

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                |                                                                                                                                                                                 |                                           |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                |                                                                                                                                                                                 |                                           |
| For calendar plan year 2016 or fiscal plan year beginning <u>09/02/2016</u> and ending <u>12/31/2016</u> |                                                                |                                                                                                                                                                                 |                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan                  | <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |                                           |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan     | <input type="checkbox"/> a DFE (specify) ____                                                                                                                                   |                                           |
| <b>B</b> This return/report is:                                                                          | <input checked="" type="checkbox"/> the first return/report    | <input type="checkbox"/> the final return/report                                                                                                                                |                                           |
|                                                                                                          | <input type="checkbox"/> an amended return/report              | <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                       |                                           |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                       |                                                                                                                                                                                 |                                           |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558                  | <input type="checkbox"/> automatic extension                                                                                                                                    | <input type="checkbox"/> the DFVC program |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) |                                                                                                                                                                                 |                                           |

|                                                                                                         |                                                                |                                          |                   |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------|-------------------|
| <b>Part II</b>                                                                                          | <b>Basic Plan Information</b> —enter all requested information |                                          |                   |
| <b>1a</b> Name of plan                                                                                  | <u>LSC SAVINGS PLAN</u>                                        | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u>        |
|                                                                                                         |                                                                | <b>1c</b> Effective date of plan         | <u>09/02/2016</u> |
| <b>2a</b> 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>LSC COMMUNICATIONS US, LLC</u>                                                                       |                                                                |                                          |                   |
|                                                                                                         | <b>2b</b> Employer Identification Number (EIN)                 | <u>37-1804157</u>                        |                   |
|                                                                                                         | <b>2c</b> Plan Sponsor's telephone number                      | <u>773-272-9202</u>                      |                   |
| <u>191 NORTH WACKER DRIVE</u>                                                                           | <b>2d</b> Business code (see instructions)                     | <u>323100</u>                            |                   |
| <u>SUITE 1400</u>                                                                                       |                                                                |                                          |                   |
| <u>CHICAGO, IL 60606</u>                                                                                |                                                                |                                          |                   |

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

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

|                                                                                                 |                                                   |            |                                                              |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | Filed with authorized/valid electronic signature. | 10/16/2017 | SCOTT BIGELOW                                                |
|                                                                                                 | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) |                                                   |            | Preparer's telephone number                                  |
|                                                                                                 |                                                   |            |                                                              |

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

Form 5500 (2016)  
v. 160205

|                                                                                                                                                                                                                   |                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                          | <b>3b</b> Administrator's EIN              |
|                                                                                                                                                                                                                   | <b>3c</b> Administrator's telephone number |
|                                                                                                                                                                                                                   |                                            |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><b>4c</b> PN              |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                           | <b>5</b> 0                                 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                  |                                            |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                            | <b>6a(1)</b> 0                             |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                 | <b>6a(2)</b> 16544                         |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                | <b>6b</b> 0                                |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                | <b>6c</b> 3760                             |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                       | <b>6d</b> 20304                            |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                        | <b>6e</b> 0                                |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                           | <b>6f</b> 20304                            |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                   | <b>6g</b> 18779                            |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                       | <b>6h</b> 19                               |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                               | <b>7</b>                                   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2R 2S 2T 3F                        |                                            |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                       |                                            |

|                                                                                                                                                                       |                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                             | <b>9b</b> Plan benefit arrangement (check all that apply)                                    |
| <b>(1)</b> <input type="checkbox"/> Insurance                                                                                                                         | <b>(1)</b> <input type="checkbox"/> Insurance                                                |
| <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts                                                                                        | <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts               |
| <b>(3)</b> <input checked="" type="checkbox"/> Trust                                                                                                                  | <b>(3)</b> <input checked="" type="checkbox"/> Trust                                         |
| <b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                     | <b>(4)</b> <input type="checkbox"/> General assets of the sponsor                            |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)     |                                                                                              |
| <b>a Pension Schedules</b>                                                                                                                                            | <b>b General Schedules</b>                                                                   |
| <b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)                                                                                 | <b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)              |
| <b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | <b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)            |
| <b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                               | <b>(3)</b> <input type="checkbox"/> <b>0</b> <b>A</b> (Insurance Information)                |
|                                                                                                                                                                       | <b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)       |
|                                                                                                                                                                       | <b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) |
|                                                                                                                                                                       | <b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)               |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

|                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>2016</b>                                    |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2016 or fiscal plan year beginning **09/02/2016** and ending **12/31/2016**

|                                                                                                    |                                                                    |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>LSC SAVINGS PLAN</b>                                                   | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>LSC COMMUNICATIONS US, LLC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>37-1804157</b> |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br><b>GREAT-WEST LIFE &amp; ANNUITY INS. CO.</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**84-0467907**

|                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br><b>NORTHERN TRUST COMPANY</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------|

**36-2723087**

|                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br><b>PACIFIC INVESTMENT MGMT COMPANY</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|

**33-0629048**

|                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br><b>WINSLOW CAPITAL MGMT, LLC</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|

**90-0860898**

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

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GALLIARD CAPITAL MANAGEMENT

41-1813702

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

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WELLS CAPITAL MANAGEMENT

95-3692822

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

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NORTHERN TRUST INVESTMENTS, INC

36-3608252

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

---

DIMENSIONAL FUND ADVISORS

30-0447847

---

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

---

ALLIANCEBERNSTEIN

13-4064930

---

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

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DEUTSCHE AM DISTRIBUTORS, INC.

36-3976708

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

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

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

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

GREAT-WEST LIFE & ANNUITY INS. CO.

84-0467907

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 50 64                      | NONE                                                                                                     | 451413                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

ARROWSTREET CAPITAL, LP

04-3472863

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28                            | NONE                                                                                                     | 106960                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

WINSLOW CAPITAL MGMT, INC

90-0860898

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 51                         | NONE                                                                                                     | 97722                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

ADVISED ASSETS GROUP, LLC

84-1532243

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 26 50                         | NONE                                                                                                     | 66360                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

MERCER INVESTMENT CONSULTING INC.

61-0736136

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27                            | NONE                                                                                                     | 63750                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

FRONTIER CAPITAL MANAGEMENT CO LLC

04-3492668

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27                            | NONE                                                                                                     | 27520                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

AJO, LP

23-2312104

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28                            | NONE                                                                                                     | 13146                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>2016</b> </div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                           |                                                                            |            |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| For calendar plan year 2016 or fiscal plan year beginning <u>09/02/2016</u> and ending <u>12/31/2016</u>  |                                                                            |            |
| <b>A</b> Name of plan<br><u>LSC SAVINGS PLAN</u>                                                          | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
|                                                                                                           |                                                                            |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>LSC COMMUNICATIONS US, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>37-1804157</u>         |            |

|                                                                                           |                                                                                                                                                                                  |                                                                                                                     |  |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--|
| <b>Part I</b>                                                                             | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |                                                                                                                     |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO SHORT TERM INV-S</u>        |                                                                                                                                                                                  |                                                                                                                     |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO TRUST COMPANY</u>        |                                                                                                                                                                                  |                                                                                                                     |  |
| <b>c</b> EIN-PN <u>41-6292499-001</u>                                                     | <b>d</b> Entity code <u>C</u>                                                                                                                                                    | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14359061</u> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALLIANCE BERNSTEIN EMERGING MARKETS</u> |                                                                                                                                                                                  |                                                                                                                     |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>ALLIANCE BERNSTEIN LP</u>            |                                                                                                                                                                                  |                                                                                                                     |  |
| <b>c</b> EIN-PN <u>04-6948485-038</u>                                                     | <b>d</b> Entity code <u>C</u>                                                                                                                                                    | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>46917542</u> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES CORE PLUS FIX INCOME</u>  |                                                                                                                                                                                  |                                                                                                                     |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY</u>      |                                                                                                                                                                                  |                                                                                                                     |  |
| <b>c</b> EIN-PN <u>84-6391546-010</u>                                                     | <b>d</b> Entity code <u>C</u>                                                                                                                                                    | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>77931351</u> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLTIVE SHORT TERM INV</u>          |                                                                                                                                                                                  |                                                                                                                     |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC</u>  |                                                                                                                                                                                  |                                                                                                                     |  |
| <b>c</b> EIN-PN <u>45-6138589-084</u>                                                     | <b>d</b> Entity code <u>C</u>                                                                                                                                                    | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3435359</u>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE ACWI EX-US MARKET FD</u>  |                                                                                                                                                                                  |                                                                                                                     |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC</u>  |                                                                                                                                                                                  |                                                                                                                     |  |
| <b>c</b> EIN-PN <u>45-6138589-223</u>                                                     | <b>d</b> Entity code <u>C</u>                                                                                                                                                    | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>46958935</u> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE TIPS INDEX FUND</u>       |                                                                                                                                                                                  |                                                                                                                     |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC</u>  |                                                                                                                                                                                  |                                                                                                                     |  |
| <b>c</b> EIN-PN <u>45-6138589-091</u>                                                     | <b>d</b> Entity code <u>C</u>                                                                                                                                                    | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17666260</u> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE AGGREGATE BOND INDEX</u>  |                                                                                                                                                                                  |                                                                                                                     |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC</u>  |                                                                                                                                                                                  |                                                                                                                     |  |
| <b>c</b> EIN-PN <u>45-6138589-088</u>                                                     | <b>d</b> Entity code <u>C</u>                                                                                                                                                    | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>53484447</u> |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [NT COLLECTIVE EXTENDED EQ MKT INDEX](#)

