but taking into account any extension of amortization periods under ERISA Section 304(d)(2) or ERISA Section 304 as in effect prior to PPA'06,	Yes	
	(c) OR insolvency is projected for the current year or any of the 30 succeeding plan years?	Yes	
Plan did NOT emerge?			Yes
III. In Critical Status? (If any of C1-C6 is Yes, then Yes)			Yes

Actuarial Status Certification under IRC Section 432

Status	Condition	Component Result	Final Result
IV. Determination of critical and declining status:			
C7. (a)	In critical status?	Yes	Yes
	(b) AND EITHER Insolvency is projected within 15 years using assumptions described in Exhibit VI.B?	Yes	Yes
	(c) OR		
	(i) The ratio of inactives to actives is at least 2 to 1,	Yes	
	(ii) AND insolvency is projected within 20 years using assumptions described in Exhibit VI.B?	Yes	Yes
	(d) OR		
	(i) The funded percentage is less than 80%,	Yes	
	(ii) AND insolvency is projected within 20 years using assumptions described in Exhibit VI.B?	Yes	Yes
In Critical and Declining Status?			Yes
Endangered Status:			
E1. (a)	Is not in critical status,	No	
	(b) AND the funded percentage is less than 80%?	N/A	No
E2. (a)	Is not in critical status,	No	
	(b) AND a funding deficiency is projected in seven years?	N/A	No
In Endangered Status? (Yes when either (E1) or (E2) is Yes)			No
In Seriously Endangered Status? (Yes when BOTH (E1) and (E2) are Yes)			No
Neither Critical Status Nor Endangered Status			
Neither Critical nor Endangered Status?			No

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on the annual standards of the rehabilitation plan. The annual standard for meeting the requirements of the rehabilitation plan is that actuarial projections updated for each year show, based on reasonable assumptions, that under the rehabilitation plan and its schedules (as amended and updated from time to time) the Fund will forestall its possible insolvency prior to 2023. The actuarial projection shown in Exhibit V indicates the Fund is projected to remain solvent until 2025. The actuarial assumptions and methods used for this projection are as described in Exhibit VI.B.

Actuarial Status Certification under IRC Section 432

Exhibit II Summary of Actuarial Valuation Projections

The actuarial factors as of January 1, 2021 (based on projections from the January 1, 2020 valuation certificate):

I. Financial Information			
1.	Market value of assets		\$10,409,440,502
2.	Actuarial value of assets		9,792,370,217
3.	Reasonably anticipated contributions		
a.	Upcoming year		600,191,837
b.	Present value for the next five years		2,682,187,842
c.	Present value for the next seven years		3,580,826,305
4.	Projected benefit payments		2,864,321,328
5.	Projected administrative expenses (beginning of year)		41,750,441
II. Liabilities			
1.	Present value of vested benefits for active participants		\$8,926,497,326
2.	Present value of vested benefits for non-active participants		48,122,465,438
3.	Total unit credit accrued liability		57,431,642,826
4.	Present value of payments	Benefit Payments	Administrative Expenses
a.	Next five years	\$13,665,886,592	\$206,857,347
b.	Next seven years	18,749,373,807	287,942,255
			Total
			\$13,872,743,939
			19,037,316,062
5.	Unit credit normal cost plus expenses		637,205,882
6.	Ratio of inactive participants to active participants		6.62
III.	Funded Percentage (I.2)/(II.3)		17.0%
IV. Funding Standard Account			
1.	Funding deficiency as of the end of prior year		(\$20,663,273,497)
2.	Years to projected funding deficiency		0
V.	Years to Projected Insolvency*		5

* The year of projected insolvency is 2025.

Actuarial Status Certification under IRC Section 432

Exhibit III Funding Standard Account Projections

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

	Year Beginning January 1,					
	2020	2021	2022	2023	2024	2025
1. Funding deficiency (BOY)	(\$17,527,412,260)	(\$20,663,273,497)	(\$23,812,982,814)	(\$27,089,416,605)	(\$30,626,777,767)	(\$33,680,362,401)
2. Interest on (1)	(350,548,245)	(413,265,470)	(476,259,656)	(541,788,332)	(612,535,555)	(673,607,248)
3. Normal cost	607,067,409	595,455,441	602,684,780	579,831,479	555,943,182	533,661,970
4. Administrative expenses	44,718,482	41,750,441	42,505,702	42,913,270	43,669,293	44,419,988
5. Net amortization charges	2,734,432,463	2,639,889,806	2,673,571,632	2,869,720,049	2,332,330,022	2,513,695,218
6. Interest on (3), (4) and (5)	67,724,367	65,541,914	66,375,243	69,849,296	58,638,850	61,835,544
7. Expected contributions	662,009,633	600,191,837	579,171,507	561,129,964	544,091,354	528,970,610
8. Interest on (7)	<u>6,608,277</u>	<u>6,001,918</u>	<u>5,791,715</u>	<u>5,611,300</u>	<u>5,440,914</u>	<u>5,289,706</u>
9. Funding deficiency (EOY): (1) + (2) - (3) - (4) - (5) - (6) + (7) + (8)	(\$20,663,273,497)	(\$23,812,982,814)	(\$27,089,416,605)	(\$30,626,777,767)	(\$33,680,362,401)	(\$36,973,322,053)
	2026	2027				
1. Funding deficiency (BOY)	(\$36,973,322,053)	(\$40,245,828,070)				
2. Interest on (1)	(739,466,441)	(804,916,561)				
3. Normal cost	512,386,396	490,448,577				
4. Administrative expenses	44,837,487	45,580,541				
5. Net amortization charges	2,434,989,917	2,317,183,125				
6. Interest on (3), (4) and (5)	59,844,277	57,064,245				
7. Expected contributions	513,879,704	497,875,497				
8. Interest on (7)	<u>5,138,797</u>	<u>4,978,755</u>				
9. Funding deficiency (EOY): (1) + (2) - (3) - (4) - (5) - (6) + (7) + (8)	(\$40,245,828,070)	(\$43,458,166,867)				

Actuarial Status Certification under IRC Section 432

Exhibit IV

Funding Standard Account – Projected Bases Assumed Established after January 1, 2020

Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Experience Gain	01/01/2021	(\$374,661,986)	15	(\$28,586,516)
Experience Gain	01/01/2022	(310,522,825)	15	(23,692,731)
Experience Gain	01/01/2023	(102,401,933)	15	(7,813,215)
Experience Gain	01/01/2024	(207,726,904)	15	(15,849,455)
Experience Gain	01/01/2025	(19,987,000)	15	(1,524,998)

Actuarial Status Certification under IRC Section 432

Exhibit V Solvency Projections

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

	Year Beginning January 1,					
	2020	2021	2022	2023	2024	2025
1. Market Value at beginning of year	\$12,309,907,060	\$10,409,440,502	\$8,257,652,150	\$6,054,385,289	\$3,798,536,202	\$1,485,526,641
2. Contributions	496,512,748	496,072,419	479,175,597	463,592,510	449,029,712	435,281,421
3. Withdrawal liability payments	164,314,959	105,000,000	105,000,000	105,000,000	105,000,000	105,000,000
4. Benefit payments	2,842,184,040	2,864,322,250	2,869,326,338	2,872,821,213	2,874,181,018	2,873,892,786
5. Administrative expenses	42,241,636	42,200,000	42,963,393	43,375,350	44,139,514	44,898,292
6. Interest earnings	<u>323,131,411</u>	<u>153,661,479</u>	<u>124,847,273</u>	<u>91,754,965</u>	<u>51,281,260</u>	<u>0</u>
7. Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	\$10,409,440,502	\$8,257,652,150	\$6,054,385,289	\$3,798,536,202	\$1,485,526,641	Insolvent
8. Available resources: (1)+(2)+(3)-(5)+(6)	\$13,251,624,542	\$11,121,974,400	\$8,923,711,627	\$6,671,357,415	\$4,359,707,659	\$1,980,909,770

Actuarial Status Certification under IRC Section 432

Exhibit VI

Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the January 1, 2020 actuarial valuation certificate, dated September 14, 2020, 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, 2020 were based on formal commitments by the collective bargaining parties settled before January 1, 2021 based on preliminary census data as of December 31, 2020.
Asset Information:	<p>The financial information as of December 31, 2020 was based on an unaudited financial statement provided by the Fund's Manager, General Accounting. Employer contributions for Funding Standard Account purposes were adjusted for changes in YRCW Contribution Deferral Agreement balances, based on information received from the Fund Office.</p> <p>For projections after that date, the assumed administrative expenses were projected to be \$42.2 million for the 2021 Plan Year, based on information from the Fund Office, increasing 2.0% per year for the non-PBGC premium portion of assumed expenses, plus the expected PBGC premium increasing 2.0% per year and adjusted by the percent change in the number of Plan participants each year. Benefit payments were projected based on the January 1, 2020 actuarial valuation. The projected net investment return was assumed to be 2.0% of the average market value of assets beginning with the 2021 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.</p>
Projected Industry Activity:	<p>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, 2020 actuarial valuation, the number of active participants is assumed to decline by 11.37% during the 2020 Plan Year (based on preliminary census data as of December 31, 2020) and by 4.98% during the 2021 Plan Year and each year thereafter. The number of employment units (weeks, days, and hours worked) is assumed to match the assumptions in the January 1, 2020 actuarial valuation.</p> <p>In addition to projections of industry activity directly linked to the level of ongoing employment, the Fund Office also anticipates that withdrawal liability payments will be \$105 million per year for the next 10 years.</p>

Actuarial Status Certification under IRC Section 432

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. Demographic profiles for new entrants were developed based on actual experience for new active participants who entered the Plan in the 2017-2019 Plan Years. Detailed descriptions of the new entrant profiles can be found in the report titled: Review of Demographic Plan Experience for Five-Year Period from January 1, 2015 Through December 31, 2019, dated September 14, 2020.

B. Assumptions for Insolvency Projections

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

- Year-by-year expected investment returns are determined on a geometric basis and reflect the Plan's asset allocation, which has shifted towards short-term and liquid assets as the Plan approaches insolvency ("glide-path" asset allocation). More details on the calculation of these expected investment returns are included in the January 1, 2020 Actuarial Valuation Report. The assumed rates of return are 1.66%, 1.76%, 1.88%, 1.96%, and 2.08% for the five years from 2021 through the projected year of insolvency.
- For participants under the Primary Schedule based on the January 1, 2020 valuation, the projection recognizes annual contribution rate increases equivalent to 4% per year (per the Rehabilitation Plan) to a maximum of \$348 per week for each participant covered by the National Master Automobile Transporters Agreement and \$342 per week for all other participants. YRCW is assumed to remain on the Distressed Employer Schedule with no additional future contribution rate increases other than those already reported. For participants under the Default Schedule based on the January 1, 2020 valuation, the projection recognizes annual contribution rate increases of 4%.
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Actuarial Status Certification under IRC Section 432

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6035146v5/10346.006

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	01/01/1993	\$69,176,408	2	\$34,930,661
Plan Amendment	01/01/1994	80,256,655	3	27,283,696
Change in Assumptions	01/01/1995	56,825,956	4	14,631,221
Plan Amendment	01/01/1995	244,790,407	4	63,027,231
Plan Amendment	01/01/1996	101,126,307	5	21,034,113
Plan Amendment	01/01/1997	133,195,281	6	23,312,545
Plan Amendment	01/01/1998	414,229,785	7	62,748,485
Plan Amendment	01/01/1999	456,085,508	8	61,039,354
Plan Amendment	01/01/2000	250,682,278	9	30,110,244
Plan Amendment	01/01/2001	149,464,143	10	16,313,063
Plan Amendment	01/01/2002	132,354,109	11	13,258,501
Plan Amendment	01/01/2003	65,167,214	12	6,041,358
Change in Assumptions	01/01/2003	966,323,471	12	89,583,488
Change in Assumptions	01/01/2006	1,324,311,135	15	101,044,254
Change in Assumptions	01/01/2007	2,203,200,151	16	159,084,283
Plan Amendment	01/01/2009	433,637	3	147,417
Experience Loss	01/01/2009	1,453,453,095	3	494,109,463
Experience Loss	01/01/2011	499,988,473	5	103,996,815
Experience Loss	01/01/2012	761,955,627	6	133,361,517
Change in Assumptions	01/01/2013	227,807,954	7	34,508,875
Experience Loss	01/01/2013	751,553,442	7	113,847,051
Change in Assumptions	01/01/2016	3,099,626,928	10	338,304,611
Change in Assumptions	01/01/2017	1,917,805,929	11	192,115,161
Change in Assumptions	01/01/2018	10,605,398,151	12	983,178,599

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience Loss	01/01/2019	183,925,722	13	15,889,443
Change in Assumptions	01/01/2020	6,006,076,213	14	486,386,008
Total		\$32,155,213,979		\$3,619,287,457

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	01/01/2004	\$171,999,489	13	\$14,859,129
Change in Assumptions	01/01/2004	331,631,865	13	28,649,857
Experience Gain	01/01/2007	57,374,554	1	57,374,554
Plan Amendment	01/01/2008	157,951,803	2	79,757,841
Experience Gain	01/01/2008	315,148,624	2	159,134,454
Plan Amendment	01/01/2010	4,747,841	4	1,222,447
Experience Gain	01/01/2010	1,007,192,713	4	259,326,206
Plan Amendment	01/01/2011	5,184,345	5	1,078,336
Change in Assumptions	01/01/2011	103,573,671	5	21,543,161
Plan Amendment	07/01/2011	250,743,195	5.5	47,644,120
Plan Amendment	01/01/2012	85,286,425	6	14,927,283
Plan Amendment	01/01/2013	16,663,828	7	2,524,275
Plan Amendment	01/01/2014	13,676,139	8	1,830,321
Experience Gain	01/01/2014	790,884,583	8	105,846,564
Change in Assumptions	01/01/2015	4,036,709	9	484,862
Plan Amendment	01/01/2015	9,111,733	9	1,094,439
Experience Gain	01/01/2015	457,511,924	9	54,953,209
Plan Amendment	01/01/2016	23,318,676	10	2,545,086
Experience Gain	01/01/2016	187,223,217	10	20,434,226
Plan Amendment	01/01/2017	9,226,143	11	924,224
Experience Gain	01/01/2017	311,425,777	11	31,196,907
Plan Amendment	01/01/2018	35,838,693	12	3,322,443
Experience Gain	01/01/2018	254,625,237	12	23,605,157
Plan Amendment	01/01/2019	59,417,550	13	5,133,114

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	01/01/2020	64,005,948	14	5,183,350
Experience Gain	01/01/2020	76,752,199	14	6,215,571
Plan Amendment	01/01/2021	57,689,899	15	4,401,709
Experience Gain	01/01/2021	564,730,255	15	43,088,626
Total		\$5,426,973,035		\$998,301,471

**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, 2021 for funding purposes:
Administrative expenses, previously \$45,200,000 payable monthly

Actuarial Status Certification as of January 1, 2022 under IRC Section 432
March 31, 2022

Illustration Supporting Actuarial Certification of Status (Schedule MB, line 4b)

This is to certify that 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, 2022 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, 2021 actuarial valuation, dated September 7, 2021. 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 6.

Segal does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which this certification is based reflects 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. In my opinion, the projections are based on reasonable actuarial estimates, assumptions and methods that offer my best estimate of anticipated experience under the Plan. Furthermore, as required by IRC Section 432(b)(3)(B)(iii), the projected industry activity takes into account information provided by the plan sponsor.



Daniel V. Ciner, MAAA, EA

EA# 20-05773

Title Senior Vice President and Actuary

Email dciner@segalco.com

Certificate Contents

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Actuarial Status Certification under IRC Section 432

Exhibit 1: Status Determination as of January 1, 2022

Status	Condition	Component Result	Final Result
Critical Status:			
1. Initial critical status tests:			
C1.	A funding deficiency is projected in four years?	Yes	Yes
C2. a.	A funding deficiency is projected in five years,	Yes	
b.	and the present value of vested benefits for non-actives is more than present value of vested benefits for actives,	Yes	
c.	and the normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) is greater than contributions for current year?	Yes	Yes
C3. a.	A funding deficiency is projected in five years,	Yes	
b.	and the funded percentage is less than 65%?	Yes	Yes
C4. a.	The funded percentage is less than 65%,	Yes	
b.	and the present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over seven years	Yes	Yes
C5.	The present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over five years?	Yes	Yes
2. Emergence test:			
C6 a.	Was in critical status for the immediately preceding plan year,	Yes	
b.	and either a funding deficiency is projected for the plan year or any of the next nine plan years, without regard to the use of the shortfall method but taking into account any extension of amortization periods under ERISA Section 304(d)(2) or ERISA Section 304 as in effect prior to PPA'06,	Yes	
c.	or insolvency is projected for the current year or any of the 30 succeeding plan years?	Yes	
Plan did NOT emerge?			Yes
3. In Critical Status? (If any of (C1)-(C6) is Yes, then Yes)			Yes

Status	Condition	Component Result	Final Result
4. Determination of critical and declining status:			
C7. a.	In critical status?	Yes	Yes
b.	and either Insolvency is projected within 15 years using assumptions described in Exhibit 6.B?	Yes	Yes
c. or			
1)	The ratio of inactives to actives is at least 2 to 1,	Yes	
2)	and insolvency is projected within 20 years using assumptions described in Exhibit 6.B?	Yes	Yes
d. or			
1)	The funded percentage is less than 80%,	Yes	
2)	and insolvency is projected within 20 years using assumptions described in Exhibit 6.B?	Yes	Yes
In Critical and Declining Status?			Yes
Endangered Status:			
E1. a.	Is not in critical status,	No	
b.	and the funded percentage is less than 80%?	N/A	No
E2. a.	Is not in critical status,	No	
b.	and a funding deficiency is projected in seven years?	N/A	No
In Endangered Status? (Yes when either (E1) or (E2) is Yes)			No
In Seriously Endangered Status? (Yes when BOTH (E1) and (E2) are Yes)			No
Neither Critical Status Nor Endangered Status:			
Neither Critical nor Endangered Status?			No

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on the annual standards of the rehabilitation plan. The annual standard for meeting the requirements of the rehabilitation plan is that actuarial projections updated for each year show, based on reasonable assumptions, that under the rehabilitation plan and its schedules (as amended and updated from time to time) the Fund will forestall its possible insolvency prior to 2023. The actuarial projection shown in Exhibit 5 indicates the Fund is projected to remain solvent until 2025. The actuarial assumptions and methods used for this projection are as described in Exhibit 6.B.

