

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>LSC SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/02/2016</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>09/02/2016</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>09/02/2016</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LSC COMMUNICATIONS US, LLC</u> <u>191 N. WACKER DR SUITE 1400</u> <u>CHICAGO, IL 60606</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>37-1804157</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>773-272-9202</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>323100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>37-1804157</u>	2c Plan Sponsor's telephone number <u>773-272-9202</u>	2d Business code (see instructions) <u>323100</u>	
2b Employer Identification Number (EIN) <u>37-1804157</u>					
2c Plan Sponsor's telephone number <u>773-272-9202</u>					
2d Business code (see instructions) <u>323100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/21/2021	KATHERINE EGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☐ Same as Plan Sponsor BENEFITS COMMITTEE VICE PRESIDENT, BENEFITS LSC COMMUNICATIONS US, LLC 191 NORTH WACKER DRIVE SUITE 1400 CHICAGO, IL 60606	3b Administrator's EIN 36-4952859 3c Administrator's telephone number 773-272-9262
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 23884
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 18736 6a(2) 16782 6b 581 6c 5190 6d 22553 6e 61 6f 22614 6g 20379 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2S 2T 3F b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ 0 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan LSC SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LSC COMMUNICATIONS US, LLC	D Employer Identification Number (EIN) 37-1804157	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GREAT-WEST LIFE & ANNUITY INS CO
84-0467907

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NORTHERN TRUST
36-2723087

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PACIFIC INVESTMENT MGMT COMPANY
33-0629048

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
WINSLOW CAPITAL MGMT, LLC
90-0860898

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

GALLIARD CAPITAL MANAGEMENT

41-1813702

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

WELLS CAPITAL MANAGEMENT

95-3692822

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

NORTHERN TRUST INVESTMENTS, INC

36-3608252

(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

ALLIANCE BERNSTEIN

13-4064930

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

DEUTSCHE AM DISTRIBUTORS, INC

36-3976708

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

WELLS FARGO FUNDS MANAGEMENT

94-3382001

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

LOOMIS SAYLES & CO

84-6391546

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

DWS DISTRIBUTORS, INC.

36-3976708

(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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 64	NONE	973214	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADVISED ASSETS GROUP, LLC

84-1532243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	511157	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WINSLOW CAPITAL MGMT

90-0860898

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	442193	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	378852	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

FRONTIER CAPITAL MANAGEMENT CO LLC

04-3492668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	365450	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER INVESTMENT CONSULTING LLC

61-0736136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	187500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MERCER INVESTMENTS LLC

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	186250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARONSON & JOHNSON & ORTIZ, LP

23-2312104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	185047	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARROWSTREET CAPITAL, LP

04-3472863

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	170158	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JPMORGAN CHASE BANK, NA

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	130000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO SHORT TERM INV-S</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO TRUST COMPANY</u>		
c EIN-PN <u>41-6292499-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5264643</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALLIANCE BERNSTEIN EMERGING MARKETS</u>		
b Name of sponsor of entity listed in (a): <u>ALLIANCE BERNSTEIN LP</u>		
c EIN-PN <u>04-6948485-038</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>50795464</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES CORE PLUS FIX INCOME</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY</u>		
c EIN-PN <u>84-6391546-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>83575921</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLTIVE SHORT TERM INV</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC</u>		
c EIN-PN <u>45-6138589-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4478364</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE ACWI EX-US MARKET FD</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC</u>		
c EIN-PN <u>45-6138589-223</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>88559637</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE TIPS INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC</u>		
c EIN-PN <u>45-6138589-091</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31611172</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE AGGREGATE BOND INDEX</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC</u>		
c EIN-PN <u>45-6138589-088</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>62208031</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

c EIN-PN 45-6138589-110	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53252538
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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

c EIN-PN 52-2250963-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51559200
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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

c EIN-PN 52-2252204-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66400080
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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

c EIN-PN 27-6635237-276	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43029580
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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

c EIN-PN 45-6138589-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 196122522
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a Name of MTIA, CCT, PSA, or 103-12 IE: MFO ARROWSTREET INTERNATIONAL EQUIT

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

c EIN-PN 30-6507806-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59843935
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan LSC SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 LSC COMMUNICATIONS US, LLC	D Employer Identification Number (EIN) 37-1804157	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	249143	234462
(2) Participant contributions.....	1b(2)	16645	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	207793	191582
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	214936702	193911734
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	21939906	20331562
(9) Value of interest in common/collective trusts	1c(9)	665829968	796701087
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	135092715	140177711
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	24929943	26666140

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	1063202815	1178214278

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	478345	457612
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	300801	292402
k Total liabilities (add all amounts in lines 1g through 1j)	1k	779146	750014

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1062423669	1177464264
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	10358437	
(B) Participants	2a(1)(B)	45469251	
(C) Others (including rollovers)	2a(1)(C)	3727985	
(2) Noncash contributions	2a(2)	0	59555673
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	1147094	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1147094
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	7315940	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		7315940
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7010464
(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)		0
c Other income	2c		177910018
d Total income. Add all income amounts in column (b) and enter total	2d		252939189

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	135467124	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		135467124
f Corrective distributions (see instructions)	2f		315383
g Certain deemed distributions of participant loans (see instructions)	2g		611885
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	4200	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	511157	
(4) Other	2i(4)	988845	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1504202
j Total expenses. Add all expense amounts in column (b) and enter total	2j		137898594