**b** Name of sponsor of entity listed in (a): [NORTHERN TRUST INVESTMENTS, INC](#)

|                                                |                                        |                                                                                                                              |
|------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">45-6138589-110</a> | <b>d</b> Entity code <a href="#">C</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">72735621</a> |
|------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [WELLS FARGO FIXED INCOME FUND A](#)

**b** Name of sponsor of entity listed in (a): [WELLS FARGO TRUST COMPANY](#)

|                                                |                                        |                                                                                                                              |
|------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">52-2250963-001</a> | <b>d</b> Entity code <a href="#">C</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">45369958</a> |
|------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [WELLS FARGO FIXED INCOME FUND F](#)

**b** Name of sponsor of entity listed in (a): [WELLS FARGO TRUST COMPANY](#)

|                                                |                                        |                                                                                                                               |
|------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">52-2252204-001</a> | <b>d</b> Entity code <a href="#">C</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">113710728</a> |
|------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [WELLS FARGO FIXED INCOME FUND L](#)

**b** Name of sponsor of entity listed in (a): [WELLS FARGO TRUST COMPANY](#)

|                                                |                                        |                                                                                                                              |
|------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">27-6635237-276</a> | <b>d</b> Entity code <a href="#">C</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">44265435</a> |
|------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [NT COLLECTIVE S&P 500 INDEX FUND](#)

**b** Name of sponsor of entity listed in (a): [NORTHERN TRUST INVESTMENTS, INC](#)

|                                                |                                        |                                                                                                                               |
|------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">45-6138589-002</a> | <b>d</b> Entity code <a href="#">C</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">154154000</a> |
|------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br>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).<br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      | <b>2016</b>                                   |
|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2016 or fiscal plan year beginning <b>09/02/2016</b> and ending <b>12/31/2016</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>LSC SAVINGS PLAN</b>                                                         | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>LSC COMMUNICATIONS US, LLC</b>       | <b>D</b> Employer Identification Number (EIN)<br><b>37-1804157</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    | 0                     | 534527          |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 0                     | 761062          |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> | 0                     | 220814131       |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    | 0                     | 24469130        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 0                     | 690988697       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 0                     | 125230262       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   | 0                     | 27246430        |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 0                     | 1090044239      |

**Liabilities**

|                                                                           |           |   |        |
|---------------------------------------------------------------------------|-----------|---|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0      |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |        |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 | 0      |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 365584 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 365584 |

**Net Assets**

|                                                           |           |   |            |
|-----------------------------------------------------------|-----------|---|------------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 0 | 1089678655 |
|-----------------------------------------------------------|-----------|---|------------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 |          |          |
|------------------------------------------------------------------------------------------------------------|-----------------|----------|----------|
| <b>a Contributions:</b>                                                                                    |                 |          |          |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....                                         | <b>2a(1)(A)</b> | 259      |          |
| <b>(B)</b> Participants.....                                                                               | <b>2a(1)(B)</b> | 14244161 |          |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 57138    |          |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0        | 14301558 |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |          |          |
| <b>b Earnings on investments:</b>                                                                          |                 |          |          |
| (1) Interest:                                                                                              |                 |          |          |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | -3860    |          |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0        |          |
| <b>(C)</b> Corporate debt instruments.....                                                                 | <b>2b(1)(C)</b> | 0        |          |
| <b>(D)</b> Loans (other than to participants).....                                                         | <b>2b(1)(D)</b> | 0        |          |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 375020   |          |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0        |          |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |          | 371160   |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> | 2645     |          |
| <b>(B)</b> Common stock.....                                                                               | <b>2b(2)(B)</b> | 946861   |          |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1428731  |          |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |          | 2378237  |
| (3) Rents.....                                                                                             | <b>2b(3)</b>    |          | 0        |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds.....                                  | <b>2b(4)(A)</b> | 55814667 |          |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 52573505 |          |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |          | 3241162  |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate.....                          | <b>2b(5)(A)</b> | 0        |          |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 2193756  |          |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |          | 2193756  |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | -1655891  |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 8726401   |
| c Other income.....                                                                            | 2c     |            | 58208     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 29614591  |

**Expenses****e** Benefit payment and payments to provide benefits:

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 45305878 |          |
| (2) To insurance carriers for the provision of benefits .....                        | 2e(2) | 0        |          |
| (3) Other .....                                                                      | 2e(3) | 0        |          |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                         | 2e(4) |          | 45305878 |
| f Corrective distributions (see instructions) .....                                  | 2f    |          | 0        |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |          | 676360   |
| h Interest expense .....                                                             | 2h    |          | 0        |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) | 1200     |          |
| (2) Contract administrator fees.....                                                 | 2i(2) | 0        |          |
| (3) Investment advisory and management fees.....                                     | 2i(3) | 66360    |          |
| (4) Other .....                                                                      | 2i(4) | 456063   |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |          | 523623   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 46505861 |

**Net Income and Reconciliation**

|                                                          |       |  |            |
|----------------------------------------------------------|-------|--|------------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -16891270  |
| l Transfers of assets:                                   |       |  |            |
| (1) To this plan.....                                    | 2l(1) |  | 1106569925 |
| (2) From this plan.....                                  | 2l(2) |  |            |

**Part III Accountant's Opinion**

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☐ No

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

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** because:

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

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|----------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          | <b>4c</b> |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               | <b>4d</b> |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    | <b>4g</b> |     | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          | <b>4h</b> |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | <b>4j</b> |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> | X   |    |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      | <b>4n</b> | X   |    |          |
| <b>o</b> Defined Benefit Plan or Money Purchase Pension Plan Only:<br>Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? .....                           | <b>4o</b> |     |    |          |

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

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

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

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

## Part V Trust Information

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 09/02/2016 and ending 12/31/2016

|                                                                                                    |                                                                    |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>LSC SAVINGS PLAN</u>                                                   | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>LSC COMMUNICATIONS US, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>37-1804157</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>84-1455663</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |          |

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

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2016  
v. 160205

**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

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        | <b>14c</b> |  |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             | <b>16a</b> |  |
|           | <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....                                                                               | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                      |                          |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>18</b> | 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 .....                         | <input type="checkbox"/> |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                 |                          |
|           | <b>a</b> Enter the percentage of plan assets held as:<br>Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%                                                                                                                                                                                                                                       |                          |
|           | <b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more |                          |
|           | <b>c</b> What duration measure was used to calculate line 19(b)?<br><input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____                                                                                                                                                |                          |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                             |                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? If "No," skip b .....                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>20b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: .....                                                        | <input type="checkbox"/> Design-based safe harbor <input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A |
| <b>21a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: .....                                                                            | <input type="checkbox"/> Ratio percentage test <input type="checkbox"/> Average benefit test <input type="checkbox"/> N/A                                                         |
| <b>21b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>22a</b> If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter   /   /   and the serial number   .      |                                                                                                                                                                                   |
| <b>22b</b> If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter   /   /   .                                     |                                                                                                                                                                                   |