Exhibit 2: Summary of Actuarial Valuation Projections

The actuarial factors as of January 1, 2022 (based on projections from the January 1, 2021 valuation certificate):

1. Financial Information			
a.	Market value of assets		\$8,158,227,818
b.	Actuarial value of assets		8,012,070,196
c.	Reasonably anticipated contributions		
1)	Upcoming year		589,595,451
2)	Present value for the next five years		2,654,181,180
3)	Present value for the next seven years		3,538,580,289
d.	Projected benefit payments		2,856,964,516
e.	Projected administrative expenses (beginning of year)		44,916,352
2. Liabilities			
a.	Present value of vested benefits for active participants		8,194,850,124
b.	Present value of vested benefits for non-active participants		47,489,410,649
c.	Total unit credit accrued liability		56,028,381,290
d.	Present value of payments		
		<u>Benefit Payments</u>	<u>Administrative Expenses</u>
1)	Next five years	\$13,613,457,660	\$223,639,368
2)	Next seven years	18,656,560,177	312,215,699
e.	Unit credit normal cost plus expenses		650,510,144
f.	Ratio of inactive participants to active participants		6.70
3. Funded Percentage (1.b)/(2.c)			14.3%
4. Funding Standard Account			
a.	Funding deficiency as of the end of prior year		(\$23,691,371,098)
b.	Years to projected funding deficiency		0
5. Years to Projected Insolvency*			4

* The year of projected insolvency is 2025.

Exhibit 3: Funding Standard Account Projections

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

	Year Beginning January 1,				
	2021	2022	2023	2024	2025
1. Funding deficiency (BOY)	(\$20,663,273,496)	(\$23,691,371,098)	(\$26,944,573,488)	(\$30,471,663,734)	(\$33,526,224,399)
2. Interest on (1)	(413,265,470)	(473,827,422)	(538,891,470)	(609,433,275)	(670,524,488)
3. Normal cost	554,184,146	605,593,792	593,901,025	578,487,816	560,549,761
4. Administrative expenses	41,750,441	44,916,352	45,735,300	46,552,857	47,365,653
5. Net amortization charges	2,620,985,986	2,658,182,380	2,857,884,652	2,323,982,678	2,508,770,120
6. Interest on (3), (4) and (5)	64,338,412	66,173,850	69,950,419	58,980,467	62,333,711
7. Expected contributions	659,828,567	589,595,451	573,537,248	557,303,394	540,521,341
8. Interest on (7)	<u>6,598,286</u>	<u>5,895,955</u>	<u>5,735,372</u>	<u>5,573,034</u>	<u>5,405,213</u>
9. Funding deficiency (EOY): (1) + (2) - (3) - (4) - (5) - (6) + (7) + (8)	(\$23,691,371,098)	(\$26,944,573,488)	(\$30,471,663,734)	(\$33,526,224,399)	(\$36,829,841,578)

	2026	2027	2028
1. Funding deficiency (BOY)	(\$36,829,841,578)	(\$40,121,015,099)	(\$43,354,901,272)
2. Interest on (1)	(736,596,832)	(802,420,302)	(867,098,025)
3. Normal cost	541,168,237	520,389,220	500,712,054
4. Administrative expenses	48,174,315	48,982,092	49,789,602
5. Net amortization charges	2,433,439,476	2,315,632,689	2,107,052,554
6. Interest on (3), (4) and (5)	60,455,641	57,700,080	53,151,085
7. Expected contributions	523,426,713	506,176,446	489,538,224
8. Interest on (7)	<u>5,234,267</u>	<u>5,061,764</u>	<u>4,895,382</u>
9. Funding deficiency (EOY): (1) + (2) - (3) - (4) - (5) - (6) + (7) + (8)	(\$40,121,015,099)	(\$43,354,901,272)	(\$46,438,270,986)

Exhibit 4: Funding Standard Account — Projected Bases Assumed Established after January 1, 2021
Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Experience Gain	01/01/2022	(\$264,460,061)	15	(\$20,178,166)
Experience Gain	01/01/2023	(55,824,184)	15	(4,259,356)
Experience Gain	01/01/2024	(162,011,619)	15	(12,361,403)
Experience Loss	01/01/2025	24,865,820	15	1,897,249
Experience Loss	01/01/2026	44,229,108	15	3,374,658

Exhibit 5: Solvency Projections

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

	Year Beginning January 1,				
	2021	2022	2023	2024	2025
1. Market Value at beginning of year	\$10,409,440,502	\$8,158,227,818	\$5,869,277,711	\$3,558,633,162	\$1,221,356,987
2. Contributions	502,065,605	486,120,453	468,201,370	451,315,634	436,148,751
3. Withdrawal liability payments	157,762,962	105,000,000	105,000,000	105,000,000	105,000,000
4. Benefit payments	2,835,123,558	2,857,078,716	2,861,621,736	2,862,786,563	2,861,014,874
5. Administrative expenses	45,093,257	45,400,000	46,204,206	47,002,144	47,797,105
6. Interest earnings	<u>(30,824,436)</u>	<u>22,408,156</u>	<u>23,980,023</u>	<u>16,196,898</u>	<u>0</u>
7. Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	\$8,158,227,818	\$5,869,277,711	\$3,558,633,162	\$1,221,356,987	Insolvent
8. Available resources: (1)+(2)+(3)-(5)+(6)	\$10,993,351,376	\$8,726,356,427	\$6,420,254,898	\$4,084,143,550	\$1,714,708,633

Exhibit 6: Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the January 1, 2021 actuarial valuation certificate, dated September 7, 2021, 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, 2021 were based on formal commitments by the collective bargaining parties settled before January 1, 2022 based on information provided by the Fund Office.
Asset Information:	<p>The financial information as of December 31, 2021 was based on an unaudited financial statement provided by the Fund's Manager, General Accounting.</p> <p>For projections after that date, the assumed administrative expenses were projected to be \$45.4 million for the 2022 Plan Year, based on information from the Fund Office, increasing 2.0% per year for the non-PBGC premium portion of assumed expenses, plus the expected PBGC premium increasing 2.0% per year and adjusted by the percent change in the number of Plan participants each year. Benefit payments were projected based on the January 1, 2021 actuarial valuation. The projected net investment return was assumed to be 2.0% of the average market value of assets beginning with the 2022 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.</p>
Projected Industry Activity:	<p>The projected industry activity assumption takes into account information provided by the plan sponsor as required by Internal Revenue Code Section 432, historical and current contribution levels, projections in employment levels, and professional judgment. Based on this information, starting with the number of active participants included in the January 1, 2021 actuarial valuation, the number of active participants is assumed to decline in aggregate during the 2021 Plan year to 46,113 total active participants (13,049 from Yellow Corporation, 4,283 from ArcBest Corporation, and 28,781 from other contributing employers), based on preliminary census data as of December 31, 2021. For the 2022 Plan Year and thereafter, the number of active participants from Yellow Corporation is assumed to decline by 0.59% per year, the number of active participants from ArcBest Corporation is assumed to remain level, and the number of active participants from other contributing employers is assumed to decline by 5.55% per year. The number of employment units (weeks, days, and hours worked) is assumed to match the assumptions in the January 1, 2021 actuarial valuation.</p> <p>In addition to projections of industry activity directly linked to the level of ongoing employment, the Fund Office confirms that for purposes of this actuarial status certification, it is reasonable to retain the assumption for future withdrawal liability payments from the 2021 Actuarial Certification of Plan Status: withdrawal liability payments will be \$105 million per year for the next 10 years.</p>

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. Demographic profiles for new entrants were developed based on actual experience for new active participants who entered the Plan in the 2017-2019 Plan Years. Detailed descriptions of the new entrant profiles can be found in the report titled: Review of Demographic Plan Experience for Five-Year Period from January 1, 2015 Through December 31, 2019, dated September 14, 2020. The assumed contributions are further adjusted to reflect the average future increases until the year of entry.

B. Assumptions for Insolvency Projections

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

- Year-by-year expected investment returns are determined on a geometric basis and reflect the Plan’s asset allocation, which has shifted towards short-term and liquid assets as the Plan approaches insolvency (“glide-path” asset allocation). More details on the calculation of these expected investment returns are included in the January 1, 2021 Actuarial Valuation Report. The assumed rates of return are 0.32%, 0.51%, 0.68%, and 0.89% for the four years from 2022 through the projected year of insolvency.
- For participants under the Primary Schedule based on the January 1, 2021 valuation, the projection recognizes annual contribution rate increases equivalent to 4% per year (per the Rehabilitation Plan) to a maximum of \$348 per week for each participant covered by the National Master Automobile Transporters Agreement and \$342 per week for all other participants. Yellow Corporation is assumed to remain on the Distressed Employer Schedule with no additional future contribution rate increases other than those already reported. For participants under the Default Schedule based on the January 1, 2021 valuation, the projection recognizes annual contribution rate increases of 4%.
- In addition to the assumed population declines for the funding standard account projection, an additional probability of default, bankruptcy and withdrawal (with no withdrawal liability payments) for each year into the future, is included for any employer with greater than 5% of the active population that has a credit rating B-, B3 or lower. The following chart shows the assumed cumulative and annual default rates through the projected year of insolvency, based on the average default trend rates from Moody’s Investors Service and Standard and Poor’s Global Ratings for the credit rating of any such employer:

Year	Cumulative Default Rate	Annual Default Rate
2022	5.53%	5.53%
2023	11.91%	6.76%
2024	17.59%	6.45%
2025	22.06%	5.42%

- Assumptions with respect to future Rehabilitation Plan Withdrawals (RPW) are as follows:
 - For active participants, 20% of withdrawals are due to an RPW.
 - For inactive vested participants who last worked for an employer active as of January 1, 2021, 25% will be subject to a future RPW by the time they commence benefits from the Plan.

Technical issues

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

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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**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

2021

**This Form is Open to Public
Inspection**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

A Name of plan CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND	D Employer Identification Number (EIN) 36-6044243	
E Type of plan: (1) <input checked="" type="checkbox"/> Multiemployer Defined Benefit (2) <input type="checkbox"/> Money Purchase (see instructions)		

1a Enter the valuation date: Month 01 Day 01 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	10,409,440,502
(2) Actuarial value of assets for funding standard account	1b(2)	9,791,415,221
c (1) Accrued liability for plan using immediate gain methods	1c(1)	57,182,929,661
(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)	57,182,929,661
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)	58,623,056,348
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	535,750,392
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	2,866,691,718
(3) Expected plan disbursements for the plan year.....	1d(3)	2,908,891,718

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	08/16/2022
	Signature of actuary	Date
	DANIEL V. CINER, MAAA	2005773
	Type or print name of actuary	Most recent enrollment number
	SEGAL	312-984-8500
	Firm name	Telephone number (including area code)
	101 NORTH WACKER DRIVE, SUITE 500 CHICAGO IL 60606-1724	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

**Schedule MB (Form 5500) 2021
v. 201209**

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	10,409,440,502
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	192,079	34,084,275,398
(2) For terminated vested participants	121,138	15,801,905,005
(3) For active participants:		
(a) Non-vested benefits		336,151,456
(b) Vested benefits		8,400,724,489
(c) Total active	47,378	8,736,875,945
(4) Total	360,595	58,623,056,348
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	17.75%

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	
07/01/2021	502,065,605					
07/01/2021	157,762,962					
			Totals ▶	3(b)	659,828,567	
					3(c)	0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)	157,762,962

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	17.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	D
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	57,689,899
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	2025

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

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

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.43 %
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
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A A
(2) Females	6c(2)	A A
d Valuation liability interest rate	6d	2.00 % 2.00 %
e Expense loading	6e	7.5 % <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	5.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	2.9 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-564,730,255	-43,088,626
3	-57,689,899	-4,401,709

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval..... **8a**

b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule..... Yes No

b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule..... Yes No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?..... Yes No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		<input type="checkbox"/> Yes <input type="checkbox"/> No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)..... **8e**

9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any	9a		20,663,273,496
b Employer's normal cost for plan year as of valuation date.....	9b		595,934,587
c Amortization charges as of valuation date:	Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	32,155,213,979	3,619,287,457
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		497,569,911
e Total charges. Add lines 9a through 9d.....	9e		25,376,065,451
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		659,828,567
	Outstanding balance		
h Amortization credits as of valuation date.....	9h	5,426,973,035	998,301,471
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		26,564,315
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	48,947,198,008	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	44,875,836,546	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		1,684,694,353
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n		23,691,371,098
9o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.).....	10		23,691,371,098
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2021 Schedule MB, Line 3 - Withdrawal Liability Amounts
 Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243/PN 001

Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount
1/4/2021	\$52,920.91	1/5/2021	\$101,231.06	1/12/2021	\$10,186.93	1/20/2021	\$5,951.46	1/25/2021	\$20,111.27
1/4/2021	\$22,838.70	1/5/2021	\$15,000.00	1/12/2021	\$13,472.14	1/20/2021	\$5,553.16	1/25/2021	\$4,191.52
1/4/2021	\$4,318.26	1/6/2021	\$8,899.74	1/12/2021	\$2,836.68	1/20/2021	\$1,790.29	1/25/2021	\$7,400.00
1/4/2021	\$4,856.69	1/6/2021	\$9,358.90	1/12/2021	\$2,940.02	1/20/2021	\$32,205.60	1/25/2021	\$4,021.15
1/4/2021	\$34,368.44	1/6/2021	\$6,100.33	1/12/2021	\$1,616.61	1/20/2021	\$49,976.85	1/25/2021	\$1,154.77
1/4/2021	\$1,278.49	1/7/2021	\$3,910.10	1/12/2021	\$1,352.01	1/21/2021	\$1,352.21	1/25/2021	\$25,872.89
1/4/2021	\$5,114.91	1/7/2021	\$4,868.98	1/12/2021	\$2,370.49	1/21/2021	\$175,199.80	1/26/2021	\$1,525.94
1/4/2021	\$7,284.73	1/7/2021	\$19,650.02	1/12/2021	\$12,123.16	1/21/2021	\$1,928.12	1/26/2021	\$3,571,816.52
1/4/2021	\$187,500.48	1/7/2021	\$7,399.82	1/12/2021	\$1,896.53	1/21/2021	\$46,440.51	1/26/2021	\$43,223.19
1/4/2021	\$412,946.74	1/7/2021	\$459.95	1/12/2021	\$857.50	1/21/2021	\$71.76	1/26/2021	\$12,477.57
1/4/2021	\$2,823.80	1/7/2021	\$3,625.20	1/13/2021	\$4,887.11	1/21/2021	\$2,823.80	1/26/2021	\$2,285.85
1/4/2021	\$6,330.61	1/7/2021	\$2,086.69	1/13/2021	\$1,182.88	1/21/2021	\$63,065.91	1/26/2021	\$5,934.90
1/4/2021	\$49,895.00	1/7/2021	\$573.42	1/14/2021	\$991.77	1/21/2021	\$39,833.71	1/26/2021	\$24,589.74
1/4/2021	\$1,591.76	1/7/2021	\$11,299.29	1/14/2021	\$4,027.19	1/21/2021	\$7,907.33	1/26/2021	\$15,451.41
1/4/2021	\$47,900.74	1/7/2021	\$1,665.87	1/14/2021	\$2,652.46	1/21/2021	\$3,591.70	1/27/2021	\$3,638.53
1/4/2021	\$384,607.82	1/8/2021	\$2,201.42	1/14/2021	\$6,577.54	1/21/2021	\$1,556.27	1/27/2021	\$63,363.66
1/4/2021	\$4,591.92	1/8/2021	\$15,706.07	1/14/2021	\$52,705.32	1/21/2021	\$4,670.80	1/27/2021	\$630.03
1/4/2021	\$39,833.71	1/11/2021	\$2,871.70	1/14/2021	\$2,704.00	1/21/2021	\$8,614.62	1/27/2021	\$1,088.50
1/4/2021	\$3,591.70	1/11/2021	\$953.43	1/14/2021	\$28,730.00	1/22/2021	\$1,349.00	1/27/2021	\$4,205.09
1/4/2021	\$4,671.09	1/11/2021	\$2,810.66	1/14/2021	\$129,219.30	1/22/2021	\$13,803.97	1/27/2021	\$2,327.06
1/4/2021	\$36,027.14	1/11/2021	\$11,420.96	1/15/2021	\$503.45	1/22/2021	\$19,559.47	1/27/2021	\$1,852.42
1/4/2021	\$1,150.45	1/11/2021	\$233.89	1/15/2021	\$38,930.70	1/22/2021	\$14,486.06	1/27/2021	\$920.07
1/4/2021	\$1,556.27	1/11/2021	\$3,082.51	1/15/2021	\$3,832.85	1/22/2021	\$704.61	1/27/2021	\$4,684.26
1/4/2021	\$18,191.18	1/11/2021	\$1,136.85	1/15/2021	\$5,683.80	1/22/2021	\$22,042.21	1/27/2021	\$1,900.48
1/4/2021	\$111,409.84	1/11/2021	\$1,162.67	1/19/2021	\$15,701.14	1/22/2021	\$7,446.85	1/27/2021	\$5,749.98
1/4/2021	\$27,098.54	1/11/2021	\$1,062.37	1/19/2021	\$843.56	1/22/2021	\$1,339.10	1/27/2021	\$76,320.61
1/4/2021	\$4,631.94	1/11/2021	\$2,869.00	1/19/2021	\$7,022.71	1/22/2021	\$2,063.07	1/27/2021	\$1,791.36
1/5/2021	\$1,317.53	1/11/2021	\$1,500.50	1/19/2021	\$3,000.00	1/22/2021	\$4,772.25	1/27/2021	\$10,093.59
1/5/2021	\$30,346.74	1/11/2021	\$19,149.16	1/19/2021	\$30,367.30	1/22/2021	\$7,164.41	1/27/2021	\$7,836.24
1/5/2021	\$890.74	1/11/2021	\$10,158.82	1/19/2021	\$1,480.64	1/25/2021	\$12,675.79	1/28/2021	\$22,838.70
1/5/2021	\$6,615.42	1/11/2021	\$949.61	1/20/2021	\$2,781.92	1/25/2021	\$2,620.85	1/28/2021	\$46,440.51
1/5/2021	\$7,957.34	1/11/2021	\$691.75	1/20/2021	\$31,066.12	1/25/2021	\$131,940.55	1/28/2021	\$1,040.12
1/5/2021	\$135,544.64	1/11/2021	\$1,165.30	1/20/2021	\$40,673.97	1/25/2021	\$2,316.81	1/28/2021	\$2,385.91
1/5/2021	\$703,421.11	1/11/2021	\$6,366.64	1/20/2021	\$27,795.20	1/25/2021	\$3,384.00	1/28/2021	\$4,810.82
1/5/2021	\$40,721.83	1/12/2021	\$50,732.83	1/20/2021	\$36,204.80	1/25/2021	\$1,288.63	1/28/2021	\$10,047.47
1/5/2021	\$5,749.98	1/12/2021	\$4,254.38	1/20/2021	\$14,216.37	1/25/2021	\$3,915.46	1/28/2021	\$7,442.93
1/5/2021	\$2,220.26	1/12/2021	\$691.46	1/20/2021	\$3,576.48	1/25/2021	\$38,495.86	1/28/2021	\$52,444.45
1/5/2021	\$714.02	1/12/2021	\$2,316.56	1/20/2021	\$17,395.31	1/25/2021	\$6,767.70	1/28/2021	\$9,520.50