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		115040595
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☐ Unmodified (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: **BAKER TILLY VIRCHOW KRAUSE, LLP**

(2) EIN: **39-0859910**

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		19391
4b		X	

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

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

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

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

5c 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.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2019
v. 190130

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): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment
19	<p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p>a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p>b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more</p> <p>c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____</p>
20	<p>PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p>a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No</p> <p>b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____</p>

LSC SAVINGS PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Including Independent Auditors' Report

As of December 31, 2019 and 2018, and for the year ended December 31, 2019

LSC Savings Plan

As of December 31, 2019 and 2018, and for the year ended December 31, 2019 Index

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Note: All other schedules required by Section 2520.103-10 of the Department Of Labor's rules and regulating and disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable to the LSC Savings Plan.

INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Administrator of
LSC Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of LSC Savings Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by The Northern Trust Company, the trustee of the Plan ("Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of December 31, 2019 and 2018, and for the year ended December 31, 2019, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the accompanying financial statements. Accordingly, we do not express an opinion on these financial statements.

Other Matters- Report on the Supplementary Information

The supplemental schedules Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2019, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Baker Tilly US, LLP

Baker Tilly US, LLP (formerly known as Baker Tilly Virchow Krause, LLP)
Chicago, Illinois
October 8, 2020

LSC SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2019 AND 2018
(EMPLOYER IDENTIFICATION NUMBER 37-1804157, PLAN NUMBER 001)

	2019	2018
ASSETS		
Plan investments, at fair value	\$ 991,394,741	\$ 835,536,313
Plan investments, at contract value	163,298,977	207,575,406
Receivables:		
Employer	234,462	249,143
Participant	-	16,645
Notes receivable from participants	22,286,482	23,621,479
Total receivables	22,520,944	23,887,267
Total assets	1,177,214,662	1,066,998,986
LIABILITIES		
Accrued expenses and other liabilities	457,612	478,345
Excess contributions payable	292,402	300,801
Total liabilities	750,014	779,146
NET ASSETS AVAILABLE FOR BENEFITS	\$ 1,176,464,648	\$ 1,066,219,840

LSC SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2019
(EMPLOYER IDENTIFICATION NUMBER 37-1804157, PLAN NUMBER 001)

ADDITIONS TO NET ASSETS:

Investment income	
Dividend and interest income	\$ 7,315,940
Net appreciation in fair value of investments	179,851,347
	<hr/>
Net investment gain	187,167,287
 Interest income on notes receivable from participants	 1,197,399
 Contributions	
Employer	10,358,436
Participants	45,469,252
Rollovers	3,727,985
	<hr/>
Total contributions	59,555,673
	<hr/>
Total additions	247,920,359

DEDUCTIONS FROM NET ASSETS:

Benefits paid to participants	136,171,349
Administrative expenses	1,504,202
	<hr/>
Total deductions	137,675,551
	<hr/>
Net increase	110,244,808

NET ASSETS, BEGINNING OF YEAR	<hr/> 1,066,219,840
NET ASSETS, END OF YEAR	<hr/> <hr/> \$ 1,176,464,648

**LSC SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS**

AS OF DECEMBER 31, 2019 AND 2018, AND FOR THE YEAR ENDED DECEMBER 31, 2019

NOTE 1 – PLAN DESCRIPTION

General

The following description of the LSC Savings Plan (the “Plan”) is provided for general information purposes only. For more complete information, refer to the Summary Plan Description and the Plan document, including any modifications and amendments thereto. The Plan is a defined contribution plan sponsored by LSC Communications US, LLC (the “Company”) and is designed to allow eligible employees to save for retirement on a tax-advantaged basis. The Plan is intended to qualify as a cash or deferred arrangement under Section 401(k) of the Internal Revenue Code of 1986, as amended (the “Code”), and is subject to the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Administration

The Plan is administered by the Plan’s Benefits Committee and its delegates. The Plan’s assets are held in the LSC Savings Trust (the “Trust”). The Northern Trust Company (“Trustee”) serves as the trustee of the Trust and custodian of the Plan’s assets. Great West Financial, operating under the brand name Empower Retirement, is the Plan’s recordkeeper.

Eligibility

Generally, all employees of the Company and its U.S. subsidiaries are eligible to become Plan members (“participants”), unless they are part of a bargaining unit that does not participate in the Plan. Except with respect to certain contingent employees, eligible employees are not required to satisfy any service or age requirements to participate in the Plan and, accordingly, become eligible to participate in the Plan on their first day of employment with the Company or one of its participating affiliates. Effective January 1, 2019, the Company eliminated the one-year eligibility requirement for contingent employees to participate in the Plan. As a result, all eligible employees are now eligible to immediately participate in the Plan.

Elections to participate in the Plan are effective as soon as administratively practicable. The Plan has automatic enrollment provisions pursuant to which eligible employees are automatically enrolled 30 days after being hired, unless the employee opts out of automatic enrollment or elects to be enrolled earlier. Individuals who are automatically enrolled make contributions on a before-tax basis equal to 3% of eligible compensation.