**LSC SAVINGS PLAN**  
**SCHEDULE H – LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**AS OF DECEMBER 31, 2016**  
**(EMPLOYER IDENTIFICATION NUMBER 37-1804157, PLAN NUMBER 001)**

| (a) | (b) Identity of Issuer, Borrower, Lessor, or Similar Party                | (c) Description of<br>Investment Including<br>Maturity Date, Rate of<br>Interest, Collateral, Par or<br>Maturity Value | (d) Cost** | (e) Current Value |
|-----|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------|-------------------|
|     | <b>INTEREST BEARING CASH</b>                                              |                                                                                                                        |            |                   |
|     | United States dollar                                                      |                                                                                                                        |            | 1,309,753         |
|     | <b>COMMON STOCK</b>                                                       |                                                                                                                        |            |                   |
|     | ARISTOCRAT LEISURE NPV                                                    |                                                                                                                        |            | 179,408           |
|     | AURIZON HOLDINGS NPV                                                      |                                                                                                                        |            | 120,777           |
|     | BHP BILLITON LTD NPV                                                      |                                                                                                                        |            | 478,200           |
|     | BORAL LIMITED NPV                                                         |                                                                                                                        |            | 151,219           |
|     | COMPUTERSHARE LTD NPV                                                     |                                                                                                                        |            | 262,431           |
|     | CROWN RESORTS LIMITED                                                     |                                                                                                                        |            | 25,189            |
|     | FLIGHT CENTRE TRAVEL GROUP LTD                                            |                                                                                                                        |            | 82,476            |
|     | FORTESCUE METALS GRP LTD NPV                                              |                                                                                                                        |            | 301,395           |
|     | HARVEY NORMAN HLDG NPV                                                    |                                                                                                                        |            | 86,001            |
|     | INCITEC PIVOT NPV                                                         |                                                                                                                        |            | 177,583           |
|     | JAMES HARDIE INDUSTRIES PLC                                               |                                                                                                                        |            | 234,873           |
|     | QANTAS AIRWAYS NPV                                                        |                                                                                                                        |            | 78,457            |
|     | SANTOS LIMITED NPV                                                        |                                                                                                                        |            | 64,156            |
|     | SOUTH32 LTD NPV                                                           |                                                                                                                        |            | 259,041           |
|     | TABCORP HOLDINGS LTD NPV                                                  |                                                                                                                        |            | 66,862            |
|     | TATTS GROUP LTD NPV                                                       |                                                                                                                        |            | 101,296           |
|     | ANDRITZ AG NPV (BR)                                                       |                                                                                                                        |            | 168,124           |
|     | RAIFFEISEN BK INTL NPV (REGD)                                             |                                                                                                                        |            | 190,410           |
|     | VOESTALPINE AG NPV                                                        |                                                                                                                        |            | 137,110           |
|     | SOLVAY SA NPV                                                             |                                                                                                                        |            | 39,697            |
|     | UMICORE NPV                                                               |                                                                                                                        |            | 99,151            |
|     | ADR BANCO BRADESCO S A SPONSORED ADR REPSTG PFD SHS NEW 2004              |                                                                                                                        |            | 107,760           |
|     | ADR BANCO DO BRASIL S A SPONSORED ADR ADR                                 |                                                                                                                        |            | 64,064            |
|     | ADR BANCO SANTANDER BRASIL S A ADS REPSTG 1 UNIT                          |                                                                                                                        |            | 170,475           |
|     | ADR CENTRAIS ELETRICAS BRASILEIRAS S A SPONSORED ADR REPSTG PFD           |                                                                                                                        |            | 38,150            |
|     | ADR PETROLEO BRASILEIRO SA PETROBRAS SPONSORED ADR                        |                                                                                                                        |            | 322,185           |
|     | AGNICO-EAGLE MINES LTD COM                                                |                                                                                                                        |            | 432,642           |
|     | CDN NAT RES LTD COM CDN NAT RES COM STK                                   |                                                                                                                        |            | 711,530           |
|     | DOMINION DIAMOND CORP COM                                                 |                                                                                                                        |            | 124,785           |
|     | HAITONG SECURITIES CO.LTD                                                 |                                                                                                                        |            | 141,352           |
|     | ADR ALIBABA GROUP HOLDING LTD SPONSORED ADS                               |                                                                                                                        |            | 553,203           |
|     | ADR CTRIP COM INTL LTD ADS                                                |                                                                                                                        |            | 493,000           |
|     | A.P. MOLLER-MAERSK SER'A'DKK1000                                          |                                                                                                                        |            | 216,441           |
|     | NOVOZYMES A/S SERIES'B'DKK2 (POST CONSOLIDAT                              |                                                                                                                        |            | 33,470            |
|     | PANDORA A/S DKK0.01                                                       |                                                                                                                        |            | 80,478            |
|     | ADR NOVOZYMES A/S ADR                                                     |                                                                                                                        |            | 20,706            |
|     | KONE CORPORATION NPV ORD 'B'                                              |                                                                                                                        |            | 251,489           |
|     | NESTE OYJ NPV                                                             |                                                                                                                        |            | 123,118           |
|     | UPM-KYMMENE CORP NPV                                                      |                                                                                                                        |            | 213,265           |
|     | WARTSILA EUR3.50                                                          |                                                                                                                        |            | 360,719           |
|     | ARCELORMITTAL NPV                                                         |                                                                                                                        |            | 354,954           |
|     | ARKEMA EUR10                                                              |                                                                                                                        |            | 111,556           |
|     | ATOS SE                                                                   |                                                                                                                        |            | 22,628            |
|     | AXA EUR2.29                                                               |                                                                                                                        |            | 417,774           |
|     | BNP PARIBAS EUR2                                                          |                                                                                                                        |            | 608,379           |
|     | CAPGEMINI EUR8                                                            |                                                                                                                        |            | 151,323           |
|     | CASINO GUICH-PERR EUR1.53                                                 |                                                                                                                        |            | 188,642           |
|     | CIE DE ST-GOBAIN EUR4                                                     |                                                                                                                        |            | 314,236           |
|     | CREDIT AGRICOLE SA EUR3                                                   |                                                                                                                        |            | 249,530           |
|     | EDENRED EUR2                                                              |                                                                                                                        |            | 100,245           |
|     | EDF EUR0.5                                                                |                                                                                                                        |            | 108,818           |
|     | L'OREAL EUR0.20                                                           |                                                                                                                        |            | 398,708           |
|     | LEGRAND SA EUR4                                                           |                                                                                                                        |            | 172,646           |
|     | NATIXIS EUR1.6(POST SUBDV)                                                |                                                                                                                        |            | 224,228           |
|     | RENAULT SA EUR3.81                                                        |                                                                                                                        |            | 232,647           |
|     | REXEL EUR5                                                                |                                                                                                                        |            | 387,440           |
|     | SAFRAN SA EUR0.20                                                         |                                                                                                                        |            | 116,187           |
|     | SCHNEIDER ELECTRIC EUR4.00                                                |                                                                                                                        |            | 347,323           |
|     | SCOR SE EUR7.876972                                                       |                                                                                                                        |            | 227,987           |
|     | SOCIETE GENERALE EUR1.25                                                  |                                                                                                                        |            | 319,837           |
|     | STMICROELECTRONICS EUR1.04                                                |                                                                                                                        |            | 174,429           |
|     | VIVENDI SA EUR5.50                                                        |                                                                                                                        |            | 123,135           |
|     | #REORG/ARCELORMITTAL REVERSE STOCK SPLIT ARCELORMITTAL 2H1JAP2 05-22-2017 |                                                                                                                        |            | 87,972            |
|     | ADR SOCIETE GENERALE FRANCE SPONSORED ADR                                 |                                                                                                                        |            | 255,320           |