2021 Schedule MB, Line 3 - Withdrawal Liability Amounts
 Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243/PN 001

Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount
1/28/2021	\$42,041.04	2/1/2021	\$46,911.53	2/2/2021	\$2,430.57	2/8/2021	\$4,887.11	2/12/2021	\$3,000.00
1/28/2021	\$4,491.31	2/1/2021	\$1,305.70	2/2/2021	\$8,135.69	2/8/2021	\$6,100.33	2/12/2021	\$4,772.25
1/29/2021	\$1,109.30	2/1/2021	\$703,421.11	2/2/2021	\$9,301.05	2/8/2021	\$2,836.68	2/12/2021	\$7,164.41
1/29/2021	\$13,811.75	2/1/2021	\$47,900.74	2/2/2021	\$30,367.30	2/8/2021	\$1,062.37	2/12/2021	\$857.50
1/29/2021	\$158,019.00	2/1/2021	\$384,607.82	2/2/2021	\$877.55	2/8/2021	\$2,869.00	2/16/2021	\$31,772.00
1/29/2021	\$42,212.04	2/1/2021	\$664.08	2/3/2021	\$8,430.06	2/8/2021	\$19,650.02	2/16/2021	\$3,380.00
1/29/2021	\$50,736.80	2/1/2021	\$36,027.14	2/3/2021	\$1,162.67	2/8/2021	\$9,573.58	2/16/2021	\$3,832.85
1/29/2021	\$12,722.59	2/1/2021	\$31,809.54	2/3/2021	\$2,086.69	2/8/2021	\$2,370.49	2/16/2021	\$5,683.80
1/29/2021	\$1,540.76	2/1/2021	\$763.16	2/3/2021	\$15,000.00	2/8/2021	\$10,158.82	2/17/2021	\$691.46
1/29/2021	\$951.56	2/1/2021	\$14,339.90	2/4/2021	\$445.60	2/8/2021	\$27,098.54	2/17/2021	\$950.04
1/29/2021	\$15,172.30	2/1/2021	\$258,520.31	2/4/2021	\$30,346.74	2/8/2021	\$1,896.53	2/17/2021	\$38,930.71
1/29/2021	\$7,772.14	2/1/2021	\$11,299.29	2/4/2021	\$503.45	2/9/2021	\$1,352.21	2/17/2021	\$6,577.54
1/29/2021	\$1,053.45	2/1/2021	\$18,191.18	2/4/2021	\$135,544.64	2/9/2021	\$953.43	2/18/2021	\$2,316.56
1/29/2021	\$355,434.79	2/1/2021	\$111,409.84	2/4/2021	\$6,330.61	2/9/2021	\$4,027.19	2/18/2021	\$2,652.46
1/29/2021	\$109,399.15	2/1/2021	\$12,501.01	2/4/2021	\$2,846.06	2/9/2021	\$3,082.51	2/18/2021	\$63,065.91
1/29/2021	\$28,584.21	2/1/2021	\$938.91	2/4/2021	\$7,022.71	2/9/2021	\$1,136.85	2/18/2021	\$5,934.90
1/29/2021	\$9,490.95	2/1/2021	\$7,429.38	2/4/2021	\$2,940.02	2/9/2021	\$1,500.50	2/18/2021	\$4,670.80
1/29/2021	\$55,540.80	2/1/2021	\$1,790.29	2/4/2021	\$18,084.44	2/10/2021	\$2,781.92	2/19/2021	\$100,000.00
1/29/2021	\$333,406.74	2/1/2021	\$20,586.43	2/4/2021	\$7,399.82	2/10/2021	\$2,201.42	2/19/2021	\$2,810.66
1/29/2021	\$347,529.18	2/1/2021	\$4,631.94	2/4/2021	\$1,352.01	2/10/2021	\$9,358.90	2/19/2021	\$27,795.20
1/29/2021	\$1,149,839.36	2/2/2021	\$39,576.83	2/4/2021	\$40,721.83	2/10/2021	\$1,182.88	2/19/2021	\$36,204.80
1/29/2021	\$1,225,935.44	2/2/2021	\$1,317.53	2/4/2021	\$3,625.20	2/10/2021	\$233.89	2/19/2021	\$1,288.63
2/1/2021	\$11,448.02	2/2/2021	\$52,920.91	2/4/2021	\$3,748.25	2/10/2021	\$1,616.61	2/19/2021	\$3,177.12
2/1/2021	\$916.91	2/2/2021	\$1,640.33	2/4/2021	\$6,981.17	2/10/2021	\$19,149.16	2/19/2021	\$12,477.57
2/1/2021	\$2,029.26	2/2/2021	\$2,223.28	2/4/2021	\$23,691.90	2/11/2021	\$991.77	2/19/2021	\$12,123.16
2/1/2021	\$1,126.91	2/2/2021	\$6,615.42	2/4/2021	\$4,671.09	2/11/2021	\$4,254.38	2/19/2021	\$5,553.16
2/1/2021	\$29,467.58	2/2/2021	\$2,521.76	2/4/2021	\$691.75	2/11/2021	\$1,928.12	2/19/2021	\$28,128.00
2/1/2021	\$890.74	2/2/2021	\$7,957.34	2/4/2021	\$1,150.45	2/11/2021	\$2,823.80	2/19/2021	\$49,976.85
2/1/2021	\$4,318.26	2/2/2021	\$85,969.56	2/4/2021	\$1,482.95	2/11/2021	\$949.61	2/19/2021	\$8,614.62
2/1/2021	\$1,123.54	2/2/2021	\$3,552.05	2/5/2021	\$50,732.83	2/11/2021	\$101,231.06	2/22/2021	\$3,638.53
2/1/2021	\$4,856.69	2/2/2021	\$200,000.00	2/5/2021	\$459.95	2/11/2021	\$3,244.21	2/22/2021	\$2,321.48
2/1/2021	\$34,368.44	2/2/2021	\$4,093.05	2/5/2021	\$714.07	2/11/2021	\$2,063.07	2/22/2021	\$31,066.12
2/1/2021	\$1,278.49	2/2/2021	\$1,915.51	2/5/2021	\$573.42	2/11/2021	\$1,480.64	2/22/2021	\$40,673.97
2/1/2021	\$5,114.91	2/2/2021	\$4,591.92	2/5/2021	\$1,665.87	2/12/2021	\$13,803.97	2/22/2021	\$843.56
2/1/2021	\$7,284.73	2/2/2021	\$106,213.62	2/8/2021	\$8,899.74	2/12/2021	\$15,706.07	2/22/2021	\$14,216.37
2/1/2021	\$10,341.85	2/2/2021	\$2,220.26	2/8/2021	\$2,871.70	2/12/2021	\$263.35	2/22/2021	\$4,810.82
2/1/2021	\$13,592.63	2/2/2021	\$65,000.00	2/8/2021	\$3,910.10	2/12/2021	\$52,705.32	2/22/2021	\$39,833.71
2/1/2021	\$412,946.74	2/2/2021	\$8,904.61	2/8/2021	\$4,868.98	2/12/2021	\$20,111.27	2/22/2021	\$7,907.33

2021 Schedule MB, Line 3 - Withdrawal Liability Amounts
 Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243/PN 001

Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount
2/22/2021	\$32,205.60	2/25/2021	\$42,041.04	3/1/2021	\$22,838.70	3/2/2021	\$1,088.50	3/4/2021	\$1,665.87
2/22/2021	\$15,451.41	2/25/2021	\$6,366.64	3/1/2021	\$4,318.26	3/2/2021	\$6,615.42	3/5/2021	\$953.43
2/23/2021	\$11,448.02	2/25/2021	\$25,872.89	3/1/2021	\$4,856.69	3/2/2021	\$1,278.49	3/5/2021	\$9,358.90
2/23/2021	\$3,589.88	2/26/2021	\$1,349.00	3/1/2021	\$34,368.44	3/2/2021	\$2,327.07	3/5/2021	\$15,706.07
2/23/2021	\$2,316.81	2/26/2021	\$630.03	3/1/2021	\$11,420.96	3/2/2021	\$1,852.42	3/5/2021	\$7,022.71
2/23/2021	\$3,384.00	2/26/2021	\$42,212.04	3/1/2021	\$11,420.96	3/2/2021	\$920.07	3/5/2021	\$459.95
2/23/2021	\$4,205.09	2/26/2021	\$50,736.80	3/1/2021	\$5,114.91	3/2/2021	\$85,969.56	3/5/2021	\$3,625.20
2/23/2021	\$14,486.06	2/26/2021	\$12,722.59	3/1/2021	\$7,284.73	3/2/2021	\$4,591.92	3/5/2021	\$2,220.26
2/23/2021	\$1,525.94	2/26/2021	\$19,559.47	3/1/2021	\$1,162.67	3/2/2021	\$43,223.19	3/5/2021	\$714.07
2/23/2021	\$4,191.52	2/26/2021	\$4,684.26	3/1/2021	\$46,911.53	3/2/2021	\$1,482.95	3/5/2021	\$5,960.22
2/23/2021	\$7,400.00	2/26/2021	\$1,540.76	3/1/2021	\$1,591.76	3/2/2021	\$30,367.30	3/5/2021	\$573.42
2/23/2021	\$1,556.27	2/26/2021	\$951.56	3/1/2021	\$703,421.11	3/2/2021	\$1,791.36	3/8/2021	\$50,732.83
2/23/2021	\$9,301.05	2/26/2021	\$7,772.14	3/1/2021	\$47,900.74	3/2/2021	\$938.91	3/8/2021	\$2,871.70
2/23/2021	\$1,790.29	2/26/2021	\$1,053.45	3/1/2021	\$384,607.82	3/2/2021	\$877.55	3/8/2021	\$2,201.42
2/24/2021	\$29,467.58	2/26/2021	\$17,395.31	3/1/2021	\$22,042.21	3/2/2021	\$4,491.31	3/8/2021	\$1,182.88
2/24/2021	\$131,940.55	2/26/2021	\$355,434.79	3/1/2021	\$38,585.10	3/3/2021	\$3,910.10	3/8/2021	\$2,836.68
2/24/2021	\$1,123.53	2/26/2021	\$109,399.15	3/1/2021	\$10,047.47	3/3/2021	\$1,305.70	3/8/2021	\$1,136.85
2/24/2021	\$412,946.74	2/26/2021	\$28,584.21	3/1/2021	\$6,767.70	3/3/2021	\$40,721.83	3/8/2021	\$1,062.37
2/24/2021	\$1,900.48	2/26/2021	\$9,520.50	3/1/2021	\$19,149.16	3/3/2021	\$8,904.61	3/8/2021	\$19,650.02
2/24/2021	\$3,552.05	2/26/2021	\$8,135.69	3/1/2021	\$25,000.00	3/3/2021	\$4,671.09	3/8/2021	\$1,500.50
2/24/2021	\$7,446.85	2/26/2021	\$76,320.61	3/1/2021	\$664.08	3/3/2021	\$1,150.45	3/8/2021	\$1,915.51
2/24/2021	\$3,591.70	2/26/2021	\$12,501.01	3/1/2021	\$36,027.14	3/3/2021	\$15,000.00	3/8/2021	\$9,573.58
2/24/2021	\$6,981.17	2/26/2021	\$333,406.74	3/1/2021	\$31,809.54	3/4/2021	\$503.45	3/8/2021	\$2,370.49
2/24/2021	\$4,021.15	2/26/2021	\$347,529.18	3/1/2021	\$9,490.95	3/4/2021	\$2,521.76	3/8/2021	\$2,430.57
2/24/2021	\$7,429.38	2/26/2021	\$1,149,839.36	3/1/2021	\$55,540.80	3/4/2021	\$6,100.33	3/8/2021	\$27,098.54
2/25/2021	\$2,620.85	2/26/2021	\$1,225,935.44	3/1/2021	\$763.16	3/4/2021	\$10,186.93	3/8/2021	\$1,896.53
2/25/2021	\$63,363.66	3/1/2021	\$445.60	3/1/2021	\$14,339.90	3/4/2021	\$13,472.14	3/9/2021	\$4,868.98
2/25/2021	\$162,630.92	3/1/2021	\$12,675.79	3/1/2021	\$258,520.31	3/4/2021	\$135,544.64	3/9/2021	\$2,869.00
2/25/2021	\$1,040.12	3/1/2021	\$15,701.14	3/1/2021	\$11,299.29	3/4/2021	\$6,330.61	3/9/2021	\$20,111.27
2/25/2021	\$2,385.91	3/1/2021	\$1,317.53	3/1/2021	\$18,191.18	3/4/2021	\$2,846.06	3/9/2021	\$10,158.82
2/25/2021	\$7,957.34	3/1/2021	\$916.91	3/1/2021	\$111,409.84	3/4/2021	\$2,940.02	3/9/2021	\$949.61
2/25/2021	\$3,915.46	3/1/2021	\$2,029.26	3/1/2021	\$24,589.74	3/4/2021	\$18,084.44	3/9/2021	\$3,000.00
2/25/2021	\$38,495.86	3/1/2021	\$1,109.30	3/1/2021	\$20,586.43	3/4/2021	\$7,399.82	3/9/2021	\$101,231.06
2/25/2021	\$7,442.93	3/1/2021	\$1,126.91	3/1/2021	\$4,631.94	3/4/2021	\$4,093.05	3/9/2021	\$1,480.64
2/25/2021	\$5,749.98	3/1/2021	\$52,920.91	3/1/2021	\$7,836.24	3/4/2021	\$3,748.25	3/10/2021	\$2,316.56
2/25/2021	\$1,154.77	3/1/2021	\$1,640.33	3/2/2021	\$1,352.21	3/4/2021	\$23,691.90	3/10/2021	\$233.89
2/25/2021	\$3,244.21	3/1/2021	\$890.74	3/2/2021	\$39,576.83	3/4/2021	\$2,086.69	3/10/2021	\$3,082.51
2/25/2021	\$10,093.59	3/1/2021	\$2,223.28	3/2/2021	\$30,346.74	3/4/2021	\$691.75	3/10/2021	\$1,616.61