Contributions

Eligible employees may elect to make before-tax, after-tax and Roth 401(k) contributions under the Plan. Subject to certain limitations, the contribution election percentages allowed are from 1%-85% of eligible compensation for before-tax, after-tax and Roth 401(k) contributions, and the total of all elections cannot exceed 85% of eligible compensation. Before-tax, after-tax and Roth 401(k) contributions are funded by payroll deductions and must be made in whole percentages of employee eligible earnings, although contributions designated as “catch-up” contributions (made by those over age 50) must be designated in full dollar amounts. Participants can change contribution elections at any time.

The Plan permits the Company to provide a company matching contribution and a discretionary contribution. Effective January 1, 2019, the Company implemented a one year waiting period for any new hires on or after January 1, 2019 to receive the company match. The Company made a company matching contribution equal to 50% on the first 3% of eligible compensation for any before-tax and/or Roth 401(k) contributions for the 2019 Plan year. Company matching contributions, are contributed to the Plan in cash and invested according to the participant’s investment elections. The Company did not make any discretionary contributions for the 2019 Plan year.

Employees may also roll over amounts to the Plan that were distributed from certain types of retirement plans and accounts.

Participant Accounts

Each participant’s account is credited with the participant’s contributions and the Company’s matching contributions and discretionary contributions, if any, and allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses.

**LSC SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS**

AS OF DECEMBER 31, 2019 AND 2018, AND FOR THE YEAR ENDED DECEMBER 31, 2019

NOTE 1 – PLAN DESCRIPTION (CONTINUED)

Participant Accounts (continued)

Allocations are based on participant earnings, account balances, defined monthly charges or specific participant transactions, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting and Forfeited Accounts

Generally, participants are 100% vested in their before-tax, after-tax, Roth 401(k) and rollover contributions and investment earnings thereon. Participants are also generally 100% vested with respect to company matching and discretionary contributions (and earnings thereon) unless the contributions are subject to an alternate vesting schedule.

At December 31, 2019 and 2018, forfeited non-vested accounts totaled \$163,801 and \$83,098, respectively. These accounts may be used to reduce future employer contributions or administrative expenses. During 2019, \$194,598 of employer contributions and no Plan expenses were funded from forfeited non-vested accounts.

Notes Receivable from Participants

Participants are permitted to borrow up to the lesser of 50% of their vested before-tax, after-tax, Roth 401(k), matching and rollover account balance, or \$50,000, reduced by the highest outstanding loan balance in the last 12 months. The minimum loan amount is \$1,000. Subject to certain exceptions for historical loans and loans originated under other plans, participants are allowed only one outstanding loan at any time and the maximum loan repayment period is four and a half years. The loans are secured by the balance in the participants' accounts and bear interest at a rate equal to 1% over the prime rate, as published in the Wall Street Journal. The interest rate for the loans outstanding as of December 31, 2019 and 2018 ranged from a low of 4.25% to a high of 9.25%, which are commensurate with local prevailing rates. The participant pays an administrative fee of \$50 to the Plan's recordkeeper, Empower Retirement, at the inception of the loan. Principal and interest is paid ratably through payroll deductions.

Benefit Payments and Withdrawals

A participant's account balance may be distributed on retirement or other termination of employment. Distributions may be made in the form of lump sum distribution of all or a portion of the participant's account, or in installment payments. Investments in the brokerage account may be distributed in-kind. All other payments are made in cash.

A participant may withdraw his or her after-tax contributions and rollover contributions, and the value of the participant's Fund B account, if any, at any time, and may withdraw an amount from his or her vested account while he or she is still employed if he or she incurs a financial hardship, or has attained age 59.5. A participant may withdraw all or part of his or her before-tax or Roth 401(k) contributions if he or she is in the uniformed services while on active duty for more than 30 days. A participant may withdraw any portion of his or her vested account after attaining age 70.5, and will be required to begin taking distributions of his or her vested account upon the later of attainment of age 70.5 or termination of employment.

Investment Options

Participants are permitted to direct how their account balance under the Plan is invested. Subject to certain restrictions, participants can change investment elections on a daily basis. As of December 31, 2019 and 2018, the following investment options were offered under the Plan:

Core Investment Funds— investment funds that invest in different asset classes, such as fixed income funds, bond funds, stock funds, and funds that invest in alternative investments.

Target Date Funds— mix of investments in core investment funds that automatically reduce their level of equity risk over time and target retirement at age 65.

Conservative Income Fund— a conservative portfolio comprised of a mix of investments in core investment funds with equity risk maintained lower than any Target Date Fund.

LSC SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2019 AND 2018, AND FOR THE YEAR ENDED DECEMBER 31, 2019

NOTE 1 – PLAN DESCRIPTION (CONTINUED)

Self-Directed Brokerage Account— participants may invest a portion of their account balance under the Plan in investment options not otherwise offered under the Plan, such as certain mutual funds, stocks, or bonds, by directing such portion of their account balance to be invested through a self-directed brokerage account under the Plan.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (“US GAAP”). The accounts of the Plan are maintained on the accrual basis of accounting. Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan’s investments are stated at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements, including details on inputs, valuation techniques and the fair value levels within the fair value hierarchy.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation of investments included in the accompanying Statement of Changes in Net Assets available for Benefits includes realized gains or losses from the sale of investments during the year, the change in unrealized appreciation or depreciation in the fair value of investments held during the year and any investment related expenses, such as investment manager fees.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. Fees related to the administration of notes receivable from participants are included in the principal amount borrowed and are charged directly to a participant by reducing the amount of principal disbursed to the participant at loan origination.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses paid by the Company include audit fees, legal fees, and some other administrative fees and are excluded from these financial statements. Administrative expenses paid by the Plan include recordkeeping fees, investment consulting fees, custody fees, and most other administrative fees. Investment related expenses paid by the Plan, such as investment management fees, are included in net appreciation/ (depreciation) in fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

LSC SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2019 AND 2018, AND FOR THE YEAR ENDED DECEMBER 31, 2019

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction in contributions. The Plan distributed the 2019 excess contributions to the applicable participants before June 30, 2020.