|                                        |                                |         |
|----------------------------------------|--------------------------------|---------|
| ADR STMICROELECTRONICS N V SHS-N Y     | REGISTRY SHS-N Y REGISTRY      | 150,104 |
| ADIDAS AG                              |                                | 71,584  |
| CONTINENTAL AG ORD NPV                 |                                | 182,907 |
| DEUTSCHE POST AG NPV(REGD)             |                                | 287,281 |
| DEUTSCHE WOHNEN SE NPV (BR)            |                                | 23,952  |
| E.ON SE NPV                            |                                | 224,414 |
| EVONIK INDUSTRIES NPV                  |                                | 351,453 |
| HANNOVER RUECK SE ORD NPV(REGD)        |                                | 25,806  |
| HEIDELBERGCEMENT NPV                   |                                | 249,037 |
| HENKEL AG & CO KGAA NPV(BR)            |                                | 149,917 |
| HOCHTIEF AG NPV                        |                                | 129,669 |
| INFINEON TECHNOLOG ORD NPV (REGD)      |                                | 372,327 |
| K + S AG -REG.SHS- SHS                 |                                | 181,837 |
| LANXESS AG NPV                         |                                | 420,427 |
| OSRAM LICHT AG NPV                     |                                | 116,878 |
| SAP SE                                 |                                | 332,605 |
| SIEMENS AG NPV(REGD)                   |                                | 505,468 |
| THYSSENKRUPP AG NPV                    |                                | 212,385 |
| TUI AG ORD REG SHS NPV                 |                                | 100,232 |
| UNIPER SE NPV                          |                                | 43,920  |
| VOLKSWAGEN AG ORD NPV                  |                                | 422,470 |
| #REORG/QIAGEN NV PLAN OF REORG QIAGEN  | 2D16AS2 01-25-2017             | 287,597 |
| ADR DEUTSCHE LUFTHANSA A G SPONSORED   |                                | 16,766  |
| ADR INFINEON TECHNOLOGIES AG SPONSORED | ADR ADR STK ISIN# US45662N1037 | 70,848  |
| ADR PORSCHE AUTOMOBIL HLDG SE ADR ADR  |                                | 4,862   |
| ADR VOLKSWAGEN A G SPONSORED ADR       |                                | 96,152  |
| COCA-COLA HBC AG ORD CHF6.70           |                                | 138,247 |
| HYSAN DEVELOPMENT NPV                  |                                | 103,345 |
| NEW WORLD DEVELOPMENT CO HKD1          |                                | 116,340 |
| NWS HOLDINGS LTD HKD1                  |                                | 21,194  |
| SANDS CHINA LTD USD0.01                |                                | 361,639 |
| SHANGRI-LA ASIA HKD1                   |                                | 94,955  |
| CRH PLC EQUITY                         |                                | 74,624  |
| ADR CRH PLC ADR                        |                                | 187,371 |
| ICL-ISRAEL CHEM ILS1                   |                                | 156,627 |
| ADR NICE LTD SPONSORED ADR             |                                | 151,272 |
| CAESARSTONE LTD                        |                                | 339,302 |
| MOBILEYE NV EUR0.01                    |                                | 68,159  |
| MOBILEYE NV EUR0.01                    |                                | 483,552 |
| ASSIC GENERALI SPA EUR1                |                                | 175,589 |
| ENEL SPA EUR1                          |                                | 357,885 |
| PRYSMIAN SPA EUR0.10                   |                                | 217,751 |
| AJINOMOTO CO INC NPV                   |                                | 141,278 |
| AMADA HOLDINGS CO LTD NPV              |                                | 176,782 |
| ASTELLAS PHARMA NPV                    |                                | 201,833 |
| BROTHER INDUSTRIES NPV                 |                                | 251,341 |
| CHUGOKU BANK NPV                       |                                | 299,245 |
| CONCORDIA FINL GROUP LT                |                                | 447,630 |
| DAIICHI SANKYO COM NPV                 |                                | 258,352 |
| FUJI ELECTRIC HOLINDGS CO Y50          |                                | 161,067 |
| FUJIFILM HOLDINGS CORP NPV             |                                | 148,296 |
| FUJITSU Y50                            |                                | 139,216 |
| HACHIJUNI BANK NPV                     |                                | 374,939 |
| HANKYU HANSHIN HOLDINGS INC            | NPV                            | 636,601 |
| HINO MOTORS NPV                        |                                | 90,805  |
| HIROSE ELECTRIC NPV                    |                                | 62,117  |
| HITACHI CHEMICAL NPV                   |                                | 147,860 |
| HITACHI HIGH-TECH NPV                  |                                | 396,168 |
| HITACHI NPV                            |                                | 346,791 |
| INPEX CORPORATION NPV                  |                                | 404,607 |
| JFE HOLDINGS INC NPV                   |                                | 204,501 |
| JXTG HOLDINGS INC NPV                  |                                | 351,191 |
| KAO CORP NPV                           |                                | -       |
| KAWASAKI HEAVY IND NPV                 |                                | 261,165 |
| KDDI CORP NPV                          |                                | 436,433 |
| KOBE STEEL LTD                         |                                | 86,192  |
| KONICA MINOLTA INC NPV                 |                                | 167,229 |
| MABUCHI MOTOR CO NPV                   |                                | 203,970 |
| MAZDA MOTOR CORP NPV                   |                                | 124,587 |
| MITSUBISHI CHEM HL NPV                 |                                | 137,777 |
| MITSUBISHI CORP NPV                    |                                | 209,217 |
| MITSUBISHI MATERLS NPV                 |                                | 196,991 |
| MITSUBISHI UFJ FIN NPV                 |                                | 156,840 |
| mitsui & CO LTD NPV                    |                                | 265,916 |
| mitsui chemicals NPV                   |                                | 382,604 |
| NABTESCO CORP NPV                      |                                | 233,120 |
| NEC CORP NPV                           |                                | 252,497 |
| NIPPON ELECTRIC GLASS CO LTD           |                                | 173,396 |
| NIPPON STEEL AND SUMITOMO              | METAL CORPORATION              | 87,172  |

|                                                                          |         |
|--------------------------------------------------------------------------|---------|
| NIPPON TELEGRAPH & TELEPHONE CORP NPV                                    | 151,611 |
| NTT DOCOMO NPV                                                           | 385,859 |
| OJI HOLDINGS CORP                                                        | 293,840 |
| OMRON CORP NPV                                                           | 119,205 |
| OTSUKA HOLDINGS CO LTD                                                   | 379,895 |
| RICOH CO LTD NPV                                                         | 67,767  |
| ROHM CO LTD NPV                                                          | 109,633 |
| SEIKO EPSON CORP NPV                                                     | 129,442 |
| SHIN-ETSU CHEMICAL NPV                                                   | 202,119 |
| SMC CORP NPV                                                             | 215,326 |
| SUMITOMO CHEMICAL CO. LTD NPV                                            | 247,884 |
| SUMITOMO DAINIPPON PHARMA CO LTD NPV                                     | 120,633 |
| SUMITOMO HEAVY IND NPV                                                   | 148,489 |
| SUMITOMO METAL MINING CO LTD NPV                                         | 245,492 |
| TAIYO NIPPON SANSO CORP NPV                                              | 32,505  |
| TDK CORP NPV                                                             | 103,399 |
| TOKYO ELECTRON NPV                                                       | 227,273 |
| TOYO SEIKAN GROUP HOLDINGS LTD                                           | 338,614 |
| ADR HITACHI LTD A.D.R. FOR 10 COM                                        | 43,200  |
| ADR KOMATSU LTD SPONSORED ISIN US5004584018                              | 99,792  |
| ADR MITSUBISHI UFJ FINL GROUP INC SPONSORED ADR                          | 197,736 |
| ADR MURATA MFG CO LTD ADR                                                | 105,084 |
| ADR NIPPON TELEG & TEL CORP SPONSORED ADR                                | 435,214 |
| ADR SEIKO EPSON CORP UNSPONSORED ADR ADR                                 | 120,782 |
| ADR SEVEN & I HLDGS CO LTD ADR                                           | 44,935  |
| ADR SONY CORP AMERN SH NEW                                               | 70,720  |
| ADR SUMITOMO MITSUI FINL GROUP INC SPONSORED ADR                         | 242,188 |
| ADR KOREA ELEC PWR CORP SPONSORED ADR ISIN #US5006311063                 | 91,661  |
| ADR POSCO SPONSORED ADR                                                  | 29,428  |
| GENTERA SAB DE CV COM NPV                                                | 1,944   |
| GPO MEXICO SA SER'B'COM NPV                                              | 73,956  |
| ADR CONTROLADORA VUELA COMPANIA DE AVIACION SPONSORED ADR REPSTG 10 CPOS | 792,683 |
| AEGON NV COM STK EUR0.12                                                 | 71,117  |
| AKZO NOBEL NV EUR2                                                       | 266,289 |
| ASML HOLDING NV EUR0.09                                                  | 110,014 |
| KONINKLIJKE DSM NV EUR1.50                                               | 292,763 |
| NN GROUP N.V. EUR0.12                                                    | 82,721  |
| OCI N.V. EUR0.02                                                         | 174,283 |
| RELX NV                                                                  | 264,011 |
| UNILEVER NV CVA EUR0.16                                                  | 416,896 |
| WOLTERS KLUWER EUR0.12                                                   | 90,144  |
| ADR ASML HLDG NV NY REG 2012 (POST REV SPLIT)                            | 70,237  |
| ADR ING GROEP N V SPONSORED ADR                                          | 3,173   |
| ADR KONINKLIJKE AHOLD DELHAIZE N V SPONSORED ADR NEW 2016                | 94,896  |
| ADR UNILEVER N V NEW YORK SHS NEW                                        | 6,734   |
| ADR WOLTERS KLUWER N V SPONSORED ADR                                     | 74,415  |
| KONINKLIJKE PHILIPS NV                                                   | 280,633 |
| AUCKLAND INTL NPV                                                        | 151,798 |
| FLETCHER BUILDING NPV                                                    | 253,362 |
| MERCURY NZ LTD NPV                                                       | 3,199   |
| RYMAN HEALTHCARE NPV                                                     | 8,477   |
| MARINE HARVEST ASA NOK7.50                                               | 260,492 |
| ORKLA ASA NOK1.25                                                        | 30,225  |
| ADR ORKLA A S SPONSORED ADR                                              | 72,268  |
| GALP ENERGIA SGPS EUR1                                                   | 31,685  |
| GAZPROM PJSC SPON ADR-EACH REPR 2 ORD SHS                                | 356,358 |
| OIL CO LUKOIL PJSC ADR EACH REPR 1 ORD RUB0.02                           | 285,044 |
| ROSNEFT OIL CO GDR EACH REPR 1 ORD 'REGS'                                | 137,995 |
| SBERBANK OF RUSSIA SPON ADR                                              | 122,591 |
| ACS ACTIVIDADES CO EUR0.5                                                | 142,739 |
| AMADEUS IT GROUP EUR0.01                                                 | 293,965 |
| GAS NATURAL SDG EUR1                                                     | 274,688 |
| REPSOL SA EUR1                                                           | 269,266 |
| REPSOL SA EUR1 (STK DIV 06/01/17)                                        | 7,063   |
| ADR AMADEUS IT GROUP S A ADS                                             | 36,584  |
| ASSA ABLOY SER'B'NPV (POST SPLIT)                                        | 123,299 |
| ATLAS COPCO AB SER'A'NPV (POST SPLIT)                                    | 148,882 |
| ATLAS COPCO AB SER'B'NPV (POST SPLIT)                                    | 130,449 |
| BOLIDEN AB NPV                                                           | 187,291 |
| ELECTROLUX AB SER'B'NPV (POST SPLIT)                                     | 226,983 |
| ERICSSON SER'B'NPV                                                       | 126,168 |
| HEXAGON AB SER'B'NPV                                                     | 70,800  |
| INVESTOR AB SER'A'NPV                                                    | 139,323 |
| NORDEA BANK AB ORD EUR0.39632(SEK QUOTE)                                 | 691     |
| SECURITAS SER'B'NPV                                                      | 62,524  |
| SKAND ENSKILDA BKN SER'C'NPV                                             | 29,730  |
| SVENSKA CELLULOZA SER'B'NPV                                              | 286,937 |
| SWEDISH MATCH NPV                                                        | 29,859  |
| ADR GETINGE AB ADR                                                       | 77,280  |