2021 Schedule MB, Line 3 - Withdrawal Liability Amounts
 Central States, Southeast and Southwest Areas Pension Plan

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Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount
3/10/2021	\$5,683.80	3/18/2021	\$1,123.54	3/24/2021	\$3,591.70	3/29/2021	\$3,638.53	3/31/2021	\$2,846.06
3/11/2021	\$8,899.74	3/18/2021	\$11,420.96	3/24/2021	\$7,400.00	3/29/2021	\$3,910.10	3/31/2021	\$18,084.44
3/11/2021	\$46,440.51	3/18/2021	\$63.43	3/24/2021	\$4,021.15	3/29/2021	\$1,126.91	3/31/2021	\$17,395.31
3/11/2021	\$4,887.11	3/18/2021	\$1,288.63	3/24/2021	\$5,934.90	3/29/2021	\$29,467.58	3/31/2021	\$4,093.05
3/11/2021	\$13,979.35	3/18/2021	\$63,065.91	3/24/2021	\$1,556.27	3/29/2021	\$1,640.33	3/31/2021	\$1,915.51
3/11/2021	\$6,577.54	3/18/2021	\$3,576.48	3/24/2021	\$9,301.05	3/29/2021	\$2,223.28	3/31/2021	\$16,862.23
3/11/2021	\$697.59	3/18/2021	\$7,442.93	3/24/2021	\$1,790.29	3/29/2021	\$10,186.93	3/31/2021	\$3,625.20
3/11/2021	\$697.59	3/18/2021	\$12,477.57	3/24/2021	\$15,451.41	3/29/2021	\$13,472.14	3/31/2021	\$7,710.57
3/11/2021	\$1,339.10	3/18/2021	\$32,205.60	3/24/2021	\$1,165.30	3/29/2021	\$2,823.80	3/31/2021	\$12,474.08
3/12/2021	\$4,254.38	3/18/2021	\$49,976.85	3/25/2021	\$101,400.00	3/29/2021	\$1,645.08	3/31/2021	\$25,000.00
3/12/2021	\$4,027.19	3/19/2021	\$27,795.20	3/25/2021	\$30,346.74	3/29/2021	\$704.61	3/31/2021	\$109,399.15
3/12/2021	\$52,705.32	3/19/2021	\$36,204.80	3/25/2021	\$63,363.66	3/29/2021	\$22,042.21	3/31/2021	\$28,584.21
3/12/2021	\$4,670.80	3/19/2021	\$13,803.97	3/25/2021	\$81,137.97	3/29/2021	\$6,767.70	3/31/2021	\$23,691.90
3/12/2021	\$2,063.07	3/19/2021	\$19,559.47	3/25/2021	\$950.04	3/29/2021	\$664.08	3/31/2021	\$8,135.69
3/12/2021	\$4,772.25	3/19/2021	\$39,833.71	3/25/2021	\$49,895.00	3/29/2021	\$697.59	3/31/2021	\$14,339.90
3/12/2021	\$7,164.41	3/19/2021	\$6,366.64	3/25/2021	\$30,344.60	3/30/2021	\$6,615.42	3/31/2021	\$2,285.85
3/15/2021	\$15,701.14	3/22/2021	\$31,066.12	3/25/2021	\$1,162.67	3/30/2021	\$2,016.74	3/31/2021	\$877.55
3/15/2021	\$991.77	3/22/2021	\$2,316.81	3/25/2021	\$3,915.46	3/30/2021	\$1,540.76	3/31/2021	\$20,586.43
3/15/2021	\$100,000.00	3/22/2021	\$3,384.00	3/25/2021	\$38,495.86	3/30/2021	\$7,957.34	3/31/2021	\$1,149,839.36
3/15/2021	\$2,727.29	3/22/2021	\$40,673.97	3/25/2021	\$5,749.98	3/30/2021	\$6,330.61	3/31/2021	\$1,225,935.44
3/15/2021	\$1,352.01	3/22/2021	\$2,327.06	3/25/2021	\$1,154.77	3/30/2021	\$1,305.70	4/1/2021	\$87.96
3/15/2021	\$1,339.10	3/22/2021	\$1,852.42	3/25/2021	\$10,093.59	3/30/2021	\$10,047.47	4/1/2021	\$916.91
3/15/2021	\$23,660.00	3/22/2021	\$920.07	3/25/2021	\$7,836.24	3/30/2021	\$355,434.79	4/1/2021	\$2,029.26
3/15/2021	\$2,704.00	3/22/2021	\$14,216.37	3/26/2021	\$8,430.06	3/30/2021	\$40,721.83	4/1/2021	\$516,273.84
3/15/2021	\$3,832.85	3/22/2021	\$4,810.82	3/26/2021	\$22,838.70	3/30/2021	\$43,223.19	4/1/2021	\$52,920.91
3/16/2021	\$2,781.92	3/22/2021	\$7,907.33	3/26/2021	\$630.03	3/30/2021	\$8,904.61	4/1/2021	\$4,318.26
3/16/2021	\$704.61	3/22/2021	\$25,872.89	3/26/2021	\$13,096.89	3/30/2021	\$2,430.57	4/1/2021	\$1,088.50
3/17/2021	\$1,928.12	3/23/2021	\$11,448.02	3/26/2021	\$7,772.14	3/30/2021	\$31,809.54	4/1/2021	\$4,856.69
3/17/2021	\$691.46	3/23/2021	\$953.43	3/26/2021	\$1,053.45	3/30/2021	\$1,482.92	4/1/2021	\$34,368.44
3/17/2021	\$843.56	3/23/2021	\$4,684.26	3/26/2021	\$1,418.04	3/30/2021	\$938.91	4/1/2021	\$1,278.49
3/17/2021	\$2,652.46	3/23/2021	\$4,191.52	3/26/2021	\$9,520.50	3/30/2021	\$4,491.31	4/1/2021	\$5,114.91
3/17/2021	\$38,930.71	3/24/2021	\$1,349.00	3/26/2021	\$76,320.61	3/31/2021	\$1,109.30	4/1/2021	\$7,284.73
3/17/2021	\$3,177.12	3/24/2021	\$131,940.55	3/26/2021	\$1,791.36	3/31/2021	\$4,848.54	4/1/2021	\$1,040.12
3/17/2021	\$5,553.16	3/24/2021	\$4,205.09	3/26/2021	\$42,041.04	3/31/2021	\$42,212.04	4/1/2021	\$2,385.91
3/17/2021	\$2,285.85	3/24/2021	\$14,486.06	3/29/2021	\$445.60	3/31/2021	\$50,736.80	4/1/2021	\$412,946.74
3/17/2021	\$7,429.38	3/24/2021	\$1,900.48	3/29/2021	\$12,675.79	3/31/2021	\$12,722.59	4/1/2021	\$46,911.53
3/17/2021	\$24,589.74	3/24/2021	\$3,552.05	3/29/2021	\$39,576.83	3/31/2021	\$85,969.56	4/1/2021	\$1,591.76
3/17/2021	\$1,714.20	3/24/2021	\$7,446.85	3/29/2021	\$1,317.53	3/31/2021	\$951.56	4/1/2021	\$7,022.71

2021 Schedule MB, Line 3 - Withdrawal Liability Amounts
 Central States, Southeast and Southwest Areas Pension Plan

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Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount
4/1/2021	\$1,500.50	4/8/2021	\$50,732.83	4/13/2021	\$1,714.20	4/20/2021	\$32,205.60	4/26/2021	\$7,400.00
4/1/2021	\$703,421.11	4/8/2021	\$2,316.81	4/14/2021	\$233.89	4/20/2021	\$49,976.85	4/26/2021	\$4,021.15
4/1/2021	\$47,900.74	4/8/2021	\$3,384.00	4/14/2021	\$3,082.51	4/20/2021	\$5,683.80	4/26/2021	\$1,154.77
4/1/2021	\$384,607.82	4/8/2021	\$135,544.64	4/14/2021	\$1,288.63	4/21/2021	\$38,930.71	4/26/2021	\$24,589.74
4/1/2021	\$92,370.42	4/8/2021	\$459.95	4/14/2021	\$52,705.32	4/21/2021	\$39,833.71	4/26/2021	\$10,093.59
4/1/2021	\$714.07	4/8/2021	\$1,352.01	4/14/2021	\$5,553.16	4/21/2021	\$7,907.33	4/26/2021	\$15,451.41
4/1/2021	\$6,981.17	4/8/2021	\$101,231.06	4/14/2021	\$4,670.80	4/21/2021	\$7,446.85	4/27/2021	\$39,576.83
4/1/2021	\$2,086.69	4/9/2021	\$9,358.90	4/14/2021	\$2,704.00	4/21/2021	\$2,285.85	4/27/2021	\$30,346.74
4/1/2021	\$36,027.14	4/9/2021	\$503.45	4/14/2021	\$25,688.00	4/21/2021	\$7,836.24	4/27/2021	\$1,349.00
4/1/2021	\$9,490.95	4/9/2021	\$2,316.56	4/15/2021	\$607,000.00	4/21/2021	\$1,480.64	4/27/2021	\$630.03
4/1/2021	\$55,540.80	4/9/2021	\$1,182.88	4/15/2021	\$27,254.71	4/22/2021	\$8,899.74	4/27/2021	\$3,552.05
4/1/2021	\$763.16	4/9/2021	\$1,616.61	4/15/2021	\$26,677.79	4/22/2021	\$27,795.20	4/27/2021	\$22,042.21
4/1/2021	\$258,520.31	4/9/2021	\$1,150.45	4/15/2021	\$263.26	4/22/2021	\$36,204.80	4/27/2021	\$43,223.19
4/1/2021	\$11,299.29	4/9/2021	\$573.42	4/15/2021	\$6,577.54	4/22/2021	\$14,486.06	4/27/2021	\$8,904.61
4/1/2021	\$18,191.18	4/12/2021	\$991.77	4/15/2021	\$12,477.57	4/22/2021	\$1,162.67	4/27/2021	\$5,934.90
4/1/2021	\$111,409.84	4/12/2021	\$2,201.42	4/15/2021	\$3,832.85	4/22/2021	\$7,442.93	4/27/2021	\$1,482.95
4/1/2021	\$30,367.30	4/12/2021	\$4,254.38	4/16/2021	\$2,120.38	4/22/2021	\$25,872.89	4/27/2021	\$1,791.36
4/1/2021	\$1,665.87	4/12/2021	\$4,868.98	4/16/2021	\$13,803.97	4/23/2021	\$19,559.47	4/28/2021	\$3,638.53
4/2/2021	\$19,248.03	4/12/2021	\$4,887.11	4/16/2021	\$2,063.07	4/23/2021	\$15,172.30	4/28/2021	\$1,088.50
4/2/2021	\$2,869.00	4/12/2021	\$4,027.19	4/19/2021	\$445.60	4/23/2021	\$3,915.46	4/28/2021	\$1,040.12
4/2/2021	\$4,591.92	4/12/2021	\$2,836.68	4/19/2021	\$5,454.58	4/23/2021	\$38,495.86	4/28/2021	\$2,385.91
4/2/2021	\$12,561.01	4/12/2021	\$2,823.80	4/19/2021	\$843.56	4/23/2021	\$2,892.20	4/28/2021	\$1,900.48
4/2/2021	\$333,406.74	4/12/2021	\$19,650.02	4/19/2021	\$2,652.46	4/26/2021	\$1,352.21	4/28/2021	\$1,591.76
4/2/2021	\$347,529.18	4/12/2021	\$7,399.82	4/19/2021	\$63,065.91	4/26/2021	\$12,675.79	4/28/2021	\$9,520.50
4/5/2021	\$1,352.21	4/12/2021	\$2,370.49	4/19/2021	\$1,339.10	4/26/2021	\$11,448.02	4/28/2021	\$42,041.04
4/5/2021	\$8,430.06	4/12/2021	\$3,748.25	4/19/2021	\$6,366.64	4/26/2021	\$15,701.14	4/29/2021	\$22,838.70
4/5/2021	\$2,521.76	4/12/2021	\$3,000.00	4/20/2021	\$2,781.92	4/26/2021	\$2,871.70	4/29/2021	\$6,100.33
4/5/2021	\$6,100.33	4/12/2021	\$1,556.27	4/20/2021	\$31,066.12	4/26/2021	\$63,363.66	4/29/2021	\$7,957.34
4/5/2021	\$19,149.16	4/12/2021	\$4,772.25	4/20/2021	\$953.43	4/26/2021	\$131,940.55	4/29/2021	\$10,186.93
4/5/2021	\$6,947.83	4/12/2021	\$7,164.41	4/20/2021	\$1,928.12	4/26/2021	\$81,137.97	4/29/2021	\$13,472.14
4/5/2021	\$2,220.26	4/13/2021	\$2,810.66	4/20/2021	\$691.46	4/26/2021	\$4,205.09	4/29/2021	\$7,399.82
4/5/2021	\$4,671.09	4/13/2021	\$2,940.02	4/20/2021	\$40,673.97	4/26/2021	\$4,684.26	4/29/2021	\$16,862.23
4/5/2021	\$691.75	4/13/2021	\$9,573.58	4/20/2021	\$1,123.54	4/26/2021	\$3,051.88	4/29/2021	\$3,748.25
4/5/2021	\$15,000.00	4/13/2021	\$20,111.27	4/20/2021	\$14,216.37	4/26/2021	\$4,810.82	4/29/2021	\$938.91
4/5/2021	\$27,098.54	4/13/2021	\$949.61	4/20/2021	\$3,177.12	4/26/2021	\$3,576.48	4/29/2021	\$3,244.21
4/5/2021	\$4,631.94	4/13/2021	\$12,123.16	4/20/2021	\$1,418.04	4/26/2021	\$10,047.47	4/29/2021	\$7,429.38
4/6/2021	\$1,062.37	4/13/2021	\$9,301.05	4/20/2021	\$12,501.01	4/26/2021	\$5,749.98	4/29/2021	\$4,491.31
4/7/2021	\$15,706.07	4/13/2021	\$3,244.21	4/20/2021	\$1,790.29	4/26/2021	\$4,191.52	4/30/2021	\$916.91

2021 Schedule MB, Line 3 - Withdrawal Liability Amounts
 Central States, Southeast and Southwest Areas Pension Plan

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Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount
4/30/2021	\$2,029.26	5/3/2021	\$4,856.69	5/4/2021	\$12,474.08	5/10/2021	\$3,625.20	5/18/2021	\$3,082.51
4/30/2021	\$52,920.91	5/3/2021	\$34,368.44	5/4/2021	\$714.07	5/10/2021	\$1,418.04	5/18/2021	\$2,652.46
4/30/2021	\$4,848.54	5/3/2021	\$5,114.91	5/4/2021	\$4,671.09	5/10/2021	\$32,500.00	5/18/2021	\$5,553.16
4/30/2021	\$42,212.04	5/3/2021	\$7,284.73	5/4/2021	\$691.75	5/11/2021	\$2,781.92	5/19/2021	\$704.61
4/30/2021	\$50,736.80	5/3/2021	\$412,946.74	5/4/2021	\$1,150.45	5/11/2021	\$6,100.33	5/19/2021	\$704.61
4/30/2021	\$12,722.59	5/3/2021	\$85,969.56	5/4/2021	\$3,000.00	5/11/2021	\$1,182.88	5/19/2021	\$2,370.49
4/30/2021	\$2,327.06	5/3/2021	\$6,330.61	5/4/2021	\$573.42	5/11/2021	\$2,940.02	5/19/2021	\$723.05
4/30/2021	\$1,852.42	5/3/2021	\$1,062.37	5/4/2021	\$30,367.30	5/11/2021	\$20,111.27	5/19/2021	\$32,205.60
4/30/2021	\$920.07	5/3/2021	\$7,022.71	5/4/2021	\$1,665.87	5/11/2021	\$949.61	5/19/2021	\$49,976.85
4/30/2021	\$1,540.76	5/3/2021	\$703,421.11	5/4/2021	\$4,631.94	5/11/2021	\$1,556.27	5/20/2021	\$31,066.12
4/30/2021	\$951.56	5/3/2021	\$384,607.82	5/5/2021	\$8,430.06	5/11/2021	\$27,098.54	5/20/2021	\$40,673.97
4/30/2021	\$46,911.53	5/3/2021	\$9,573.58	5/5/2021	\$503.45	5/11/2021	\$1,765.92	5/20/2021	\$27,795.20
4/30/2021	\$7,772.14	5/3/2021	\$4,591.92	5/5/2021	\$697.59	5/12/2021	\$233.89	5/20/2021	\$36,204.80
4/30/2021	\$1,305.70	5/3/2021	\$6,767.70	5/6/2021	\$2,201.42	5/12/2021	\$4,211,831.16	5/20/2021	\$14,216.37
4/30/2021	\$1,053.45	5/3/2021	\$19,149.16	5/6/2021	\$890.74	5/12/2021	\$2,063.07	5/20/2021	\$63,065.91
4/30/2021	\$47,900.74	5/3/2021	\$25,000.00	5/6/2021	\$11,420.96	5/12/2021	\$4,772.25	5/20/2021	\$1,915.51
4/30/2021	\$17,395.31	5/3/2021	\$3,591.70	5/6/2021	\$1,500.50	5/12/2021	\$7,164.41	5/20/2021	\$3,177.12
4/30/2021	\$4,093.05	5/3/2021	\$6,981.17	5/6/2021	\$18,084.44	5/12/2021	\$2,704.00	5/20/2021	\$12,477.57
4/30/2021	\$355,434.79	5/3/2021	\$2,430.57	5/6/2021	\$1,352.01	5/12/2021	\$22,308.00	5/21/2021	\$15,701.14
4/30/2021	\$40,721.83	5/3/2021	\$2,086.69	5/6/2021	\$2,220.26	5/13/2021	\$991.77	5/21/2021	\$13,803.97
4/30/2021	\$109,399.15	5/3/2021	\$36,027.14	5/6/2021	\$23,691.90	5/13/2021	\$4,254.38	5/21/2021	\$19,559.47
4/30/2021	\$28,584.21	5/3/2021	\$31,809.54	5/7/2021	\$1,109.30	5/13/2021	\$163.35	5/21/2021	\$843.56
4/30/2021	\$664.08	5/3/2021	\$9,490.95	5/7/2021	\$9,358.90	5/13/2021	\$6,577.54	5/21/2021	\$38,930.71
4/30/2021	\$8,135.69	5/3/2021	\$55,540.80	5/7/2021	\$15,706.07	5/13/2021	\$2,571.30	5/21/2021	\$39,833.71
4/30/2021	\$763.16	5/3/2021	\$14,339.90	5/7/2021	\$13,096.89	5/13/2021	\$5,683.80	5/21/2021	\$7,907.33
4/30/2021	\$258,520.31	5/3/2021	\$18,191.18	5/7/2021	\$135,544.64	5/14/2021	\$52,705.32	5/21/2021	\$7,446.85
4/30/2021	\$11,299.29	5/3/2021	\$111,409.84	5/7/2021	\$2,869.00	5/14/2021	\$7,442.93	5/24/2021	\$131,940.55
4/30/2021	\$76,320.61	5/3/2021	\$877.55	5/7/2021	\$101,231.06	5/14/2021	\$12,521.01	5/24/2021	\$81,137.97
4/30/2021	\$333,406.74	5/4/2021	\$19,248.03	5/10/2021	\$50,732.83	5/14/2021	\$1,896.53	5/24/2021	\$2,727.29
4/30/2021	\$347,529.18	5/4/2021	\$3,910.10	5/10/2021	\$1,928.12	5/17/2021	\$2,871.70	5/24/2021	\$1,525.93
4/30/2021	\$20,586.43	5/4/2021	\$1,126.91	5/10/2021	\$890.74	5/17/2021	\$2,316.81	5/24/2021	\$1,288.63
4/30/2021	\$1,149,839.36	5/4/2021	\$3,589.88	5/10/2021	\$4,868.98	5/17/2021	\$3,384.00	5/24/2021	\$4,810.82
4/30/2021	\$1,225,935.44	5/4/2021	\$6,615.42	5/10/2021	\$2,521.76	5/17/2021	\$4,027.19	5/24/2021	\$3,576.48
5/3/2021	\$1,317.53	5/4/2021	\$1,278.49	5/10/2021	\$4,887.11	5/17/2021	\$3,832.85	5/24/2021	\$4,021.15
5/3/2021	\$29,467.58	5/4/2021	\$950.04	5/10/2021	\$2,316.56	5/17/2021	\$1,480.64	5/24/2021	\$9,301.05
5/3/2021	\$1,640.33	5/4/2021	\$2,846.06	5/10/2021	\$2,836.68	5/18/2021	\$2,810.66	5/24/2021	\$25,872.89
5/3/2021	\$2,223.28	5/4/2021	\$1,616.61	5/10/2021	\$19,650.02	5/18/2021	\$2,810.66	5/25/2021	\$63,363.66
5/3/2021	\$4,318.26	5/4/2021	\$7,710.57	5/10/2021	\$459.95	5/18/2021	\$691.46	5/25/2021	\$14,486.06