Risks and Uncertainties

The Plan provides various options for investing in securities. Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

NOTE 3 – GALLIARD STABLE VALUE FUND

The Plan assets include benefit-responsive investment contracts via investment in the Galliard Stable Value Fund ("the Fund"), an investment option of the Plan. The Fund is solely owned by the Plan and therefore the Plan owns the Fund's underlying contracts and investments.

The Fund primarily invests in security-backed contracts issued by insurance companies and other financial institutions. A security-backed contract is an investment contract issued by an insurance company or other financial institution, backed by a portfolio of bonds or units of a collective fund that are owned by the Fund. The portfolio underlying the contract is maintained separately from the contract issue's general assets, usually by a third party custodian. These contracts typically allow for realized and unrealized gains and losses on the underlying assets to be amortized, usually over the duration of the underlying investments, through adjustment to the future interest crediting rate, rather than reflected immediately in the net assets of the Fund. The security-backed contracts are designed to reset their respective crediting rates on a quarterly basis and cannot credit an interest rate that is less than 0%. The issuer guarantees that all qualified participant withdrawals will be at contract value.

The Fund's investments are reported at contract value, except for a short-term investment collective trust fund used for liquidity, which is at fair value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transaction under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Risks arise when entering into any investment contract due to the potential inability of the issuer to meet the terms of the contract. In addition, security-backed contracts have the risk of default or the lack of liquidity of the underlying portfolio assets. The credit risk of each issuer is evaluated and monitored through Galliard's credit analysis, and the underlying portfolio assets are rated investment grade at the time of purchase.

The primary variables impacting the future crediting rates of security-backed contracts include:

- The current yield of the assets underlying the contract;
- The duration of the assets underlying the contract; and
- The existing difference between the fair value and contract value of the assets within the contract.

The crediting rate of security-backed contracts will track current market yields on a trailing basis. The rate reset allows the contract value to converge with the fair value of the underlying portfolio over time, assuming the portfolio continues to earn the current yield for a period of time equal to the current portfolio duration.

LSC SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2019 AND 2018, AND FOR THE YEAR ENDED DECEMBER 31, 2019

NOTE 3 – GALLIARD STABLE VALUE FUND (CONTINUED)

Security-backed contracts generally provide for withdrawals associated with certain events which are not in the ordinary course of Fund operations and are paid with a market value adjustment. Events that may trigger a market value adjustment can include the following:

- Material amendments to the Fund’s structure or administration;
- Changes to the participating plans’ competing investment options including the elimination of equity wash provisions;
- Complete or partial termination of the Fund, including merger with another fund;
- The failure of the Fund to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the ERISA;
- The redemption of all or a portion of the interests in the Fund held by a participating plan including withdrawals due to the removal of a specifically identifiable group of employees from coverage under the participating plan, the closing or sale of a subsidiary, employing unit, or affiliate, the bankruptcy or insolvency of a plan sponsor, the merger of the plan with another plan, or the plan sponsor’s establishment of another tax qualified defined contribution plan;
- Any change in law, regulation, ruling, administrative or judicial position, or accounting requirement, applicable to the Funds or participating plans; and
- The delivery of any communication to plan participants designed to influence a participant not to invest in the Fund.

As of December 31, 2019, no events are probable of occurring that might limit the Fund’s ability to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants. Participants may redeem their shares at any time at contract value. However, there is a 90 day equity wash restriction for transfers from the Stable Value Fund to the brokerage option.

NOTE 4 – FAIR VALUE MEASUREMENTS

Various inputs are used in determining the fair value of the Plan’s investments. These inputs are categorized in the three tier value hierarchy, which prioritizes valuation methodology based on the reliability of inputs, as listed below:

Level 1 – Valuations based on quoted prices for identical assets and liabilities in active markets.

Level 2 – Valuations based on observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data.

Level 3 – Valuations based on unobservable inputs reflecting the Plan’s own assumptions, consistent with reasonably available assumptions made by other market participants.

The asset or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of the input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description by major asset categories of the valuation methodologies and levels used for determining fair value. There have been no changes in the methodology used at December 31, 2019 and 2018.

Cash – Carrying value approximates fair value. Cash is classified as Level 1.

Equity securities – The values of individual equity securities, primarily common stock and exchange traded real estate investment trusts, are based on quoted prices in active markets. As such, these assets are classified as Level 1.

Collective trust funds – The fair values of participation units held in collective trusts are based on the net asset value (“NAV”) reported by the fund managers as of the financial statement dates and recent transaction prices, but are not quoted on active markets.

LSC SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2019 AND 2018, AND FOR THE YEAR ENDED DECEMBER 31, 2019

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

The NAV is used as a practical expedient. Each collective trust provides for daily redemptions by the Plan at reported NAVs per share, with no advance notice requirement.