|                                                      |           |
|------------------------------------------------------|-----------|
| ERICSSON                                             | 80,419    |
| GDR ASSA ABLOY AB ADR                                | 87,875    |
| ABB LTD CHF0.12 (REGD)                               | 292,332   |
| ACTELION LTD CHF0.50 (REGD)                          | 363,396   |
| ADECCO GROUP AG CHF0.1 (REGD)                        | 100,924   |
| BARRY CALLEBAUT AG CHF62.2000 (REGD)                 | 89,495    |
| GEBERIT AG CHF0.10 (REGD)                            | 179,932   |
| GIVAUDAN SA CHF10                                    | 161,566   |
| LAFARGEHOLCIM LTD                                    | 492,027   |
| LONZA GROUP AG CHF1 (REGD)                           | 52,733    |
| NESTLE SA CHF0.10(REGD)                              | 1,151,291 |
| PARGESA HLDGS SA CHF20 (BR)                          | 189,764   |
| ROCHE HLDGS AG CHF1 (BR)                             | 31,145    |
| SCHINDLER-HLDG AG CHF0.10 (PTG CERT)                 | 142,252   |
| SIKA AG CHF0.60 (BR)                                 | 149,212   |
| SWATCH GROUP CHF0.45(REGD)                           | 128,561   |
| SWISS RE AG CHF0.10                                  | 151,441   |
| ZURICH INSURANCE GROUP AG CHF0.10                    | 84,146    |
| ADR ABB LTD SPONSORED ADR                            | 236,616   |
| SGS SA                                               | 30,375    |
| TAIWAN SEMICONDUCTOR MFG CO LTD SPONSORED ADR        | 444,590   |
| ROYAL DUTCH SHELL 'A'SHS EUR0.07                     | 438,907   |
| AGGREKO ORD GBP0.048329113924                        | 28,767    |
| ASSOCD BRIT FOODS ORD GBP0.0568                      | 108,268   |
| BAE SYSTEMS ORD GBP0.025                             | 165,444   |
| BARRATT DEVELOPMENTS ORD GBP0.10                     | 87,830    |
| BHP BILLITON PLC USD0.50                             | 264,790   |
| BP ORD USD0.25                                       | 130,843   |
| BRITISH AMERICAN TOBACCO ORD GBP0.25                 | 301,689   |
| CARNIVAL PLC ORD USD1.66                             | 96,742    |
| COMPASS GROUP PLC ORD GBP0.10625                     | 229,038   |
| DCC ORD EUR0.25                                      | 90,978    |
| DIRECT LINE INSURANCE PLC ORD GBP                    | 93,111    |
| EXPERIAN ORD USD0.10                                 | 247,179   |
| FERGUSON PLC ORD GBP0.108030303                      | 117,292   |
| GKN ORD GBP0.10                                      | 152,490   |
| GLENCORE PLC ORD USD0.01                             | 413,017   |
| IMPERIAL BRANDS PLC GBP0.10                          | 160,296   |
| INTERCONTL HOTELS ORD GBP0.1896656535                | 53,224    |
| INTERTEK GROUP ORD GBP0.01                           | 273,304   |
| ITV ORD GBP0.10                                      | 142,102   |
| KINGFISHER ORD GBP0.157142857                        | 140,152   |
| MARKS & SPENCER GP ORD GBP0.25                       | 98,120    |
| MEGGITT ORD GBP0.05                                  | 48,983    |
| NATIONAL GRID ORD GBP0.113953                        | 518,665   |
| PEARSON ORD GBP0.25                                  | 28,480    |
| PERSIMMON ORD GBP0.10                                | 150,127   |
| PETROFAC ORD USD0.02                                 | 147,355   |
| RECKITT BENCK GRP ORD GBP0.10                        | 466,616   |
| SAGE GROUP GBP0.01051948                             | 127,764   |
| SAINSBURY(J) ORD GBP0.28571428                       | 138,424   |
| SCHROEDERS NON VTG ORD GBP1                          | 122,755   |
| SMITH & NEPHEW ORD USD0.20                           | 268,901   |
| SPORTS DIRECT INTL ORD GBP0.10                       | 17,605    |
| TATE & LYLE ORD GBP0.25                              | 162,780   |
| TESCO ORD GBP0.05                                    | 25,460    |
| UNILEVER PLC ORD GBP0.031111                         | 81,246    |
| WILLIAM HILL ORD GBP0.10                             | 61,806    |
| WM MORRISON SUPERMARKETS ORD GBP0.10                 | 74,770    |
| ADR ASTRAZENECA PLC SPONSORED ADR UNITEDKINGDOM      | 122,940   |
| ADR BAE SYS PLC SPONSORED ADR                        | 223,299   |
| ADR BARCLAYS PLC ADR                                 | 221,100   |
| ADR BP P L C SPONSORED ADR                           | 920,595   |
| ADR BRIT AMERN TOB PLC SPONSORED                     | 59,715    |
| ADR GLAXOSMITHKLINE PLC SPONSORED ADR                | 293,408   |
| ADR IMPERIAL BRANDS PLC SPONSORED ADR                | 174,200   |
| ADR KINGFISHER PLC SPONSORED ADR PAR 15 5/7 PENCE    | 40,185    |
| ADR RELX PLC SPONSORED ADR                           | 136,572   |
| ADR RIO TINTO PLC SPONSORED ADR                      | 191,223   |
| ADR ROYAL DUTCH SHELL PLC SPONSORED ADR REPSTG A SHS | 183,592   |
| ADR SMITH & NEPHEW GROUP P L C SPONSOREDADR NEW      | 39,525    |
| ADR TESCO PLC SPONSORED ADR                          | 162,426   |
| ADR VODAFONE GROUP PLC NEW SPONSORED ADRNO PAR       | 134,902   |
| ADR WPP PLC ADR DR EACH REPR 5 SHS                   | 153,485   |
| DIAGEO PLC SPONSORED ADR NEW                         | 440,602   |
| EXPERIAN PLC                                         | 165,757   |
| FERROGLOBE PLC COM NPV                               | 836,910   |
| ROLLS ROYCE HOLDINGS PLC SPONSORED ADR               | 53,690    |
| SHIRE PLC ADR                                        | 218,086   |