2021 Schedule MB, Line 3 - Withdrawal Liability Amounts
 Central States, Southeast and Southwest Areas Pension Plan

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Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount
5/25/2021	\$950.04	5/27/2021	\$3,244.21	6/1/2021	\$5,114.91	6/2/2021	\$877.55	6/7/2021	\$18,084.44
5/25/2021	\$3,552.05	5/27/2021	\$10,093.59	6/1/2021	\$7,284.73	6/2/2021	\$4,631.94	6/7/2021	\$459.95
5/25/2021	\$3,915.46	5/27/2021	\$4,491.31	6/1/2021	\$85,969.56	6/3/2021	\$1,352.21	6/7/2021	\$714.07
5/25/2021	\$38,495.86	5/28/2021	\$4,848.54	6/1/2021	\$1,053.45	6/3/2021	\$8,430.06	6/7/2021	\$6,981.17
5/25/2021	\$38,640.21	5/28/2021	\$42,212.04	6/1/2021	\$703,421.11	6/3/2021	\$2,223.28	6/7/2021	\$23,691.90
5/25/2021	\$1,915.51	5/28/2021	\$50,736.80	6/1/2021	\$384,607.82	6/3/2021	\$1,088.50	6/7/2021	\$1,791.36
5/25/2021	\$19,149.16	5/28/2021	\$12,722.59	6/1/2021	\$4,591.92	6/3/2021	\$7,957.34	6/7/2021	\$6,366.64
5/25/2021	\$3,591.70	5/28/2021	\$1,540.76	6/1/2021	\$25,000.00	6/3/2021	\$10,186.93	6/8/2021	\$50,732.83
5/25/2021	\$43,223.19	5/28/2021	\$951.56	6/1/2021	\$2,443.05	6/3/2021	\$13,472.14	6/8/2021	\$2,871.70
5/25/2021	\$8,904.61	5/28/2021	\$15,172.30	6/1/2021	\$12,123.16	6/3/2021	\$40,721.83	6/8/2021	\$9,358.90
5/25/2021	\$7,400.00	5/28/2021	\$46,911.53	6/1/2021	\$12,123.16	6/3/2021	\$2,220.26	6/8/2021	\$233.89
5/25/2021	\$12,123.16	5/28/2021	\$7,772.14	6/1/2021	\$664.08	6/3/2021	\$3,748.25	6/8/2021	\$135,544.64
5/25/2021	\$2,285.85	5/28/2021	\$17,395.31	6/1/2021	\$36,027.14	6/3/2021	\$2,430.57	6/8/2021	\$2,869.00
5/25/2021	\$5,934.90	5/28/2021	\$10,047.47	6/1/2021	\$31,809.54	6/3/2021	\$32,500.00	6/8/2021	\$2,940.02
5/25/2021	\$1,154.77	5/28/2021	\$355,434.79	6/1/2021	\$9,490.95	6/3/2021	\$573.42	6/8/2021	\$7,399.82
5/25/2021	\$24,589.74	5/28/2021	\$6,767.70	6/1/2021	\$55,540.80	6/4/2021	\$39,576.83	6/8/2021	\$1,339.10
5/25/2021	\$1,790.29	5/28/2021	\$109,399.15	6/1/2021	\$763.16	6/4/2021	\$890.74	6/8/2021	\$27,098.54
5/26/2021	\$11,448.02	5/28/2021	\$28,584.21	6/1/2021	\$14,339.90	6/4/2021	\$11,420.96	6/9/2021	\$953.43
5/26/2021	\$3,638.53	5/28/2021	\$9,520.50	6/1/2021	\$258,520.31	6/4/2021	\$13,096.89	6/9/2021	\$2,810.66
5/26/2021	\$1,123.54	5/28/2021	\$76,320.61	6/1/2021	\$11,299.29	6/4/2021	\$2,846.06	6/9/2021	\$503.45
5/26/2021	\$4,205.09	5/28/2021	\$42,041.04	6/1/2021	\$18,191.18	6/4/2021	\$5,951.46	6/9/2021	\$1,352.01
5/26/2021	\$412,946.74	5/28/2021	\$333,406.74	6/1/2021	\$111,409.84	6/4/2021	\$1,150.45	6/9/2021	\$949.61
5/26/2021	\$16,862.23	5/28/2021	\$347,529.18	6/1/2021	\$30,367.30	6/4/2021	\$1,665.87	6/9/2021	\$691.75
5/26/2021	\$7,710.57	5/28/2021	\$1,149,839.36	6/1/2021	\$938.91	6/7/2021	\$2,781.92	6/10/2021	\$4,042.30
5/26/2021	\$12,474.08	5/28/2021	\$1,225,935.44	6/1/2021	\$20,586.43	6/7/2021	\$2,201.42	6/10/2021	\$163.34
5/26/2021	\$7,429.38	6/1/2021	\$445.60	6/1/2021	\$115,835.08	6/7/2021	\$4,868.98	6/10/2021	\$1,182.88
5/26/2021	\$4,670.80	6/1/2021	\$916.91	6/2/2021	\$12,675.79	6/7/2021	\$15,706.07	6/10/2021	\$6,577.54
5/26/2021	\$7,836.24	6/1/2021	\$2,029.26	6/2/2021	\$19,248.03	6/7/2021	\$2,521.76	6/10/2021	\$3,000.00
5/26/2021	\$2,153,551.46	6/1/2021	\$1,349.00	6/2/2021	\$1,317.53	6/7/2021	\$2,327.06	6/11/2021	\$991.77
5/27/2021	\$30,346.74	6/1/2021	\$1,126.91	6/2/2021	\$3,910.10	6/7/2021	\$1,852.42	6/11/2021	\$1,109.30
5/27/2021	\$22,838.70	6/1/2021	\$49,750.00	6/2/2021	\$1,278.49	6/7/2021	\$920.07	6/11/2021	\$4,254.38
5/27/2021	\$630.03	6/1/2021	\$29,467.58	6/2/2021	\$4,684.26	6/7/2021	\$2,836.68	6/11/2021	\$4,887.11
5/27/2021	\$4,866.91	6/1/2021	\$1,640.33	6/2/2021	\$1,900.48	6/7/2021	\$6,330.61	6/11/2021	\$3,082.51
5/27/2021	\$1,040.12	6/1/2021	\$4,318.26	6/2/2021	\$1,591.76	6/7/2021	\$1,162.67	6/11/2021	\$1,500.50
5/27/2021	\$2,385.91	6/1/2021	\$140,137.81	6/2/2021	\$4,093.05	6/7/2021	\$1,062.37	6/11/2021	\$697.59
5/27/2021	\$5,749.98	6/1/2021	\$6,615.42	6/2/2021	\$9,573.58	6/7/2021	\$19,650.02	6/11/2021	\$2,063.07
5/27/2021	\$4,191.52	6/1/2021	\$4,856.69	6/2/2021	\$4,671.09	6/7/2021	\$7,022.71	6/14/2021	\$2,316.81
5/27/2021	\$1,482.95	6/1/2021	\$34,368.44	6/2/2021	\$8,135.69	6/7/2021	\$1,616.61	6/14/2021	\$3,384.00

2021 Schedule MB, Line 3 - Withdrawal Liability Amounts
 Central States, Southeast and Southwest Areas Pension Plan

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Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount
6/14/2021	\$52,705.32	6/18/2021	\$2,370.49	6/24/2021	\$5,749.98	6/30/2021	\$18,084.44	7/1/2021	\$920.07
6/14/2021	\$2,086.69	6/21/2021	\$11,448.02	6/24/2021	\$4,021.15	6/30/2021	\$17,395.31	7/1/2021	\$7,284.73
6/14/2021	\$723.05	6/21/2021	\$31,066.12	6/24/2021	\$2,285.85	6/30/2021	\$10,047.47	7/1/2021	\$1,040.12
6/14/2021	\$1,339.10	6/21/2021	\$40,673.97	6/25/2021	\$63,363.66	6/30/2021	\$355,434.79	7/1/2021	\$2,385.91
6/14/2021	\$1,896.53	6/21/2021	\$27,795.20	6/25/2021	\$630.03	6/30/2021	\$16,862.23	7/1/2021	\$7,957.34
6/14/2021	\$2,776,388.72	6/21/2021	\$36,204.80	6/25/2021	\$1,162.67	6/30/2021	\$43,223.19	7/1/2021	\$10,186.93
6/15/2021	\$1,928.12	6/21/2021	\$2,727.29	6/25/2021	\$3,915.46	6/30/2021	\$4,191.52	7/1/2021	\$13,472.14
6/15/2021	\$691.46	6/21/2021	\$63,065.91	6/25/2021	\$1,053.45	6/30/2021	\$109,399.15	7/1/2021	\$85,969.56
6/15/2021	\$4,027.19	6/21/2021	\$3,576.48	6/25/2021	\$1,154.77	6/30/2021	\$28,584.21	7/1/2021	\$1,900.48
6/15/2021	\$13,979.35	6/21/2021	\$704.61	6/25/2021	\$12,501.01	6/30/2021	\$23,691.90	7/1/2021	\$46,911.53
6/15/2021	\$20,111.27	6/21/2021	\$3,643.76	6/25/2021	\$10,093.59	6/30/2021	\$31,809.54	7/1/2021	\$1,591.76
6/15/2021	\$1,418.04	6/21/2021	\$7,907.33	6/28/2021	\$445.60	6/30/2021	\$8,135.69	7/1/2021	\$3,552.05
6/15/2021	\$1,556.27	6/22/2021	\$953.43	6/28/2021	\$3,638.53	6/30/2021	\$1,791.36	7/1/2021	\$2,846.06
6/15/2021	\$9,301.05	6/22/2021	\$2,195,364.78	6/28/2021	\$1,349.00	6/30/2021	\$938.91	7/1/2021	\$7,399.82
6/15/2021	\$1,200,000.00	6/22/2021	\$3,589.88	6/28/2021	\$1,640.33	6/30/2021	\$3,244.21	7/1/2021	\$384,607.82
6/15/2021	\$2,571.30	6/22/2021	\$14,486.06	6/28/2021	\$1,525.94	6/30/2021	\$7,429.38	7/1/2021	\$4,093.05
6/15/2021	\$3,380.00	6/22/2021	\$14,216.37	6/28/2021	\$4,810.82	6/30/2021	\$877.55	7/1/2021	\$7,442.93
6/15/2021	\$23,998.00	6/22/2021	\$25,872.89	6/28/2021	\$700.61	6/30/2021	\$333,406.74	7/1/2021	\$7,710.57
6/15/2021	\$3,832.85	6/22/2021	\$4,772.25	6/28/2021	\$9,573.58	6/30/2021	\$347,529.18	7/1/2021	\$12,474.08
6/16/2021	\$15,701.14	6/22/2021	\$7,164.41	6/28/2021	\$6,767.70	6/30/2021	\$20,586.43	7/1/2021	\$2,220.26
6/16/2021	\$2,810.66	6/23/2021	\$1,352.21	6/28/2021	\$3,591.70	6/30/2021	\$115,835.08	7/1/2021	\$3,748.25
6/16/2021	\$6,100.33	6/23/2021	\$17,799.48	6/28/2021	\$2,430.57	6/30/2021	\$16,200,000.00	7/1/2021	\$8,904.61
6/16/2021	\$2,316.56	6/23/2021	\$1,123.54	6/28/2021	\$42,041.04	6/30/2021	\$1,149,839.36	7/1/2021	\$12,123.16
6/16/2021	\$843.56	6/23/2021	\$4,205.09	6/29/2021	\$12,675.79	6/30/2021	\$1,225,935.44	7/1/2021	\$36,027.14
6/16/2021	\$5,647.60	6/23/2021	\$3,177.12	6/29/2021	\$47,901.00	7/1/2021	\$39,576.83	7/1/2021	\$9,490.95
6/16/2021	\$2,273.70	6/23/2021	\$7,446.85	6/29/2021	\$664.08	7/1/2021	\$916.91	7/1/2021	\$55,540.80
6/16/2021	\$2,652.46	6/23/2021	\$7,400.00	6/29/2021	\$1,482.95	7/1/2021	\$2,029.26	7/1/2021	\$763.16
6/16/2021	\$38,930.71	6/23/2021	\$5,934.90	6/29/2021	\$4,491.31	7/1/2021	\$52,920.91	7/1/2021	\$14,339.90
6/16/2021	\$1,305.70	6/23/2021	\$76,320.61	6/30/2021	\$2,400,000.00	7/1/2021	\$29,467.58	7/1/2021	\$1,150.45
6/17/2021	\$3,170.91	6/23/2021	\$24,589.74	6/30/2021	\$2,223.28	7/1/2021	\$4,318.26	7/1/2021	\$258,520.31
6/17/2021	\$1,288.63	6/23/2021	\$32,205.60	6/30/2021	\$42,212.04	7/1/2021	\$46,440.51	7/1/2021	\$11,299.29
6/17/2021	\$12,477.57	6/23/2021	\$49,976.85	6/30/2021	\$50,736.80	7/1/2021	\$6,615.42	7/1/2021	\$18,191.18
6/17/2021	\$5,553.16	6/24/2021	\$131,940.55	6/30/2021	\$12,722.59	7/1/2021	\$4,856.69	7/1/2021	\$111,409.84
6/17/2021	\$101,231.06	6/24/2021	\$22,838.70	6/30/2021	\$1,540.76	7/1/2021	\$34,368.44	7/1/2021	\$30,367.30
6/17/2021	\$5,683.80	6/24/2021	\$81,137.97	6/30/2021	\$412,946.74	7/1/2021	\$2,016.74	7/1/2021	\$4,670.80
6/18/2021	\$13,803.97	6/24/2021	\$4,684.26	6/30/2021	\$951.56	7/1/2021	\$5,114.91	7/1/2021	\$4,631.94
6/18/2021	\$19,559.47	6/24/2021	\$38,495.86	6/30/2021	\$7,772.14	7/1/2021	\$2,327.06	7/1/2021	\$7,836.24
6/18/2021	\$39,833.71	6/24/2021	\$48,110.31	6/30/2021	\$1,305.70	7/1/2021	\$1,852.42	7/2/2021	\$19,248.03