Registered investment companies – valued at the NAV of shares held by the Plan at year-end, which is obtained from an active market and classified as Level 1.

Self-directed brokerage accounts – The individually managed self-directed brokerage accounts are also classified as Level 1 since the underlying investments are actively traded on a market or exchange.

The valuation methodologies described above may generate a fair value calculation that may not be indicative of net realizable value or future fair values. While the Plan believes the valuation methodologies used are appropriate, the use of different methodologies or assumptions in calculating fair value could result in different amounts. The Plan invests in various assets in which valuation is determined by NAV. The Plan believes that the NAV is representative of fair value at the reporting date, as there are no significant restrictions on redemption of these investments or other reasons to indicate that the investment would be redeemed at an amount different than the NAV.

The fair values of the Plan's investments within the fair value hierarchy as of December 31, 2019 and 2018 were as follows:

Investment Category	Level 1	Level 2	Level 3	Total as of December 31, 2019
Cash	\$ 191,582	\$ -	\$ -	\$ 191,582
Equity securities	197,379,102	-	-	197,379,102
Registered investment companies	140,177,711	-	-	140,177,711
Self-directed brokerage accounts	23,198,772	-	-	23,198,772
Total in fair value hierarchy	360,947,167	-	-	360,947,167

Investments measured at NAV:*

Collective trust funds	630,447,574
Total investments at fair value	<u>\$ 991,394,741</u>

Investment Category	Level 1	Level 2	Level 3	Total as of December 31, 2018
Cash	\$ 207,793	\$ -	\$ -	\$ 207,793
Equity securities	217,776,628	-	-	217,776,628
Registered investment companies	135,092,715	-	-	135,092,715
Self-directed brokerage accounts	22,090,017	-	-	22,090,017
Total in fair value hierarchy	375,167,153	-	-	375,167,153

Investments measured at NAV:*

Collective trust funds	460,369,160
Total investments at fair value	<u>\$ 835,536,313</u>

**LSC SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS**

AS OF DECEMBER 31, 2019 AND 2018, AND FOR THE YEAR ENDED DECEMBER 31, 2019

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

* In accordance with U.S. GAAP, certain investments that are measured at NAV per share (or its equivalent) as a practical expedient are not classified in the fair value hierarchy as of December 31, 2019 and 2018. The fair value amounts presented in this table for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value presented in the statements of net assets available for benefits.

NOTE 5 – TAX STATUS OF THE PLAN

The Plan obtained its latest determination letter dated February 22, 2018, in which the Internal Revenue Service stated that the Plan, as designed, was in compliance with the applicable requirements of the Code, including Sections 401(a) and 401(k) of the Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan remains tax-exempt as of the financial statement date.

US GAAP requires Plan management to evaluate tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken. The Plan has not recognized interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, the rights of the participants in their account balances will, to the extent not already vested, become 100% vested.

NOTE 7 – RELATED PARTY AND PARTY –IN-INTEREST TRANSACTIONS

Certain plan investments are managed by the Trustee. Fees paid by the Plan to the Trustee for investment management services are party-in-interest transactions, for which there is an exemption. The Plan reimburses the Company for certain employees' compensation and related benefit costs related to the administration of the Plan and such reimbursements constitute a party-in-interest transaction for which there is an exemption. In addition, notes receivable from participants constitute a party-in-interest transaction for which there is an exemption.

NOTE 8 – INFORMATION CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of annual reporting permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate as specified:

- Plan investments and notes receivable from participants as shown in the statements of net assets available for plan benefits as of December 31, 2019 and 2018
- Investment income and interest income on notes receivable from participants as shown in the statement of changes in net assets available for plan benefits for the year ended December 31, 2019
- Supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2019

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

**LSC SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS**

AS OF DECEMBER 31, 2019 AND 2018, AND FOR THE YEAR ENDED DECEMBER 31, 2019

NOTE 9 – RECONCILIATION TO FORM 5500

The following table reconciles the financial statements to the Plan Form 5500 as filed for the Plan:

	<u>2019</u>	<u>2018</u>
Net Assets Available for Benefits per the financial statements	\$ 1,176,464,648	\$ 1,066,219,840
Contract value to fair value adjustment for fully benefit-responsive investment contracts reported at fair value on Form 5500	2,954,536	(2,114,598)
Less: Deemed loans distributions	<u>(1,954,920)</u>	<u>(1,681,573)</u>
Net Assets Available for Benefits per the Form 5500	<u>\$ 1,177,464,264</u>	<u>\$ 1,062,423,669</u>

The following is a reconciliation of the net increase in net assets per the financial statements to the Plan Form 5500 for the year ended December 31, 2019:

Net increase in Net Assets Available for Benefits per the financial statements	\$ 110,244,808
Less: 2018 contract value to fair value adjustment	2,114,598
Add: 2019 contract value to fair value adjustment	2,954,536
Less: change in deemed loans	<u>(273,347)</u>
Net increase in Net Assets Available for Benefits per the Form 5500	<u>\$ 115,040,595</u>

NOTE 10 – PLAN AMENDMENTS

The Plan is amended from time to time in connection with acquisitions to provide, among other things, eligibility to participate in the Plan, recognition of prior service, and matching and/or profit-sharing contributions for certain (usually collectively bargained) participants. Effective January 1, 2019, the Plan was amended to add a one year waiting period for any new hires on or after January 1, 2019 to receive the company match and to eliminate the one year eligibility requirement for contingent employees to participate in the Plan. Also effective January 1, 2019, the Plan was amended to reflect changes required or permitted by the Bipartisan Budget Act of 2018 enacted by the United States Congress and to clarify certain Plan document sections.