|                                                                          |           |
|--------------------------------------------------------------------------|-----------|
| #REORG/ TESORO NAME CHANGE ANDEAVOR 2G1GAV2 08-01-2017                   | 884,120   |
| #REORG/ XEROX CORP REVERSE SPLIT XEROX 2H1KAW2 06-15-2017                | 89,570    |
| #REORG/HARMAN INTL CASH MERGER 03-13-2017                                | 538,793   |
| #REORG/SWIFT TRANSN REVERSE STOCK SPLIT KNIGHT-SWIFT 2J1SAZ2 09-11-2017  | 340,699   |
| #REORG/TESSERA HLDG NAME CHANGE XPERI CORP 2D1BAT2 02-23-2017            | 771,290   |
| #REORG/ULTRATECH INC CASH & STOCK MERGER VEECO INSTRS 2887916 05-30-2017 | 647,244   |
| 2U INC COM                                                               | 374,795   |
| ACADIA HEALTHCARE CO INC COM                                             | 356,553   |
| ADOBE SYS INC COM                                                        | 768,007   |
| AES CORP COM                                                             | 782,630   |
| AFLAC INC COM                                                            | 166,692   |
| AKAMAI TECHNOLOGIES INC COM STK                                          | 245,582   |
| ALBEMARLE CORP COM                                                       | 403,887   |
| ALEXION PHARMACEUTICALS INC COM                                          | 605,633   |
| ALKERMES PLC SHS                                                         | 27,790    |
| ALLEGHENY TECHNOLOGIES INC COM                                           | 877,281   |
| ALLSTATE CORP COM                                                        | 1,050,799 |
| ALLY FINL INC COM                                                        | 657,578   |
| ALPHABET INC CAP STK USD0.001 CL C                                       | 1,369,981 |
| ALPHABET INC CAPITAL STOCK USD0.001 CL A                                 | 1,291,694 |
| AMAZON COM INC COM                                                       | 1,994,654 |
| AMER ELEC PWR CO INC COM                                                 | 932,626   |
| AMERICAN AIRLINES INC COM USD1                                           | 400,320   |
| AMERICAN INTERNATIONAL GROUP INC COM                                     | 1,237,363 |
| AMGEN INC COM                                                            | 424,886   |
| AMPLIFY SNACK BRANDS INC COM                                             | 67,916    |
| APPLE INC COM STK                                                        | 1,991,525 |
| APPLIED MATERIALS INC COM                                                | 456,975   |
| APPLIED MATERIALS INC COM                                                | 419,187   |
| ARMSTRONG WORLD INDS INC NEW COM STK                                     | 224,591   |
| ARTISAN PARTNERS ASSET MGMT INC CL A CL A                                | 292,353   |
| ASPEN TECHNOLOGY INC COM                                                 | 248,247   |
| ASSURED GUARANTY LTD COMMON STK                                          | 407,576   |
| ASTRONICS CORP COM                                                       | 91,740    |
| AT&T INC COM                                                             | 1,162,643 |
| AUTOMATIC DATA PROCESSING INC COM                                        | 292,923   |
| AVERY DENNISON CORP COM                                                  | 51,752    |
| AXIS CAPITAL HOLDINGS LTD COM USD0.0125                                  | 248,679   |
| BANK OF AMERICA CORP                                                     | 2,366,777 |
| BEACON ROOFING SUPPLY INC COM                                            | 419,559   |
| BED BATH & BEYOND INC COM                                                | 231,201   |
| BELDEN INC COM                                                           | 874,360   |
| BENEFITFOCUS INC COM                                                     | 32,492    |
| BERKLEY W R CORP COM                                                     | 378,508   |
| BERRY GLOBAL GROUP INC COM USD0.01                                       | 1,078,346 |
| BEST BUY INC COM STK                                                     | 386,889   |
| BIG LOTS INC COM                                                         | 92,286    |
| BIOGEN INC COMMON STOCK                                                  | 53,880    |
| BMC STK HLDGS INC COM                                                    | 417,242   |
| BOISE CASCADE CO COM                                                     | 243,113   |
| BOSTON SCIENTIFIC CORP COM                                               | 618,077   |
| BRIGHTCOVE INC                                                           | 396,342   |
| BROADCOM LIMITED COM NPV                                                 | 896,224   |
| CA INC COM                                                               | 337,810   |
| CARDIOVASCULAR SYS INC DEL COM                                           | 428,832   |
| CAREER EDUCATION C COM USD0.01                                           | 508,819   |
| CARPENTER TECHNOLOGY CORP COM                                            | 60,332    |
| CARRIZO OIL & GAS INC COM                                                | 651,235   |
| CAVIUM INC COM                                                           | 162,157   |
| CELANESE CORP DEL COM SER A STK                                          | 369,606   |
| CELGENE CORP COM                                                         | 1,476,391 |
| CELLEX THERAPEUTICS INC NEW COM STK                                      | 78,652    |
| CHARTER COMMUNICATIONS INC NEW CL A CL A                                 | 560,004   |
| CHEVRON CORP COM                                                         | 809,070   |
| CITIGROUP INC COM NEW COM NEW                                            | 2,038,330 |
| CITIZENS FINL GROUP INC COM                                              | 959,266   |
| CITRIX SYS INC COM                                                       | 430,831   |
| CLEARWATER PAPER CORP COM STK                                            | 286,716   |
| COEUR MNG INC COM NEW COM NEW                                            | 504,995   |
| COGENT COMMUNICATIONS HLDGS INC                                          | 954,813   |
| COMCAST CORP NEW-CL A                                                    | 869,340   |
| CONFORMIS INC COM                                                        | 62,070    |
| CONSOL ENERGY INC COM                                                    | 305,061   |
| CONTROL4 CORP COM                                                        | 275,992   |
| COOPER COS INC COM NEW COM NEW                                           | 915,933   |
| COOPER TIRE & RUBBER CO COM, NO PAR                                      | 138,034   |
| COSTAR GROUP INC COM                                                     | 557,930   |
| COSTCO WHOLESALE CORP NEW COM                                            | 800,550   |
| CREE INC COM                                                             | 362,282   |