2021 Schedule MB, Line 3 - Withdrawal Liability Amounts
 Central States, Southeast and Southwest Areas Pension Plan

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Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount
7/2/2021	\$1,278.49	7/7/2021	\$573.42	7/15/2021	\$3,832.85	7/23/2021	\$2,810.66	7/27/2021	\$43,223.19
7/2/2021	\$1,915.51	7/7/2021	\$5,683.80	7/16/2021	\$6,100.33	7/23/2021	\$19,559.47	7/27/2021	\$4,191.52
7/2/2021	\$4,591.92	7/8/2021	\$4,868.98	7/16/2021	\$723.05	7/23/2021	\$3,915.46	7/27/2021	\$5,934.90
7/2/2021	\$25,000.00	7/8/2021	\$1,088.50	7/19/2021	\$15,701.14	7/23/2021	\$38,495.86	7/27/2021	\$1,482.95
7/2/2021	\$6,981.17	7/8/2021	\$4,887.11	7/19/2021	\$2,521.76	7/23/2021	\$3,177.12	7/27/2021	\$7,429.38
7/6/2021	\$8,430.06	7/8/2021	\$135,544.64	7/19/2021	\$4,684.26	7/23/2021	\$1,339.10	7/28/2021	\$2,327.06
7/6/2021	\$1,317.53	7/8/2021	\$691.75	7/19/2021	\$1,182.88	7/23/2021	\$32,205.60	7/28/2021	\$1,852.42
7/6/2021	\$3,910.10	7/9/2021	\$2,871.70	7/19/2021	\$2,652.46	7/23/2021	\$49,976.85	7/28/2021	\$920.07
7/6/2021	\$2,201.42	7/9/2021	\$9,358.90	7/19/2021	\$1,288.63	7/23/2021	\$25,872.89	7/28/2021	\$10,047.47
7/6/2021	\$30,346.74	7/9/2021	\$2,273.70	7/19/2021	\$6,577.54	7/26/2021	\$953.43	7/28/2021	\$16,862.23
7/6/2021	\$1,126.91	7/9/2021	\$2,869.00	7/19/2021	\$12,477.57	7/26/2021	\$63,363.66	7/28/2021	\$9,520.50
7/6/2021	\$503.45	7/9/2021	\$697.59	7/20/2021	\$31,066.12	7/26/2021	\$131,940.55	7/28/2021	\$76,320.61
7/6/2021	\$11,420.96	7/9/2021	\$101,231.06	7/20/2021	\$2,316.81	7/26/2021	\$2,727.29	7/29/2021	\$3,638.53
7/6/2021	\$13,096.89	7/12/2021	\$50,732.83	7/20/2021	\$3,384.00	7/26/2021	\$1,525.94	7/29/2021	\$30,346.74
7/6/2021	\$6,330.61	7/12/2021	\$3,082.51	7/20/2021	\$691.46	7/26/2021	\$4,810.82	7/29/2021	\$22,838.70
7/6/2021	\$49,895.00	7/12/2021	\$703,421.11	7/20/2021	\$40,673.97	7/26/2021	\$6,767.70	7/29/2021	\$6,615.42
7/6/2021	\$7,022.71	7/12/2021	\$582.65	7/20/2021	\$27,795.20	7/26/2021	\$7,442.93	7/29/2021	\$30,842.79
7/6/2021	\$2,940.02	7/12/2021	\$4,772.25	7/20/2021	\$36,204.80	7/26/2021	\$7,400.00	7/29/2021	\$1,915.51
7/6/2021	\$1,500.50	7/12/2021	\$7,164.41	7/20/2021	\$843.56	7/26/2021	\$4,021.15	7/29/2021	\$12,123.16
7/6/2021	\$1,616.61	7/13/2021	\$2,781.92	7/20/2021	\$14,216.37	7/26/2021	\$1,154.77	7/29/2021	\$2,285.85
7/6/2021	\$459.95	7/13/2021	\$991.77	7/20/2021	\$63,065.91	7/26/2021	\$3,244.21	7/29/2021	\$42,041.04
7/6/2021	\$1,352.01	7/13/2021	\$4,254.38	7/20/2021	\$12,501.01	7/26/2021	\$24,589.74	7/29/2021	\$4,491.31
7/6/2021	\$40,721.83	7/13/2021	\$950.04	7/20/2021	\$2,063.07	7/26/2021	\$10,093.59	7/30/2021	\$916.91
7/6/2021	\$19,149.16	7/13/2021	\$20,111.27	7/20/2021	\$1,480.64	7/26/2021	\$7,836.24	7/30/2021	\$2,029.26
7/6/2021	\$714.07	7/13/2021	\$311,840.44	7/20/2021	\$1,480.64	7/27/2021	\$445.60	7/30/2021	\$52,920.91
7/6/2021	\$4,671.09	7/13/2021	\$5,553.16	7/21/2021	\$38,930.71	7/27/2021	\$12,675.79	7/30/2021	\$13,803.97
7/6/2021	\$2,086.69	7/13/2021	\$9,301.05	7/21/2021	\$39,833.71	7/27/2021	\$1,109.30	7/30/2021	\$42,212.04
7/6/2021	\$32,500.00	7/13/2021	\$2,571.30	7/21/2021	\$7,907.33	7/27/2021	\$1,109.30	7/30/2021	\$50,736.80
7/6/2021	\$27,098.54	7/14/2021	\$1,928.12	7/21/2021	\$7,446.85	7/27/2021	\$1,349.00	7/30/2021	\$12,722.59
7/6/2021	\$1,665.87	7/14/2021	\$2,316.56	7/21/2021	\$3,591.70	7/27/2021	\$1,126.91	7/30/2021	\$1,540.76
7/6/2021	\$1,896.53	7/14/2021	\$233.89	7/21/2021	\$949.61	7/27/2021	\$1,025,000.00	7/30/2021	\$1,040.12
7/6/2021	\$6,366.64	7/14/2021	\$52,705.32	7/21/2021	\$4,670.80	7/27/2021	\$630.03	7/30/2021	\$2,385.92
7/7/2021	\$890.74	7/14/2021	\$1,418.04	7/22/2021	\$11,448.02	7/27/2021	\$4,848.54	7/30/2021	\$85,969.56
7/7/2021	\$15,706.07	7/14/2021	\$4,732.00	7/22/2021	\$81,137.97	7/27/2021	\$46,440.51	7/30/2021	\$951.56
7/7/2021	\$19,650.02	7/14/2021	\$676.00	7/22/2021	\$14,486.06	7/27/2021	\$1,123.54	7/30/2021	\$1,900.48
7/7/2021	\$3,625.20	7/15/2021	\$4,027.19	7/22/2021	\$1,790.29	7/27/2021	\$4,205.09	7/30/2021	\$46,911.53
7/7/2021	\$2,370.49	7/15/2021	\$163.28	7/23/2021	\$39.28	7/27/2021	\$30,344.60	7/30/2021	\$1,591.76
7/7/2021	\$9,520.50	7/15/2021	\$1,556.27	7/23/2021	\$17,799.48	7/27/2021	\$3,576.48	7/30/2021	\$7,772.14

2021 Schedule MB, Line 3 - Withdrawal Liability Amounts
 Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243/PN 001

Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount
7/30/2021	\$1,305.70	8/2/2021	\$4,591.92	8/5/2021	\$890.74	8/10/2021	\$1,182.88	8/17/2021	\$2,940.02
7/30/2021	\$1,053.45	8/2/2021	\$40,721.83	8/5/2021	\$10,186.93	8/10/2021	\$233.89	8/17/2021	\$3,177.12
7/30/2021	\$47,901.00	8/2/2021	\$7,710.57	8/5/2021	\$13,472.14	8/10/2021	\$1,136.85	8/17/2021	\$7,578.35
7/30/2021	\$17,395.31	8/2/2021	\$12,474.08	8/5/2021	\$2,129.39	8/10/2021	\$19,149.16	8/17/2021	\$12,861.00
7/30/2021	\$355,434.79	8/2/2021	\$25,000.00	8/5/2021	\$1,500.50	8/10/2021	\$20,111.27	8/17/2021	\$2,571.30
7/30/2021	\$109,399.15	8/2/2021	\$5,749.98	8/5/2021	\$459.95	8/10/2021	\$3,000.00	8/18/2021	\$4,027.19
7/30/2021	\$28,584.21	8/2/2021	\$6,981.17	8/5/2021	\$1,352.01	8/10/2021	\$46,182.66	8/18/2021	\$4,684.26
7/30/2021	\$12,893.47	8/2/2021	\$2,430.57	8/5/2021	\$8,904.61	8/10/2021	\$5,683.80	8/18/2021	\$38,930.71
7/30/2021	\$36,027.14	8/2/2021	\$4,671.09	8/5/2021	\$1,177.18	8/11/2021	\$6,330.61	8/18/2021	\$3,915.46
7/30/2021	\$31,809.54	8/2/2021	\$2,086.69	8/5/2021	\$1,177.18	8/12/2021	\$4,254.38	8/19/2021	\$3,589.88
7/30/2021	\$8,135.69	8/2/2021	\$664.08	8/5/2021	\$1,150.45	8/12/2021	\$6,100.33	8/19/2021	\$843.56
7/30/2021	\$763.16	8/2/2021	\$9,490.95	8/5/2021	\$101,675.89	8/12/2021	\$2,316.56	8/19/2021	\$2,652.46
7/30/2021	\$258,520.31	8/2/2021	\$55,540.80	8/5/2021	\$573.42	8/12/2021	\$368.97	8/19/2021	\$19,650.02
7/30/2021	\$11,299.29	8/2/2021	\$14,339.90	8/5/2021	\$1,791.36	8/12/2021	\$3,082.51	8/19/2021	\$3,500.00
7/30/2021	\$877.55	8/2/2021	\$18,191.18	8/5/2021	\$27,098.54	8/12/2021	\$3,748.25	8/19/2021	\$5,553.16
7/30/2021	\$333,406.74	8/2/2021	\$111,409.84	8/5/2021	\$115,835.08	8/12/2021	\$3,000.00	8/19/2021	\$4,670.80
7/30/2021	\$347,529.18	8/2/2021	\$1,665.87	8/6/2021	\$15,706.07	8/12/2021	\$4,772.25	8/20/2021	\$31,066.12
7/30/2021	\$1,149,839.36	8/2/2021	\$20,586.43	8/6/2021	\$2,521.76	8/12/2021	\$7,164.41	8/20/2021	\$2,255.72
7/30/2021	\$1,225,935.44	8/2/2021	\$1,896.53	8/6/2021	\$4,887.11	8/13/2021	\$202.36	8/20/2021	\$40,673.97
7/30/2021	\$35,828.00	8/3/2021	\$19,248.03	8/6/2021	\$135,544.64	8/13/2021	\$52,705.32	8/20/2021	\$27,795.20
8/2/2021	\$1,317.53	8/3/2021	\$39,576.83	8/6/2021	\$2,869.00	8/13/2021	\$1,556.27	8/20/2021	\$36,204.80
8/2/2021	\$29,467.58	8/3/2021	\$1,640.33	8/6/2021	\$703,421.11	8/16/2021	\$300,000.00	8/20/2021	\$19,559.47
8/2/2021	\$2,223.28	8/3/2021	\$1,088.50	8/9/2021	\$1,352.21	8/16/2021	\$50,732.83	8/20/2021	\$14,216.37
8/2/2021	\$4,318.26	8/3/2021	\$1,278.49	8/9/2021	\$2,871.70	8/16/2021	\$1,928.12	8/20/2021	\$63,065.91
8/2/2021	\$4,848.54	8/3/2021	\$7,957.34	8/9/2021	\$3,910.10	8/16/2021	\$2,316.81	8/23/2021	\$8,899.74
8/2/2021	\$4,856.69	8/3/2021	\$2,846.06	8/9/2021	\$2,201.42	8/16/2021	\$3,384.00	8/23/2021	\$2,727.29
8/2/2021	\$34,368.44	8/3/2021	\$7,399.82	8/9/2021	\$9,358.90	8/16/2021	\$1,288.63	8/23/2021	\$39,833.71
8/2/2021	\$2,016.74	8/3/2021	\$2,370.49	8/9/2021	\$4,868.98	8/16/2021	\$6,577.54	8/23/2021	\$7,907.33
8/2/2021	\$5,114.91	8/3/2021	\$30,367.30	8/9/2021	\$2,836.68	8/16/2021	\$25,761.95	8/23/2021	\$12,477.57
8/2/2021	\$7,284.73	8/3/2021	\$6,366.64	8/9/2021	\$704.61	8/16/2021	\$1,418.04	8/23/2021	\$32,205.60
8/2/2021	\$2,836.68	8/3/2021	\$4,631.94	8/9/2021	\$2,220.26	8/16/2021	\$691.75	8/23/2021	\$49,976.85
8/2/2021	\$412,946.74	8/4/2021	\$8,430.06	8/9/2021	\$714.07	8/16/2021	\$2,063.07	8/23/2021	\$25,872.89
8/2/2021	\$1,162.67	8/4/2021	\$503.45	8/9/2021	\$723.05	8/16/2021	\$3,832.85	8/24/2021	\$953.43
8/2/2021	\$7,022.71	8/4/2021	\$3,552.05	8/9/2021	\$697.59	8/17/2021	\$15,701.14	8/24/2021	\$131,940.55
8/2/2021	\$1,616.61	8/4/2021	\$18,084.44	8/9/2021	\$9,301.05	8/17/2021	\$991.77	8/24/2021	\$4,205.09
8/2/2021	\$384,607.82	8/4/2021	\$3,625.20	8/10/2021	\$2,781.92	8/17/2021	\$2,810.66	8/24/2021	\$1,900.08
8/2/2021	\$4,093.05	8/4/2021	\$23,691.90	8/10/2021	\$11,420.96	8/17/2021	\$691.46	8/24/2021	\$5,310.86
8/2/2021	\$9,573.58	8/4/2021	\$32,500.00	8/10/2021	\$13,096.89	8/17/2021	\$2,823.80	8/24/2021	\$4,191.52

2021 Schedule MB, Line 3 - Withdrawal Liability Amounts
 Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243/PN 001

Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount
8/24/2021	\$7,400.00	8/30/2021	\$3,638.53	8/31/2021	\$14,339.90	9/1/2021	\$18,191.18	9/7/2021	\$11,420.96
8/24/2021	\$4,021.15	8/30/2021	\$29,467.58	8/31/2021	\$10,093.59	9/1/2021	\$111,409.84	9/7/2021	\$13,096.89
8/24/2021	\$1,482.95	8/30/2021	\$1,088.50	8/31/2021	\$333,406.74	9/1/2021	\$1,791.36	9/7/2021	\$1,040.12
8/24/2021	\$938.91	8/30/2021	\$2,327.06	8/31/2021	\$347,529.18	9/1/2021	\$1,790.29	9/7/2021	\$2,385.91
8/24/2021	\$3,244.21	8/30/2021	\$1,852.42	8/31/2021	\$20,586.43	9/1/2021	\$115,835.08	9/7/2021	\$10,186.93
8/24/2021	\$6,366.64	8/30/2021	\$920.07	8/31/2021	\$4,491.31	9/2/2021	\$19,248.03	9/7/2021	\$13,472.14
8/25/2021	\$445.60	8/30/2021	\$1,540.76	8/31/2021	\$1,149,839.36	9/2/2021	\$39,576.83	9/7/2021	\$459.95
8/25/2021	\$63,363.66	8/30/2021	\$1,525.94	8/31/2021	\$1,225,935.44	9/2/2021	\$1,317.53	9/7/2021	\$3,625.20
8/25/2021	\$14,486.06	8/30/2021	\$951.56	9/1/2021	\$916.91	9/2/2021	\$6,100.33	9/7/2021	\$3,748.25
8/25/2021	\$38,495.86	8/30/2021	\$1,900.48	9/1/2021	\$2,029.26	9/2/2021	\$7,957.34	9/7/2021	\$714.07
8/25/2021	\$7,446.85	8/30/2021	\$6,330.61	9/1/2021	\$2,223.28	9/2/2021	\$46,911.53	9/7/2021	\$573.42
8/25/2021	\$9,903.14	8/30/2021	\$15,172.30	9/1/2021	\$4,318.26	9/2/2021	\$2,846.06	9/7/2021	\$27,098.54
8/25/2021	\$1,154.77	8/30/2021	\$7,772.14	9/1/2021	\$4,856.69	9/2/2021	\$7,022.71	9/7/2021	\$1,896.53
8/25/2021	\$1,339.10	8/30/2021	\$47,901.00	9/1/2021	\$34,368.44	9/2/2021	\$7,399.82	9/8/2021	\$2,871.70
8/25/2021	\$7,429.38	8/30/2021	\$3,576.48	9/1/2021	\$2,016.74	9/2/2021	\$1,915.51	9/8/2021	\$15,706.07
8/25/2021	\$1,790.29	8/30/2021	\$17,395.31	9/1/2021	\$5,114.91	9/2/2021	\$2,430.57	9/8/2021	\$949.61
8/26/2021	\$30,346.74	8/30/2021	\$6,767.70	9/1/2021	\$7,284.73	9/2/2021	\$12,123.16	9/8/2021	\$9,301.05
8/26/2021	\$1,126.91	8/30/2021	\$19,149.16	9/1/2021	\$412,946.74	9/2/2021	\$1,150.45	9/9/2021	\$2,201.42
8/26/2021	\$22,838.70	8/30/2021	\$664.08	9/1/2021	\$85,969.56	9/2/2021	\$101,231.06	9/9/2021	\$9,358.90
8/26/2021	\$81,137.97	8/30/2021	\$12,893.47	9/1/2021	\$1,305.70	9/2/2021	\$943.02	9/9/2021	\$2,255.72
8/26/2021	\$1,162.67	8/30/2021	\$2,285.85	9/1/2021	\$1,053.45	9/2/2021	\$877.55	9/9/2021	\$233.89
8/26/2021	\$3,552.05	8/30/2021	\$76,320.61	9/1/2021	\$703,421.11	9/3/2021	\$8,430.06	9/9/2021	\$2,849.14
8/26/2021	\$1,616.61	8/30/2021	\$7,836.24	9/1/2021	\$18,084.44	9/3/2021	\$4,848.54	9/9/2021	\$135,544.64
8/26/2021	\$3,591.70	8/31/2021	\$1,352.21	9/1/2021	\$384,607.82	9/3/2021	\$1,278.49	9/9/2021	\$19,650.02
8/26/2021	\$43,223.19	8/31/2021	\$52,920.91	9/1/2021	\$4,093.05	9/3/2021	\$2,521.76	9/9/2021	\$2,370.48
8/26/2021	\$24,589.74	8/31/2021	\$1,640.33	9/1/2021	\$4,591.92	9/3/2021	\$704.61	9/9/2021	\$3,000.00
8/26/2021	\$42,041.04	8/31/2021	\$6,615.42	9/1/2021	\$7,442.93	9/3/2021	\$9,573.58	9/9/2021	\$32,500.00
8/26/2021	\$1,480.64	8/31/2021	\$42,212.04	9/1/2021	\$7,710.57	9/3/2021	\$25,000.00	9/9/2021	\$30,367.30
8/27/2021	\$1,349.00	8/31/2021	\$50,736.80	9/1/2021	\$12,474.08	9/3/2021	\$2,020.51	9/9/2021	\$1,665.87
8/27/2021	\$630.03	8/31/2021	\$1,591.76	9/1/2021	\$23,691.90	9/3/2021	\$2,220.26	9/10/2021	\$1,177.18
8/27/2021	\$1,123.54	8/31/2021	\$10,047.47	9/1/2021	\$36,027.14	9/3/2021	\$8,904.61	9/13/2021	\$50,732.83
8/27/2021	\$13,803.97	8/31/2021	\$355,434.79	9/1/2021	\$8,135.69	9/3/2021	\$9,520.50	9/13/2021	\$4,254.38
8/27/2021	\$12,722.59	8/31/2021	\$40,721.83	9/1/2021	\$9,490.95	9/3/2021	\$4,671.09	9/13/2021	\$503.45
8/27/2021	\$5,749.98	8/31/2021	\$16,862.23	9/1/2021	\$55,540.80	9/3/2021	\$2,086.69	9/13/2021	\$1,136.85
8/27/2021	\$949.61	8/31/2021	\$109,399.15	9/1/2021	\$763.16	9/3/2021	\$4,631.94	9/13/2021	\$1,062.37
8/27/2021	\$12,501.01	8/31/2021	\$28,584.21	9/1/2021	\$258,520.31	9/7/2021	\$3,910.10	9/13/2021	\$1,500.50
8/30/2021	\$12,675.79	8/31/2021	\$1,177.18	9/1/2021	\$5,934.90	9/7/2021	\$890.74	9/13/2021	\$1,352.01
8/30/2021	\$11,448.02	8/31/2021	\$31,809.54	9/1/2021	\$11,299.29	9/7/2021	\$4,868.98	9/13/2021	\$5,951.46