NOTE 11 – DELINQUENT PARTICIPANT CONTRIBUTIONS

Participant contributions of \$19,391 from Plan year 2018 that had not been remitted to the Plan on a timely basis were remitted to the Plan during Plan year 2019, along with the related interest income due. The Plan administrator will fully correct these late remittances under the Department of Labor's Voluntary Fiduciary Correction Program in 2020.

NOTE 12 – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 8, 2020, which is the date that the financial statements were approved and available to be issued, for events requiring recording or disclosure in the Plan's financial statements.

LSC SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2019 AND 2018, AND FOR THE YEAR ENDED DECEMBER 31, 2019

NOTE 12 – SUBSEQUENT EVENTS (CONTINUED)

On April 13, 2020, LSC Communications, Inc. ("LSC"), the parent of the Company, filed voluntary petitions for relief under Chapter 11 of title 11 of the United States Code, 11 U.S.C. §§ 101-1532 in the United States Bankruptcy Court for the Southern District of New York. As a result of the filing, there is substantial doubt about LSC's ability to continue as a going concern. The ability for LSC to continue as a going concern and the Company to provide future funding to the Plan is contingent upon LSC's ability to implement a restructuring plan. The restructuring plan could materially change provisions under the Plan.

Effective May 15, 2020, the Plan was amended to cease company matching contributions with respect to compensation paid to participants after May 14, 2020.

In March 2020, the World Health Organization declared the outbreak of novel coronavirus disease ("COVID-19") as a global pandemic, triggering volatility in financial markets and a significant negative impact on the global economy. As a result of COVID-19, the current fair value of the Plan's investments may be materially different from the amounts presented on the statement of net assets available for benefits as of December 31, 2019.

The COVID-19 outbreak continues to spread as of the date of this report. There are many uncertainties related to the COVID-19 global pandemic that could negatively affect the Plan's net assets available for benefits and changes in net assets available for benefits. The Plan's individual investments fluctuate in response to changing market conditions, therefore the effect of the COVID-19 pandemic on its investment values in subsequent periods, if any, cannot be determined.

In response to COVID-19, the United States Congress passed the Coronavirus Aid, Relief and Economic Security Act (CARES Act) to provide expanded access to retirement plan accounts. The Plan adopted provisions under the CARES Act related to distributions, loans and deferred loan repayments for those participants who qualify under the CARES Act.

The SECURE Act, which was signed into law on December 20, 2019, changed the required minimum distribution age from 70 ½ to 72 for participants who turn age 70 ½ on or after January 1, 2020.

LSC SAVINGS PLAN
SCHEDULE H – LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2019
(EMPLOYER IDENTIFICATION NUMBER 37-1804157, PLAN NUMBER 001)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	INTEREST BEARING CASH			
	United States dollar			\$ 191,582
	COMMON STOCK			
	1ST CTZNS BANCSHARES INC CL A			192,660
	2U INC			247,601
	3M CO			758,606
	ABBOTT LAB			1,226,463
	ABIOMED INC			83,248
	ACACIA COMMUNICATIONS INC			464,295
	ACADIA HEALTHCARE CO INC			383,890
	ADOBE SYS INC			2,579,114
	ADR ALIBABA GROUP HOLDING LTD			1,626,807
	ADR ASTRAZENECA PLC			1,170,713
	ADR AZUL S A			808,021
	ADR CENTRAIS ELETRICAS BRASILEIRAS S A			-
	ADR CONTROLADORA VUELA COMPANIA DE AVIACION			658,106
	ADTALEM GLOBAL ED INC			212,198
	ADVANCED MICRO DEVICES INC			260,164
	AECOM			111,103
	AERIE PHARMACEUTICALS INC			235,005
	AES CORP			904,933
	AGNICO-EAGLE MINES LTD COM NPV			417,285
	ALASKA AIR GROUP INC			199,321
	ALBEMARLE CORP			222,553
	ALLEGHANY CORP			514,923
	ALLEGHENY TECHNOLOGIES INC			816,587
	ALLIANCE DATA SYS CORP			420,974
	ALLISON TRANSMISSION HOLDING			472,860
	ALLY FINL INC			826,984
	ALPHABET INC			2,272,934
	ALPHABET INC CL A			2,243,478
	ALPHABET INC CL A			251,805
	AMAZON COM INC			5,044,603
	AMC NETWORKS INC CL A			128,217
	AMDOCS ORD			345,646
	AMERICAN AIRLINES INC			866,365
	AMGEN INC			1,521,152
	APPLE INC			4,498,718
	AQUA METALS INC			9,487
	ARCH CAPITAL GROUP			337,073
	ARGO GROUP INTERNATIONAL HOLDINGS			157,340
	ARMSTRONG WORLD INDS INC			94,440
	ARTISAN PARTNERS ASSET MGMT INC CL A			276,595
	AT HOME GROUP INC			67,436
	AT&T INC			267,268
	AUTOMATIC DATA PROCESSING INC			1,208,845
	AUTONATION INC			131,058
	AUTOZONE INC			107,218
	AVNET INC			215,553
	BANK NEW YORK MELLON CORP			388,246
	BANKUNITED INC			202,908
	BEACON ROOFING SUPPLY INC			293,001
	BENEFITFOCUS INC			381,098
	BERKLEY W R CORP			353,723
	BERKSHIRE HATHAWAY INC-CL B			75,425
	BMC STK HLDGS INC			393,139
	BOEING CO			1,293,267
	BOOKING HLDGS INC			451,821
	BOOZ ALLEN HAMILTON HLDG CORP CL A			29,377