|                                                                            |           |
|----------------------------------------------------------------------------|-----------|
| CUBIC CORP COM                                                             | 124,718   |
| CYPRESS SEMICONDUCTOR CORP COM                                             | 498,281   |
| DANA INC COM                                                               | 110,786   |
| DANA INC COM                                                               | 192,837   |
| DANAHER CORP COM                                                           | 721,188   |
| DARLING INGREDIENTS INC COMSTK                                             | 109,102   |
| DEAN FOODS CO NEW COM NEW COM USD0.01 (POST REV SPLIT)                     | 413,972   |
| DELTA AIR LINES INC DEL COM NEW COM NEW                                    | 436,020   |
| DEXCOM INC COM                                                             | 437,004   |
| DIAMONDBACK ENERGY INC COM                                                 | 487,615   |
| DOLLAR TREE INC COM STK                                                    | 736,683   |
| DOMTAR CORP COM NEW COM NEW                                                | 120,251   |
| DR PEPPER SNAPPLE GROUP INC COM STK                                        | 51,410    |
| DRIL-QUIP INC COM                                                          | 124,424   |
| DRIL-QUIP INC COM                                                          | 157,031   |
| DXP ENTERPRISES INC COM NEW STK                                            | 216,917   |
| E TRADE FINL CORP FORMERLY E TRADE GROUP INC TO 10/01/2003 COM NEW COM NEW | 288,912   |
| EAGLE MATLS INC COM                                                        | 565,759   |
| EBAY INC COM USD0.001                                                      | 770,812   |
| ECOLAB INC COM STK USD1                                                    | 535,695   |
| EDISON INTL COM                                                            | 846,458   |
| EDWARDS LIFESCIENCES CORP COM                                              | 578,504   |
| EDWARDS LIFESCIENCES CORP COM                                              | 573,444   |
| ELECTR ARTS COM                                                            | 736,012   |
| ELI LILLY & CO COM                                                         | 371,428   |
| ELLIE MAE INC COM STK                                                      | 460,407   |
| ENCORE WIRE CORP COM                                                       | 249,046   |
| ENSCO PLC SHS CLASS A COM                                                  | 494,379   |
| ENTERGY CORP NEW COM                                                       | 554,331   |
| EURONET WORLDWIDE INC COM                                                  | 226,126   |
| EVEREST RE GROUP COM                                                       | 558,528   |
| EVEREST RE GROUP COM                                                       | 283,268   |
| EXELON CORP COM                                                            | 97,952    |
| EXPEDIA INC DEL COM NEW                                                    | 505,229   |
| EXXON MOBIL CORP COM                                                       | 1,829,209 |
| FACEBOOK INC CL A CL A                                                     | 1,629,108 |
| FEDEX CORP COM                                                             | 724,318   |
| FIDELITY NATL INFORMATION SVCS INC COM STK                                 | 628,568   |
| FISERV INC COM                                                             | 520,772   |
| FLEETCOR TECHNOLOGIES INC COM                                              | 746,518   |
| FLEX LTD FLEX LTD                                                          | 574,153   |
| FMC CORP COM (NEW)                                                         | 559,944   |
| FORTIVE CORP COM MON STOCK                                                 | 573,573   |
| GEN MTRS CO COM                                                            | 563,642   |
| GENERAC HLDGS INC COM STK                                                  | 604,093   |
| GENERAL DYNAMICS CORP COM                                                  | 587,044   |
| GENWORTH FINL INC COM CL A COM CL A                                        | 62,815    |
| GILEAD SCIENCES INC                                                        | 782,697   |
| GLOBAL EAGLE ENTERTAINMENT INC                                             | 509,197   |
| GLOBAL PMTS INC COM                                                        | 303,946   |
| GOGO INC COM                                                               | 295,833   |
| GOODYEAR TIRE & RUBBER CO COM                                              | 392,821   |
| GRANITE CONST INC COM                                                      | 216,865   |
| GRAPHIC PACKAGING HLDG CO COM STK                                          | 150,833   |
| GREEN DOT CORP COM STK                                                     | 436,099   |
| GREENHILL & CO INC COM                                                     | 289,742   |
| HARTFORD FINL SVCS GROUP INC COM                                           | 128,321   |
| HAWAIIAN HOLDINGS INC COM                                                  | 748,125   |
| HAWAIIAN HOLDINGS INC COM                                                  | 224,694   |
| HELMERICH & PAYNE INC COM                                                  | 263,083   |
| HOME DEPOT INC COM                                                         | 1,045,154 |
| HONEYWELL INTL INC COM STK                                                 | 894,941   |
| HP INC COM                                                                 | 169,502   |
| HUNTINGTON INGALLS INDS INC COM                                            | 203,162   |
| ILLUMINA INC COM                                                           | 329,703   |
| IMAX CORP COM                                                              | 380,285   |
| INFINERA CORP COM STK USD0.001                                             | 137,589   |
| INGREDION INC COM                                                          | 433,861   |
| INNOPHOS HLDGS INC COM STK                                                 | 173,399   |
| INSULET CORP COM STK                                                       | 860,046   |
| INTEGRATED DEVICE TECHNOLOGY INC COM                                       | 377,902   |
| INTEL CORP COM                                                             | 1,284,901 |
| INTERCONTINENTAL EXCHANGE INC COM                                          | 600,873   |
| INTERFACE INC COM                                                          | 220,819   |
| INTUIT COM                                                                 | 798,488   |
| INTUIT COM                                                                 | 573,050   |
| INTUITIVE SURGICAL INC COM NEW STK                                         | 618,316   |
| ITRON INC COM STK NPV                                                      | 756,903   |
| JABIL INC                                                                  | 555,062   |

|                                                        |           |
|--------------------------------------------------------|-----------|
| JETBLUE AWYS CORP COM                                  | 514,382   |
| JOHNSON & JOHNSON COM USD1                             | 2,521,256 |
| JPMORGAN CHASE & CO COM                                | 2,973,985 |
| JPMORGAN CHASE & CO COM                                | 534,567   |
| KAR AUCTION SVCS INC COM STK                           | 212,631   |
| KIRBY CORP COM                                         | 335,825   |
| KRATON CORPORATION                                     | 625,990   |
| LEAR CORP COM NEW COM NEW                              | 704,606   |
| LEUCADIA NATL CORP COM                                 | 436,635   |
| LINCOLN NATL CORP COM                                  | 564,223   |
| LIONS GATE ENTMT CORP CL B NON VTG NON VOTING SHS CL B | 195,007   |
| LIONS GATE ENTMT CORP VOTING SHARES CL A               | 213,761   |
| LOUISIANA-PACIFIC CORP COM                             | 661,622   |
| LPL FINL HLDGS INC COM                                 | 167,916   |
| LSI INDS INC OHIO COM                                  | 187,232   |
| LULULEMON ATHLETICA INC COM                            | 442,907   |
| LYONDELLBASELL IND N V COM USD0.01 CL 'A'              | 897,773   |
| MARINEMAX INC COM                                      | 309,020   |
| MARTIN MARIETTA MATLS INC COM                          | 398,311   |
| MASTEC INC COM                                         | 1,289,025 |
| MASTERCARD INC CL A                                    | 1,036,630 |
| MAXIM INTEGRATED PRODS INC COM                         | 392,064   |
| MERCK & CO INC NEW COM                                 | 561,090   |
| MERITOR INC COM                                        | 358,888   |
| MICHAEL KORS HOLDINGS LTD COM NPV                      | 544,170   |
| MICRON TECH INC COM                                    | 600,060   |
| MICROSOFT CORP COM                                     | 1,027,796 |
| MICROSOFT CORP COM                                     | 839,698   |
| MODINE MFG CO COM STK                                  | 201,537   |
| MONOLITHIC PWR SYS INC COM                             | 809,960   |
| MOODYS CORP COM                                        | 483,134   |
| MRC GLOBAL INC COM                                     | 309,066   |
| MYRIAD GENETICS INC COM                                | 273,955   |
| NABORS INDUSTRIES COM USD0.10                          | 548,301   |
| NETFLIX INC COM STK                                    | 529,245   |
| NIKE INC CL B                                          | 1,305,314 |
| NORTHROP GRUMMAN CORP COM                              | 682,390   |
| NU SKIN ENTERPRISES INC CL A CL A                      | 242,722   |
| NUANCE COMMUNICATIONS INC COM                          | 389,114   |
| O REILLY AUTOMOTIVE INC NEW COM USD0.01                | 683,497   |
| OCEANEERING INTL INC COM                               | 300,916   |
| ON SEMICONDUCTOR CORP COM                              | 312,275   |
| OWENS CORNING NEW COM STK                              | 847,285   |
| PACWEST BANCORP DEL COM                                | 742,670   |
| PATTERSON-UTI ENERGY INC COM                           | 591,352   |
| PAYPAL HLDGS INC COM                                   | 900,705   |
| PEPSICO INC COM                                        | 515,303   |
| PEPSICO INC COM                                        | 878,160   |
| PFIZER INC COM                                         | 1,959,518 |
| PHILIP MORRIS INTL COM STK NPV                         | 872,815   |
| PIONEER NAT RES CO COM                                 | 538,409   |
| PLANET FITNESS INC CL A CL A                           | 2,975     |
| POPULAR INC COM NEW COM USD6 (POST REV SPLIT)          | 307,134   |
| POPULAR INC COM NEW COM USD6 (POST REV SPLIT)          | 590,036   |
| PRIMORIS SVCS CORP COM                                 | 21,664    |
| PRUDENTIAL FINL INC COM                                | 555,472   |
| PUB SERVICE ENTERPRISE GROUP INC COM                   | 591,415   |
| QORVO INC COM                                          | 862,294   |
| QUANTA SVCS INC COM                                    | 784,195   |
| QUICKLOGIC CORP CDT-COM STK                            | 121,244   |
| RAYMOND JAMES FNCL INC COM STK                         | 460,368   |
| RAYTHEON CO USD0.01                                    | 926,550   |
| REGENERON PHARMACEUTICALS INC COM                      | 673,610   |
| REINSURANCE GROUP AMER INC COM NEW STK                 | 476,015   |
| RELiance STL & ALUM CO COM                             | 240,768   |
| ROGERS CORP COM                                        | 643,361   |
| ROWAN COMPANIES PLC                                    | 677,433   |
| S.W. AIRL CO COM                                       | 237,189   |
| S.W. AIRL CO COM                                       | 565,684   |
| SALESFORCE COM INC COM STK                             | 1,012,523 |
| SANDERSON FARMS INC COM                                | 483,640   |
| SANGAMO THERAPEUTICS INC COM                           | 32,528    |
| SEACHANGE INTL INC COM                                 | 48,452    |
| SEMTECH CORP COM                                       | 191,477   |
| SERVICENOW INC COM USD0.001                            | 582,826   |
| SHERWIN-WILLIAMS CO COM                                | 583,166   |
| SIGNATURE BK NY N Y COM                                | 307,910   |
| SILICON LABORATORIES INC COM                           | 193,115   |
| SILVER SPRING NETWORKS INC COM                         | 209,739   |