2021 Schedule MB, Line 3 - Withdrawal Liability Amounts
 Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243/PN 001

Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount
9/13/2021	\$2,063.07	9/20/2021	\$36,204.80	9/24/2021	\$7,442.93	9/29/2021	\$3,552.05	9/30/2021	\$1,225,935.44
9/13/2021	\$4,772.25	9/20/2021	\$843.56	9/24/2021	\$3,591.70	9/29/2021	\$2,846.06	10/1/2021	\$916.91
9/13/2021	\$7,164.41	9/20/2021	\$3,915.46	9/24/2021	\$6,981.17	9/29/2021	\$47,901.00	10/1/2021	\$2,029.26
9/14/2021	\$2,781.92	9/20/2021	\$12,477.57	9/24/2021	\$4,021.15	9/29/2021	\$40,721.83	10/1/2021	\$52,920.91
9/14/2021	\$691.46	9/20/2021	\$5,553.16	9/24/2021	\$76,320.61	9/29/2021	\$16,862.23	10/1/2021	\$22,838.70
9/14/2021	\$4,887.11	9/20/2021	\$32,205.60	9/24/2021	\$12,501.01	9/29/2021	\$43,223.19	10/1/2021	\$4,318.26
9/14/2021	\$52,705.32	9/20/2021	\$49,976.85	9/24/2021	\$877.55	9/29/2021	\$2,285.85	10/1/2021	\$1,123.54
9/14/2021	\$20,111.27	9/21/2021	\$1,109.30	9/27/2021	\$8,899.74	9/29/2021	\$10,093.59	10/1/2021	\$4,856.69
9/14/2021	\$102,255.27	9/21/2021	\$1,928.12	9/27/2021	\$11,448.02	9/29/2021	\$1,790.29	10/1/2021	\$34,368.44
9/14/2021	\$4,531.30	9/21/2021	\$40,673.97	9/27/2021	\$953.43	9/29/2021	\$115,835.08	10/1/2021	\$5,114.91
9/14/2021	\$350,000.00	9/21/2021	\$13,979.35	9/27/2021	\$63,363.66	9/30/2021	\$1,109.30	10/1/2021	\$7,284.73
9/14/2021	\$691.75	9/21/2021	\$14,216.37	9/27/2021	\$29,467.58	9/30/2021	\$30,346.74	10/1/2021	\$6,100.33
9/14/2021	\$1,714.20	9/21/2021	\$63,065.91	9/27/2021	\$630.03	9/30/2021	\$1,349.00	10/1/2021	\$412,946.74
9/14/2021	\$5,683.80	9/21/2021	\$3,576.48	9/27/2021	\$1,525.94	9/30/2021	\$46,440.51	10/1/2021	\$2,823.80
9/15/2021	\$991.77	9/21/2021	\$1,321,368.38	9/27/2021	\$6,767.70	9/30/2021	\$6,615.42	10/1/2021	\$1,900.48
9/15/2021	\$2,316.81	9/21/2021	\$39,833.71	9/27/2021	\$2,430.57	9/30/2021	\$42,212.04	10/1/2021	\$1,162.67
9/15/2021	\$3,384.00	9/21/2021	\$7,907.33	9/27/2021	\$7,400.00	9/30/2021	\$50,736.80	10/1/2021	\$46,911.53
9/15/2021	\$178,215.60	9/21/2021	\$1,418.04	9/27/2021	\$1,154.77	9/30/2021	\$12,722.59	10/1/2021	\$1,591.76
9/15/2021	\$3,832.85	9/21/2021	\$697.59	9/27/2021	\$3,244.21	9/30/2021	\$1,540.76	10/1/2021	\$18,084.44
9/16/2021	\$1,182.88	9/21/2021	\$1,791.36	9/27/2021	\$42,041.04	9/30/2021	\$7,957.34	10/1/2021	\$384,607.82
9/16/2021	\$2,869.00	9/21/2021	\$25,872.89	9/28/2021	\$1,352.21	9/30/2021	\$10,186.93	10/1/2021	\$4,591.92
9/17/2021	\$13,803.97	9/22/2021	\$1,385,000.00	9/28/2021	\$1,126.91	9/30/2021	\$13,472.14	10/1/2021	\$7,710.57
9/17/2021	\$19,559.47	9/22/2021	\$2,255.72	9/28/2021	\$2,255.72	9/30/2021	\$951.56	10/1/2021	\$12,474.08
9/17/2021	\$2,316.56	9/22/2021	\$4,027.19	9/28/2021	\$4,205.09	9/30/2021	\$7,772.14	10/1/2021	\$23,691.90
9/17/2021	\$163.35	9/22/2021	\$14,486.06	9/28/2021	\$158,474.06	9/30/2021	\$17,395.31	10/1/2021	\$36,027.14
9/17/2021	\$3,082.51	9/22/2021	\$15,172.30	9/28/2021	\$10,047.47	9/30/2021	\$355,434.79	10/1/2021	\$8,135.69
9/17/2021	\$2,652.46	9/22/2021	\$7,446.85	9/28/2021	\$9,520.50	9/30/2021	\$5,749.98	10/1/2021	\$9,490.95
9/17/2021	\$38,930.71	9/22/2021	\$7,429.38	9/28/2021	\$12,123.16	9/30/2021	\$3,748.25	10/1/2021	\$55,540.80
9/17/2021	\$1,288.63	9/22/2021	\$24,589.74	9/28/2021	\$1,482.95	9/30/2021	\$109,399.15	10/1/2021	\$763.16
9/17/2021	\$2,940.02	9/22/2021	\$1,480.64	9/29/2021	\$12,675.79	9/30/2021	\$28,584.21	10/1/2021	\$14,339.90
9/17/2021	\$6,577.54	9/23/2021	\$81,137.97	9/29/2021	\$39,576.83	9/30/2021	\$664.08	10/1/2021	\$258,520.31
9/17/2021	\$2,000.00	9/23/2021	\$4,684.26	9/29/2021	\$15,701.14	9/30/2021	\$12,893.47	10/1/2021	\$101,231.06
9/17/2021	\$1,556.27	9/23/2021	\$38,495.86	9/29/2021	\$3,638.53	9/30/2021	\$31,809.54	10/1/2021	\$5,934.90
9/17/2021	\$4,670.80	9/23/2021	\$7,836.24	9/29/2021	\$2,223.28	9/30/2021	\$333,406.74	10/1/2021	\$11,299.29
9/20/2021	\$445.60	9/24/2021	\$131,940.55	9/29/2021	\$1,088.50	9/30/2021	\$347,529.18	10/1/2021	\$18,191.18
9/20/2021	\$31,066.12	9/24/2021	\$6,330.61	9/29/2021	\$2,327.06	9/30/2021	\$20,586.43	10/1/2021	\$111,409.84
9/20/2021	\$2,810.66	9/24/2021	\$1,053.45	9/29/2021	\$1,852.42	9/30/2021	\$4,491.31	10/1/2021	\$938.91
9/20/2021	\$27,795.20	9/24/2021	\$704.61	9/29/2021	\$920.07	9/30/2021	\$1,149,839.36	10/4/2021	\$19,248.03

2021 Schedule MB, Line 3 - Withdrawal Liability Amounts
 Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243/PN 001

Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount
10/4/2021	\$1,640.33	10/7/2021	\$1,915.51	10/13/2021	\$233.89	10/20/2021	\$36,204.80	10/26/2021	\$7,400.00
10/4/2021	\$1,278.49	10/7/2021	\$1,177.18	10/13/2021	\$2,086.69	10/20/2021	\$4,684.26	10/26/2021	\$12,123.16
10/4/2021	\$2,016.74	10/8/2021	\$890.74	10/14/2021	\$2,781.92	10/20/2021	\$14,216.37	10/26/2021	\$1,482.95
10/4/2021	\$2,727.29	10/8/2021	\$4,868.98	10/14/2021	\$691.46	10/20/2021	\$38,930.71	10/26/2021	\$12,501.01
10/4/2021	\$1,305.70	10/8/2021	\$15,706.07	10/14/2021	\$34,068.39	10/20/2021	\$3,177.12	10/26/2021	\$32,205.60
10/4/2021	\$4,093.05	10/8/2021	\$2,836.68	10/14/2021	\$2,316.56	10/20/2021	\$1,714.20	10/26/2021	\$49,976.85
10/4/2021	\$9,573.58	10/8/2021	\$135,544.64	10/14/2021	\$63.50	10/21/2021	\$843.56	10/27/2021	\$15,701.14
10/4/2021	\$25,000.00	10/8/2021	\$49,895.00	10/14/2021	\$1,182.88	10/21/2021	\$1,288.63	10/27/2021	\$3,638.53
10/4/2021	\$4,191.52	10/8/2021	\$459.95	10/14/2021	\$2,940.02	10/21/2021	\$39,833.71	10/27/2021	\$1,349.00
10/5/2021	\$8,430.06	10/8/2021	\$1,352.01	10/14/2021	\$52,705.32	10/21/2021	\$7,907.33	10/27/2021	\$630.03
10/5/2021	\$1,317.53	10/8/2021	\$1,150.45	10/14/2021	\$3,625.20	10/21/2021	\$6,981.17	10/27/2021	\$1,040.12
10/5/2021	\$2,521.76	10/8/2021	\$2,988.45	10/14/2021	\$8,904.61	10/21/2021	\$5,553.16	10/27/2021	\$16,862.23
10/5/2021	\$1,900.08	10/12/2021	\$50,732.83	10/14/2021	\$2,411,319.59	10/21/2021	\$2,285.85	10/27/2021	\$5,749.98
10/5/2021	\$7,022.71	10/12/2021	\$991.77	10/14/2021	\$3,000.00	10/21/2021	\$1,339.10	10/27/2021	\$43,223.19
10/5/2021	\$3,177.12	10/12/2021	\$2,871.70	10/14/2021	\$9,301.05	10/21/2021	\$25,872.89	10/27/2021	\$3,244.21
10/5/2021	\$4,671.09	10/12/2021	\$1,928.12	10/14/2021	\$86,643.65	10/22/2021	\$11,448.02	10/27/2021	\$1,790.29
10/5/2021	\$1,339.10	10/12/2021	\$46,440.51	10/14/2021	\$5,683.80	10/22/2021	\$19,559.47	10/27/2021	\$115,835.08
10/5/2021	\$30,367.30	10/12/2021	\$4,887.11	10/15/2021	\$13,803.97	10/22/2021	\$14,486.06	10/28/2021	\$30,346.74
10/5/2021	\$27,098.54	10/12/2021	\$2,823.80	10/15/2021	\$6,577.54	10/22/2021	\$63,065.91	10/28/2021	\$22,838.70
10/5/2021	\$1,896.53	10/12/2021	\$1,136.85	10/15/2021	\$3,832.85	10/22/2021	\$7,446.85	10/28/2021	\$6,615.42
10/6/2021	\$1,040.12	10/12/2021	\$1,062.37	10/18/2021	\$3,589.88	10/22/2021	\$5,000.00	10/28/2021	\$1,123.54
10/6/2021	\$2,385.91	10/12/2021	\$2,869.00	10/18/2021	\$2,255.72	10/22/2021	\$697.59	10/28/2021	\$2,385.91
10/6/2021	\$3,082.51	10/12/2021	\$19,650.02	10/18/2021	\$2,316.81	10/25/2021	\$445.60	10/28/2021	\$9,520.50
10/6/2021	\$85,969.56	10/12/2021	\$1,500.50	10/18/2021	\$3,384.00	10/25/2021	\$8,899.74	10/28/2021	\$5,934.90
10/6/2021	\$19,149.16	10/12/2021	\$1,616.61	10/18/2021	\$2,727.29	10/25/2021	\$2,223.28	10/28/2021	\$7,429.38
10/6/2021	\$714.07	10/12/2021	\$703,421.11	10/18/2021	\$3,915.46	10/25/2021	\$131,940.55	10/28/2021	\$42,041.04
10/6/2021	\$691.75	10/12/2021	\$20,111.27	10/18/2021	\$949.61	10/25/2021	\$81,137.97	10/28/2021	\$4,491.31
10/6/2021	\$32,500.00	10/12/2021	\$2,370.49	10/18/2021	\$12,477.57	10/25/2021	\$38,495.86	10/29/2021	\$1,088.50
10/6/2021	\$573.42	10/12/2021	\$1,418.04	10/18/2021	\$4,670.80	10/25/2021	\$3,576.48	10/29/2021	\$12,722.59
10/6/2021	\$1,556.27	10/12/2021	\$2,220.26	10/18/2021	\$2,063.07	10/25/2021	\$4,021.15	10/29/2021	\$1,540.76
10/6/2021	\$1,665.87	10/12/2021	\$6,981.17	10/18/2021	\$1,480.64	10/25/2021	\$1,154.77	10/29/2021	\$951.56
10/6/2021	\$6,366.64	10/12/2021	\$4,056.75	10/19/2021	\$4,254.38	10/25/2021	\$24,589.74	10/29/2021	\$1,900.48
10/7/2021	\$3,910.10	10/12/2021	\$4,772.25	10/19/2021	\$2,810.66	10/25/2021	\$10,093.59	10/29/2021	\$1,591.76
10/7/2021	\$2,201.42	10/12/2021	\$7,164.41	10/19/2021	\$2,652.46	10/25/2021	\$1,167.76	10/29/2021	\$7,772.14
10/7/2021	\$503.45	10/12/2021	\$4,631.94	10/20/2021	\$31,066.12	10/26/2021	\$12,675.79	10/29/2021	\$1,616.61
10/7/2021	\$11,420.96	10/13/2021	\$9,358.90	10/20/2021	\$63,363.66	10/26/2021	\$4,205.09	10/29/2021	\$1,053.45
10/7/2021	\$13,096.89	10/13/2021	\$820,908.76	10/20/2021	\$40,673.97	10/26/2021	\$6,330.61	10/29/2021	\$17,395.31
10/7/2021	\$7,399.82	10/13/2021	\$4,027.19	10/20/2021	\$27,795.20	10/26/2021	\$3,591.70	10/29/2021	\$10,047.47