LSC SAVINGS PLAN
SCHEDULE H – LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2019
(EMPLOYER IDENTIFICATION NUMBER 37-1804157, PLAN NUMBER 001)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	BORG WARNER INC			281,883
	BOSTON SCIENTIFIC CORP			893,547
	BRIGHTCOVE INC			396,029
	BRUKER CORP			401,185
	CABOT CORP			262,168
	CADENCE DESIGN SYS INC			826,355
	CAPITAL ONE FINL CORP			298,233
	CAPRI HOLDINGS LTD			161,451
	CARDIOVASCULAR SYS INC			528,125
	CARDLYTICS INC			574,666
	CARLISLE COMPANIES INC			127,854
	CARPENTER TECHNOLOGY CORP			108,122
	CBRE GROUP INC CL A			940,863
	CENTENNIAL RESOURCE DEVELOPMENT INC			173,707
	CENTURY CMNTYS INC			203,211
	CERENCE INC			71,805
	CHEVRON CORP			1,416,475
	CITIGROUP INC			1,723,068
	CITIZENS FINL GROUP INC			952,508
	COGENT COMMUNICATIONS HLDGS INC			893,963
	COLGATE-PALMOLIVE CO			54,590
	COMERICA INC			122,549
	COMPASS MINERALS INTL INC			210,495
	CONOCOPHILLIPS			381,076
	COOPER COS INC			909,572
	COSTAR GROUP INC			963,263
	COSTCO WHOLESALE CORP			696,590
	COVANTA HLDG CORP			322,666
	CRANE CO			242,987
	CREE INC			326,004
	CURTISS WRIGHT CORP			612,590
	CYPRESS			146,186
	D R HORTON INC			239,538
	DANA INC			619,018
	DARLING INGREDIENTS INC			335,584
	DECKERS OUTDOOR CORP			392,600
	DEXCOM INC			906,459
	DICKS SPORTING GOODS INC			73,542
	DOMTAR CORP			131,010
	DRIL-QUIP INC			107,142
	DTE ENERGY CO			180,260
	DXP ENTERPRISES INC			248,972
	EAGLE MATLS INC COM			182,499
	EBAY INC COM			816,447
	EDWARDS LIFESCIENCES CORP COM			376,763
	ELDORADO RESORTS INC COM			545,766
	ELECTR ARTS COM			876,637
	ELI LILLY & CO COM			876,901
	EMCOR GROUP INC COM			562,331
	ENCORE WIRE CORP COM			213,930
	ENERSYS COM			105,959
	EQUITABLE HLDGS			914,035
	EURONAV EURONAV S A COM STK			439,602
	EURONET WORLDWIDE INC COM			452,670
	EVEREST RE GROUP COM			452,080
	EXACT SCIENCES CORP COM			951,619
	EXELIXIS INC COM STK			727,477
	EXELON CORP COM			1,011,688
	FABRINET COM			244,706
	FACEBOOK INC CL 'A'			3,694,500

LSC SAVINGS PLAN
SCHEDULE H – LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2019
(EMPLOYER IDENTIFICATION NUMBER 37-1804157, PLAN NUMBER 001)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	FACEBOOK INC CL 'A'			194,166
	FERRARI N V FERRARI N V COMMON S TOCK			1,425,299
	FIRST BANCORP P R			345,848
	FIRST HAWAIIAN INC COM			575,067
	FIRST HORIZON NATL			205,782
	FISERV INC COM			1,713,637
	FIVE BELOW INC COM			873,284
	FLEX LTD COM			431,137
	FLOOR & DECOR HLDGS INC CL A			125,450
	FMC CORP			858,352
	FOOT LOCKER INC COM			30,334
	FORTIVE CORP			1,019,425
	FORTUNE BRANDS HOME & SEC INC COM			286,712
	GASLOG LTD			269,480
	GENERAL MILLS INC COM			67,486
	GILEAD SCIENCES INC			66,085
	GLOBAL EAGLE			54,793
	GLOBAL PMTS INC COM			536,179
	GODADDY INC CL A			1,065,665
	GOGO INC COM			241,773
	GOLAR LNG LIMITED			102,981
	GRAHAM HLDGS CO CL B			164,859
	GRANITE CONST INC COM			290,148
	GRAPHIC PACKAGING HLDG CO			260,822
	GREEN DOT CORP COM STK			160,351
	HANOVER INS GROUP INC COM			325,548
	HARTFORD FINL SVCS GROUP INC COM			818,390
	HOLLYFRONTIER CORP COM			821,248
	HOLOGIC INC COM			407,551
	HP INC COM			931,388
	HUNTSMAN CORP COM STK			867,924
	HUNTSMAN CORP COM STK			84,729
	IDACORP INC COM			147,704
	INGREDION INC COM			678,814
	INSULET CORP COM STK			1,121,531
	INTEL CORP COM			439,359
	INTERFACE INC COM			538,213
	INTUIT COM			1,870,180
	ITRON INC COM STK NPV			679,491
	JABIL INC			633,465
	JABIL INC			430,328
	JAZZ PHARMACEUTICALS PLC			133,904
	JEFFERIES FINL GROUP INC COM			263,278
	JETBLUE AWYS CORP COM			426,105
	JETBLUE AWYS CORP COM			835,380
	JOHNSON & JOHNSON			2,372,721
	JONES LANG LASALLE INC COM STK			106,543
	KBR INC COM			917,318
	KIRBY CORP COM			319,712
	KNIGHT-SWIFT TRANSN HLDGS INC CL A			388,326
	KRATON CORPORATION			376,863
	KRATOS DEFENSE & SECURITY SOLUTIONS INC			99,541
	LGI HOMES INC COM			250,949
	LINDE PLC COM			821,794
	LIONS GATE ENTMT CORP CL B			255,380
	LOWES COS INC COM			1,948,495
	LPL FINL HLDGS INC COM			591,599
	MACOM TECHNOLOGY SOLUTIONS HOLDINGS INC COM STK			499,176
	MACQUARIE INFRASTRUCTURE CORP			216,385
	MANPOWERGROUP INC			867,394