|                                                   |           |
|---------------------------------------------------|-----------|
| SKYWORKS SOLUTIONS INC COM                        | 743,614   |
| SOUTHWESTERN ENERGY CO COM                        | 91,678    |
| SPIRIT AEROSYSTEMS HLDGS INC CL A                 | 844,616   |
| SPIRIT AIRLS INC COM                              | 148,932   |
| SPLUNK INC COMSTK COM USD0.001                    | 563,417   |
| STARBUCKS CORP COM                                | 1,179,800 |
| STEEL DYNAMICS INC COM                            | 180,142   |
| STERIS PLC NEW STERIS LTD COMSTK                  | 310,331   |
| SUN TR BANKS INC COM                              | 1,055,972 |
| SYNAPTICS INC COM                                 | 166,098   |
| SYSCO CORP COM                                    | 731,382   |
| TAILORED BRANDS INC COM                           | 253,226   |
| TAKE-TWO INTERACTIVE SOFTWARE INC CDT-COM CDT-COM | 284,108   |
| TANDEM DIABETES CARE INC COM                      | 48,128    |
| TENNECO INC                                       | 112,321   |
| THE PRICELINE GROUP INC                           | 930,948   |
| THERMO FISHER CORP                                | 588,387   |
| TIVO CORP COM NPV                                 | 1,556,423 |
| TRAVELERS COS INC COM STK                         | 1,019,881 |
| TREX CO INC COM                                   | 373,713   |
| TRINSEO S A COMMON STOCK                          | 255,346   |
| TRONOX LTD SHS CL A                               | 334,096   |
| TUTOR PERINI CORP COM                             | 572,628   |
| TYSON FOODS INC CL A COM (DELAWARE)               | 237,098   |
| UNION PAC CORP COM                                | 622,080   |
| UNITED CONTL HLDGS INC COM STK                    | 1,010,408 |
| UNITED CONTL HLDGS INC COM STK                    | 2,761,933 |
| UNITED THERAPEUTICS CORP DEL COM STK              | 913,075   |
| UNITEDHEALTH GROUP INC COM                        | 1,510,778 |
| UNUM GROUP                                        | 367,782   |
| UNVL DISPLAY CORP COM                             | 491,386   |
| UNVL ELECTRS INC COM                              | 239,158   |
| VALERO ENERGY CORP COM STK NEW                    | 1,106,374 |
| VEECO INSTRS INC DEL COM                          | 749,272   |
| VERIFONE SYSTEMS INC COM                          | 81,788    |
| VERISIGN INC COM                                  | 748,072   |
| VERIZON COMMUNICATIONS COM                        | 1,436,669 |
| VISA INC COM CL A STK                             | 2,032,421 |
| VOYA FINL INC COM                                 | 890,804   |
| WABCO HLDGS INC COM STK                           | 190,645   |
| WAL-MART STORES INC COM                           | 817,413   |
| WATSCO INC COM                                    | 458,431   |
| WEB COM GROUP INC COM                             | 133,457   |
| WEBSTER FNCL CORP WATERBURY CONN COM              | 322,369   |
| ZOETIS INC COM USD0.01 CL 'A'                     | 1,133,230 |

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|--------------------|-------------|
| TOTAL COMMON STOCK | 220,814,127 |
|--------------------|-------------|

#### COMMON/COLLECTIVE TRUSTS

|                                                               |               |
|---------------------------------------------------------------|---------------|
| ALLIANCE BERNSTEIN EMERGING MARKETS MULTI-ASSET COLLECTIVE TR | 46,917,542.00 |
| * COLTV SHORT TERM INVT FD                                    | 3,435,358     |
| LOOMIS SAYLES CORE PLUS FIXED INCOME TRUST FUND               | 77,931,351.00 |
| * NORTHERN TRUST COLLECTIVE EXTENDED EQTY MKT IDX FD          | 46,958,935.00 |
| * NORTHERN TRUST COLLECTIVE TIPS INDEX FD                     | 17,666,260.00 |
| * NT COLLECTIVE AGGREGATE BOND INDEX FUND                     | 53,484,447.00 |
| * NT COLLECTIVE ALL CTY WLD EX-US INVSTBL MKT IDX FD          | 72,735,621.00 |
| * NT COLLECTIVE S&P500 INDEX FUND                             | 154,154,000   |
| WELLS FARGO / BLACKROCK SHORT-TERM INVESTMENT FUND S          | 14,358,977    |
| WELLS FARGO FIXED INCOME A                                    | 45,369,958    |
| WELLS FARGO FIXED INCOME F                                    | 44,265,435    |
| WELLS FARGO FIXED INCOME L                                    | 113,710,728   |

|                                |             |
|--------------------------------|-------------|
| TOTAL COMMON/COLLECTIVE TRUSTS | 690,988,612 |
|--------------------------------|-------------|

#### REGISTERED INVESTMENT COMPANIES

|                                                               |               |
|---------------------------------------------------------------|---------------|
| MFC ISHARES INC MSCI BRAZIL CAPPED ETF                        | 180,036.00    |
| MFC ISHARES TR MSCI EAFE ETF                                  | 2,372,299.00  |
| MFO DEUTSCHE REAL ESTATE SEC-INSTL                            | 8,657,562.00  |
| MFO DFA U.S SMALL CAP VALUE PORTFOLIO                         | 48,846,281.00 |
| MFO PIMCO FDS PAC INVT MGMT SER ALL AST FD INSTL CL 722005626 | 33,213,990.00 |
| MFO WELLS FARGO FUNDS TRUST TOTAL RETURNBD FD CL R6           | 31,960,093.00 |

|                                       |             |
|---------------------------------------|-------------|
| TOTAL REGISTERED INVESTMENT COMPANIES | 125,230,261 |
|---------------------------------------|-------------|

#### OTHER ASSETS

|                                                                   |            |
|-------------------------------------------------------------------|------------|
| SELF-DIRECTED BROKERAGE ACCOUNTS                                  | 23,256,921 |
| ADR ITAU UNIBANCO HLDG SA SPONSORED ADR REPSTG 500 PFD PFD ADR    | 212,979    |
| ADR PETROLEO BRASILEIRO SA PETROBRAS SPONSORED ADR REPSTG PFD SHS | 79,175     |
| AMERICAN HOMES 4 RENT                                             | 449,182    |

|                                         |         |
|-----------------------------------------|---------|
| AMERICAN TOWER CORP                     | 501,452 |
| CBL & ASSOC PPTYS INCCOM                | 190,670 |
| DUPONT FABROS STOCK MERGER DIGITAL RLTY | 401,301 |
| HOSPITALITY PPTYS TR                    | 519,901 |
| HOST HOTELS & RESORTS INC REIT          | 322,899 |
| HUDSON PACIFIC PROPERTIES INC           | 233,026 |
| LENDLEASE GROUP NPV (STAPLED)           | 2,075   |
| MACK CALI RLTY CORP REIT                | 231,841 |
| NORTHSTAR RLTY STOCK MERGER COLONY      | 130,411 |
| OMEGA HEALTHCARE INVS INC REIT          | 4,939   |
| PIEDMONT OFFICE REALTY TRU-A            | 104,655 |
| PORSCHE AUTO HL SE NON VTG PRF NPV      | 313,411 |
| RWE AG NON VTG PRF NPV                  | 50,893  |
| SCHAEFFLER AG NPV (NON VTG PRF SHS)     | 104,602 |
| SENIOR HSG PPTYS TR                     | 122,023 |

|                    |            |
|--------------------|------------|
| TOTAL OTHER ASSETS | 27,232,356 |
|--------------------|------------|

|                            |                            |            |
|----------------------------|----------------------------|------------|
| * <b>PARTICIPANT LOANS</b> | Interest Rates 4.25%-9.25% | 24,469,130 |
|----------------------------|----------------------------|------------|

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|-------|--------------------------------|
| TOTAL | <u><u>\$ 1,090,044,239</u></u> |
|-------|--------------------------------|

\* Party in interest

\*\* Cost information omitted as all investments are fully participant directed.