2021 Schedule MB, Line 3 - Withdrawal Liability Amounts
 Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243/PN 001

Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount
10/29/2021	\$355,434.79	11/1/2021	\$664.08	11/4/2021	\$135,544.64	11/9/2021	\$20,111.27	11/17/2021	\$4,027.19
10/29/2021	\$40,721.83	11/1/2021	\$36,027.14	11/4/2021	\$2,869.00	11/9/2021	\$691.75	11/17/2021	\$2,823.80
10/29/2021	\$7,442.93	11/1/2021	\$9,490.95	11/4/2021	\$7,399.82	11/9/2021	\$3,000.00	11/17/2021	\$5,330,000.00
10/29/2021	\$4,191.52	11/1/2021	\$55,540.80	11/4/2021	\$1,915.51	11/9/2021	\$1,896.53	11/17/2021	\$5,683.80
10/29/2021	\$31,809.54	11/1/2021	\$763.16	11/4/2021	\$9,573.58	11/10/2021	\$47,254.72	11/18/2021	\$39,576.83
10/29/2021	\$8,135.69	11/1/2021	\$14,339.90	11/4/2021	\$3,748.25	11/10/2021	\$9,358.90	11/18/2021	\$2,810.66
10/29/2021	\$42,113.40	11/1/2021	\$258,520.31	11/4/2021	\$1,150.45	11/10/2021	\$2,316.56	11/18/2021	\$843.56
10/29/2021	\$2,988.45	11/1/2021	\$18,191.18	11/4/2021	\$32,500.00	11/10/2021	\$1,062.37	11/18/2021	\$3,915.46
10/29/2021	\$76,320.61	11/1/2021	\$111,409.84	11/4/2021	\$877.55	11/10/2021	\$1,352.01	11/18/2021	\$6,366.64
10/29/2021	\$1,149,839.36	11/1/2021	\$938.91	11/4/2021	\$4,631.94	11/10/2021	\$4,671.09	11/18/2021	\$4,670.80
10/29/2021	\$1,225,935.44	11/1/2021	\$20,586.43	11/5/2021	\$704.61	11/12/2021	\$8,899.74	11/19/2021	\$1,928.12
11/1/2021	\$1,109.30	11/2/2021	\$1,352.21	11/5/2021	\$25,000.00	11/12/2021	\$991.77	11/19/2021	\$27,795.20
11/1/2021	\$29,467.58	11/2/2021	\$19,248.03	11/5/2021	\$714.07	11/12/2021	\$4,254.38	11/19/2021	\$36,204.80
11/1/2021	\$1,640.33	11/2/2021	\$1,317.53	11/5/2021	\$573.42	11/12/2021	\$6,100.33	11/19/2021	\$19,559.47
11/1/2021	\$4,318.26	11/2/2021	\$46,440.51	11/8/2021	\$916.91	11/12/2021	\$233.89	11/19/2021	\$2,652.46
11/1/2021	\$42,212.04	11/2/2021	\$1,278.49	11/8/2021	\$2,029.26	11/12/2021	\$1,136.85	11/19/2021	\$38,930.71
11/1/2021	\$50,736.80	11/2/2021	\$2,016.74	11/8/2021	\$2,871.70	11/12/2021	\$703,421.11	11/19/2021	\$63,065.91
11/1/2021	\$4,856.69	11/2/2021	\$7,957.34	11/8/2021	\$3,910.10	11/12/2021	\$6,577.54	11/19/2021	\$1,418.04
11/1/2021	\$34,368.44	11/2/2021	\$7,022.71	11/8/2021	\$2,201.42	11/12/2021	\$52,705.32	11/19/2021	\$12,477.57
11/1/2021	\$5,114.91	11/2/2021	\$2,940.02	11/8/2021	\$953.43	11/12/2021	\$3,591.70	11/19/2021	\$27,098.54
11/1/2021	\$2,327.06	11/2/2021	\$4,093.05	11/8/2021	\$15,706.07	11/12/2021	\$2,370.49	11/19/2021	\$32,205.60
11/1/2021	\$1,852.42	11/2/2021	\$19,149.16	11/8/2021	\$11,420.96	11/12/2021	\$949.61	11/19/2021	\$49,976.85
11/1/2021	\$920.07	11/2/2021	\$9,520.50	11/8/2021	\$13,096.89	11/12/2021	\$8,904.61	11/22/2021	\$31,066.12
11/1/2021	\$7,284.73	11/2/2021	\$11,299.29	11/8/2021	\$2,521.76	11/12/2021	\$9,301.05	11/22/2021	\$40,673.97
11/1/2021	\$412,946.74	11/2/2021	\$30,367.30	11/8/2021	\$1,500.50	11/15/2021	\$890.74	11/22/2021	\$14,216.37
11/1/2021	\$85,969.56	11/3/2021	\$8,430.06	11/8/2021	\$18,084.44	11/15/2021	\$2,255.72	11/22/2021	\$39,833.71
11/1/2021	\$15,172.30	11/3/2021	\$1,126.91	11/8/2021	\$459.95	11/15/2021	\$2,316.81	11/22/2021	\$3,625.20
11/1/2021	\$1,162.67	11/3/2021	\$2,823.80	11/8/2021	\$38,697.81	11/15/2021	\$3,384.00	11/22/2021	\$7,907.33
11/1/2021	\$46,911.53	11/3/2021	\$3,552.05	11/8/2021	\$23,691.90	11/15/2021	\$503.45	11/22/2021	\$5,553.16
11/1/2021	\$47,901.00	11/3/2021	\$2,846.06	11/8/2021	\$697.59	11/15/2021	\$2,727.29	11/22/2021	\$1,791.36
11/1/2021	\$384,607.82	11/3/2021	\$1,305.70	11/8/2021	\$101,231.06	11/15/2021	\$3,082.51	11/22/2021	\$1,790.29
11/1/2021	\$4,591.92	11/3/2021	\$2,430.57	11/8/2021	\$1,556.27	11/15/2021	\$1,339.10	11/22/2021	\$25,872.89
11/1/2021	\$6,767.70	11/3/2021	\$333,406.74	11/8/2021	\$7,836.24	11/15/2021	\$2,063.07	11/23/2021	\$1,349.00
11/1/2021	\$7,710.57	11/3/2021	\$347,529.18	11/9/2021	\$4,868.98	11/15/2021	\$4,772.25	11/23/2021	\$4,684.26
11/1/2021	\$12,474.08	11/3/2021	\$1,665.87	11/9/2021	\$4,887.11	11/15/2021	\$7,164.41	11/23/2021	\$14,486.06
11/1/2021	\$109,399.15	11/3/2021	\$6,366.64	11/9/2021	\$268.24	11/15/2021	\$3,832.85	11/23/2021	\$7,446.85
11/1/2021	\$28,584.21	11/4/2021	\$10,186.93	11/9/2021	\$2,836.68	11/16/2021	\$3,177.12	11/23/2021	\$1,482.95
11/1/2021	\$2,086.69	11/4/2021	\$13,472.14	11/9/2021	\$19,650.02	11/16/2021	\$857.10	11/23/2021	\$12,501.01

2021 Schedule MB, Line 3 - Withdrawal Liability Amounts
 Central States, Southeast and Southwest Areas Pension Plan

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Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount
11/23/2021	\$3,244.21	11/29/2021	\$3,859.50	12/1/2021	\$5,114.91	12/2/2021	\$704.61	12/7/2021	\$18,084.44
11/24/2021	\$11,448.02	11/29/2021	\$6,240.80	12/1/2021	\$7,284.73	12/2/2021	\$4,093.05	12/7/2021	\$2,220.26
11/24/2021	\$131,940.55	11/29/2021	\$1,182.88	12/1/2021	\$412,946.74	12/2/2021	\$19,149.16	12/7/2021	\$5,951.46
11/24/2021	\$1,123.54	11/29/2021	\$1,900.48	12/1/2021	\$85,969.56	12/2/2021	\$3,748.25	12/7/2021	\$23,691.90
11/24/2021	\$1,288.63	11/29/2021	\$6,330.61	12/1/2021	\$951.56	12/2/2021	\$43,223.19	12/7/2021	\$2,086.69
11/24/2021	\$4,191.52	11/29/2021	\$3,552.05	12/1/2021	\$5,043.60	12/2/2021	\$12,123.16	12/7/2021	\$27,098.54
11/24/2021	\$4,021.15	11/29/2021	\$47,901.00	12/1/2021	\$46,911.53	12/2/2021	\$664.08	12/8/2021	\$2,871.70
11/24/2021	\$7,429.38	11/29/2021	\$3,576.48	12/1/2021	\$384,607.82	12/2/2021	\$101,231.06	12/8/2021	\$3,910.10
11/24/2021	\$375,000.00	11/29/2021	\$9,573.58	12/1/2021	\$4,290.00	12/2/2021	\$30,367.30	12/8/2021	\$233.89
11/24/2021	\$42,041.04	11/29/2021	\$16,862.23	12/1/2021	\$6,981.17	12/2/2021	\$938.91	12/8/2021	\$2,869.00
11/26/2021	\$953.43	11/29/2021	\$7,442.93	12/1/2021	\$36,027.14	12/2/2021	\$7,836.24	12/8/2021	\$691.75
11/26/2021	\$22,838.70	11/29/2021	\$5,749.98	12/1/2021	\$9,490.95	12/3/2021	\$8,430.06	12/8/2021	\$573.42
11/26/2021	\$630.03	11/29/2021	\$2,220.26	12/1/2021	\$55,540.80	12/3/2021	\$1,317.53	12/9/2021	\$890.74
11/26/2021	\$81,137.97	11/29/2021	\$109,399.15	12/1/2021	\$763.16	12/3/2021	\$29,467.58	12/9/2021	\$166.67
11/26/2021	\$13,803.97	11/29/2021	\$24,589.74	12/1/2021	\$14,339.90	12/3/2021	\$2,223.28	12/9/2021	\$19,650.02
11/26/2021	\$12,722.59	11/30/2021	\$42,212.04	12/1/2021	\$258,520.31	12/3/2021	\$1,162.67	12/9/2021	\$1,500.50
11/26/2021	\$4,205.09	11/30/2021	\$50,736.80	12/1/2021	\$11,299.29	12/3/2021	\$40,721.83	12/9/2021	\$459.95
11/26/2021	\$2,327.06	11/30/2021	\$1,540.76	12/1/2021	\$18,191.18	12/3/2021	\$3,625.20	12/9/2021	\$949.61
11/26/2021	\$1,852.42	11/30/2021	\$7,957.34	12/1/2021	\$111,409.84	12/3/2021	\$25,000.00	12/9/2021	\$1,150.45
11/26/2021	\$920.07	11/30/2021	\$7,772.14	12/1/2021	\$1,799.20	12/3/2021	\$697.59	12/10/2021	\$31,066.12
11/26/2021	\$10,186.93	11/30/2021	\$7,399.82	12/1/2021	\$333,406.74	12/3/2021	\$4,631.94	12/10/2021	\$4,868.98
11/26/2021	\$13,472.14	11/30/2021	\$17,395.31	12/1/2021	\$347,529.18	12/3/2021	\$1,480.64	12/10/2021	\$6,100.33
11/26/2021	\$38,495.86	11/30/2021	\$10,047.47	12/1/2021	\$115,835.08	12/6/2021	\$1,126.91	12/10/2021	\$1,896.53
11/26/2021	\$1,053.45	11/30/2021	\$355,434.79	12/2/2021	\$19,248.03	12/6/2021	\$9,358.90	12/10/2021	\$2,063.07
11/26/2021	\$6,767.70	11/30/2021	\$28,584.21	12/2/2021	\$39,576.83	12/6/2021	\$2,521.76	12/10/2021	\$4,772.25
11/26/2021	\$7,400.00	11/30/2021	\$31,809.54	12/2/2021	\$15,701.14	12/6/2021	\$135,544.64	12/10/2021	\$7,164.41
11/26/2021	\$8,135.69	11/30/2021	\$2,988.45	12/2/2021	\$1,640.33	12/6/2021	\$703,421.11	12/13/2021	\$4,254.38
11/26/2021	\$2,285.85	11/30/2021	\$20,586.43	12/2/2021	\$46,440.51	12/6/2021	\$4,591.92	12/13/2021	\$503.45
11/26/2021	\$5,934.90	11/30/2021	\$4,491.31	12/2/2021	\$6,615.42	12/6/2021	\$714.07	12/13/2021	\$4,887.11
11/26/2021	\$76,320.61	11/30/2021	\$1,149,839.36	12/2/2021	\$1,278.49	12/6/2021	\$2,430.57	12/13/2021	\$1,136.85
11/26/2021	\$1,154.77	11/30/2021	\$1,225,935.44	12/2/2021	\$2,016.74	12/6/2021	\$32,500.00	12/13/2021	\$1,616.61
11/26/2021	\$10,093.59	12/1/2021	\$916.91	12/2/2021	\$1,040.12	12/6/2021	\$1,665.87	12/13/2021	\$4,671.09
11/29/2021	\$445.60	12/1/2021	\$2,029.26	12/2/2021	\$2,385.91	12/7/2021	\$1,352.21	12/13/2021	\$1,556.27
11/29/2021	\$12,675.79	12/1/2021	\$1,109.30	12/2/2021	\$950.04	12/7/2021	\$15,706.07	12/13/2021	\$2,230.30
11/29/2021	\$3,638.53	12/1/2021	\$45,594.53	12/2/2021	\$15,172.30	12/7/2021	\$13,979.35	12/14/2021	\$991.77
11/29/2021	\$1,088.50	12/1/2021	\$4,318.26	12/2/2021	\$1,591.76	12/7/2021	\$1,182.88	12/14/2021	\$691.46
11/29/2021	\$11,420.96	12/1/2021	\$4,856.69	12/2/2021	\$2,846.06	12/7/2021	\$7,022.71	12/14/2021	\$52,705.32
11/29/2021	\$13,096.89	12/1/2021	\$34,368.44	12/2/2021	\$1,305.70	12/7/2021	\$2,940.02	12/14/2021	\$20,111.27

2021 Schedule MB, Line 3 - Withdrawal Liability Amounts
 Central States, Southeast and Southwest Areas Pension Plan

EIN 36-6044243/PN 001

Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount
12/14/2021	\$2,370.49	12/22/2021	\$2,823.80	12/28/2021	\$46,440.51	12/30/2021	\$3,625.20	12/31/2021	\$580,000.00
12/14/2021	\$3,000.00	12/22/2021	\$38,930.71	12/28/2021	\$2,316.56	12/30/2021	\$13,290.00		
12/14/2021	\$857.10	12/22/2021	\$7,446.85	12/28/2021	\$14,486.06	12/30/2021	\$109,399.15	Total	\$157,762,962.31
12/15/2021	\$1,928.12	12/22/2021	\$8,943.57	12/28/2021	\$3,256.96	12/30/2021	\$12,123.16		
12/15/2021	\$1,418.04	12/22/2021	\$2,285.85	12/28/2021	\$9,520.50	12/30/2021	\$31,809.54		
12/15/2021	\$3,832.85	12/22/2021	\$5,934.90	12/28/2021	\$763.16	12/30/2021	\$142.95		
12/16/2021	\$5,563.84	12/23/2021	\$2,810.66	12/28/2021	\$42,041.04	12/30/2021	\$10,093.59		
12/16/2021	\$2,316.81	12/23/2021	\$63,363.66	12/28/2021	\$4,491.31	12/31/2021	\$916.91		
12/16/2021	\$3,384.00	12/23/2021	\$81,137.97	12/29/2021	\$1,352.21	12/31/2021	\$2,029.26		
12/16/2021	\$4,027.19	12/23/2021	\$6,330.61	12/29/2021	\$12,675.79	12/31/2021	\$1,109.30		
12/16/2021	\$1,352.01	12/23/2021	\$38,495.86	12/29/2021	\$3,638.53	12/31/2021	\$1,126.91		
12/16/2021	\$877.55	12/23/2021	\$3,831.02	12/29/2021	\$29,467.58	12/31/2021	\$953.43		
12/16/2021	\$5,683.80	12/23/2021	\$7,744.30	12/29/2021	\$1,088.50	12/31/2021	\$1,123.54		
12/17/2021	\$19,559.47	12/23/2021	\$12,528.65	12/29/2021	\$2,727.29	12/31/2021	\$12,722.59		
12/17/2021	\$2,836.68	12/23/2021	\$370,000.00	12/29/2021	\$3,859.50	12/31/2021	\$10,186.93		
12/17/2021	\$12,477.57	12/24/2021	\$445.60	12/29/2021	\$6,240.80	12/31/2021	\$13,472.14		
12/20/2021	\$8,899.74	12/24/2021	\$11,448.02	12/29/2021	\$412,946.74	12/31/2021	\$951.56		
12/20/2021	\$3,589.88	12/24/2021	\$4,684.26	12/29/2021	\$1,062.37	12/31/2021	\$5,043.60		
12/20/2021	\$40,673.97	12/24/2021	\$3,177.12	12/29/2021	\$16,862.23	12/31/2021	\$46,911.53		
12/20/2021	\$27,795.20	12/24/2021	\$6,767.70	12/29/2021	\$19,149.16	12/31/2021	\$1,053.45		
12/20/2021	\$36,204.80	12/24/2021	\$4,021.15	12/29/2021	\$5,749.98	12/31/2021	\$17,395.31		
12/20/2021	\$2,652.46	12/24/2021	\$7,429.38	12/29/2021	\$7,400.00	12/31/2021	\$355,434.79		
12/20/2021	\$3,915.46	12/24/2021	\$32,205.60	12/29/2021	\$36,507.63	12/31/2021	\$7,710.57		
12/20/2021	\$6,577.54	12/24/2021	\$49,976.85	12/29/2021	\$76,320.61	12/31/2021	\$12,474.08		
12/20/2021	\$10,047.47	12/24/2021	\$6,366.64	12/29/2021	\$1,339.10	12/31/2021	\$3,591.70		
12/20/2021	\$1,177.18	12/27/2021	\$630.03	12/29/2021	\$115,835.08	12/31/2021	\$2,220.26		
12/20/2021	\$5,553.16	12/27/2021	\$2,327.06	12/30/2021	\$132.77	12/31/2021	\$8,904.61		
12/21/2021	\$2,201.42	12/27/2021	\$1,852.42	12/30/2021	\$30,346.74	12/31/2021	\$28,584.21		
12/21/2021	\$2,255.72	12/27/2021	\$920.07	12/30/2021	\$22,838.70	12/31/2021	\$8,135.69		
12/21/2021	\$14,216.37	12/27/2021	\$15,172.30	12/30/2021	\$42,212.04	12/31/2021	\$14,339.90		
12/21/2021	\$63,065.91	12/27/2021	\$9,573.58	12/30/2021	\$50,736.80	12/31/2021	\$938.91		
12/21/2021	\$39,833.71	12/27/2021	\$9,301.05	12/30/2021	\$1,540.76	12/31/2021	\$333,406.74		
12/21/2021	\$7,907.33	12/27/2021	\$1,154.77	12/30/2021	\$7,957.34	12/31/2021	\$347,529.18		
12/21/2021	\$25,002.02	12/27/2021	\$3,244.21	12/30/2021	\$1,900.48	12/31/2021	\$1,790.29		
12/21/2021	\$25,872.89	12/27/2021	\$7,836.24	12/30/2021	\$1,772,113.69	12/31/2021	\$20,586.43		
12/22/2021	\$1,349.00	12/28/2021	\$30,346.74	12/30/2021	\$7,772.14	12/31/2021	\$34,931.65		
12/22/2021	\$63,640.88	12/28/2021	\$131,940.55	12/30/2021	\$47,901.00	12/31/2021	\$1,149,839.36		
12/22/2021	\$843.56	12/28/2021	\$691.46	12/30/2021	\$130,760.00	12/31/2021	\$1,225,935.44		