LSC SAVINGS PLAN
SCHEDULE H – LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2019
(EMPLOYER IDENTIFICATION NUMBER 37-1804157, PLAN NUMBER 001)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	MARATHON PETE CORP COM			117,307
	MARTIN MARIETTA MATLS INC COM			371,082
	MARVELL TECH GROUP COM			309,876
	MASCO CORP COM			261,354
	MASTEC INC COM			759,398
	MASTERCARD INC CL A			2,729,113
	MCKESSON CORP			892,302
	MEDTRONIC PLC COMMON STOCK			439,051
	MERCK & CO INC NEW COM			902,042
	MERIT MED SYS INC COM			94,409
	MERITOR INC COM			586,446
	MESA AIR GROUP INC COM NEW			235,390
	METLIFE INC			1,049,217
	MGIC INVT CORP WIS COM			764,457
	MICROCHIP TECHNOLOGY INC COM			1,214,752
	MICRON TECH INC COM			181,131
	MICROSOFT CORP COM			24,286
	MICROSOFT CORP COM			6,230,727
	MKS INSTRS INC COM			176,456
	MODEL N INC			210,946
	MODINE MFG CO COM STK			67,283
	MONDELEZ INTL INC COM			1,184,275
	MONOLITHIC PWR SYS INC COM			952,229
	MOODYS CORP COM			1,432,769
	MORGAN STANLEY			475,774
	MRC GLOBAL INC COM			135,486
	MYRIAD GENETICS INC COM			455,939
	NATIONAL GEN HLDGS CORP COM			26,520
	NAVIENT CORP COM			452,042
	NAVIGATOR HOLDINGS LTD SHS			502,956
	NEKTAR THERAPEUTICS COM			66,244
	NEURONETICS INC COM			31,686
	NEWMARKET CORP COM			144,496
	NIKE INC CL B			2,240,977
	NOBLE CORP PLC COMMON STOCK			50,591
	NOBLE ENERGY INC COM			396,521
	NORWEGIAN CRUISE LINE HLDGS LTD			213,956
	NRG ENERGY INC COM NEW			76,161
	NUANCE COMMUNICATIONS INC COM			452,615
	NVIDIA CORP COM			877,669
	OLD REP INTL CORP COM			657,007
	ORACLE CORP COM			786,435
	OSHKOSH CORPORATION			336,386
	OWENS CORNING NEW COM STK			55,417
	PACCAR INC COM			802,865
	PACIRA BIOSCIENCES INC			456,080
	PAN AMERN SILVER CORP COM			1,033,121
	PAYPAL HLDGS INC COM			1,595,507
	PBF ENERGY INC CL A			319,252
	PDC ENERGY INC COM			191,564
	PELOTON INTERACTIVE INC			155,348
	PEPSICO INC COM			949,173
	PERDOCEO ED			474,646
	PFIZER INC COM			1,519,753
	PHILIP MORRIS INTL COM STK NPV			136,825
	PHILLIPS 66 COM			1,010,266
	PILGRIMS PRIDE CORP			198,580
	PLANET FITNESS INC CL A			253,688
	PNM RES INC COM			314,554
	POPULAR INC			730,262

LSC SAVINGS PLAN
SCHEDULE H – LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2019
(EMPLOYER IDENTIFICATION NUMBER 37-1804157, PLAN NUMBER 001)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	POPULAR INC			414,422
	PORTLAND GENERAL ELECTRIC CO			617,818
	PRA GROUP INC COM			300,455
	PRINCIPAL FINL GROUP INC COM STK			397,540
	PROCTER & GAMBLE COM NPV			1,396,757
	PUB SERVICE ENTERPRISE GROUP INC COM			584,300
	PULTE GROUP INC			781,626
	QIAGEN NV			229,806
	QORVO INC COM			708,189
	RADIAN GROUP INC COM			398,358
	RAYMOND JAMES FNCL INC COM STK			369,380
	REGAL BELOIT CORP			175,415
	REINSURANCE GROUP AMER INC COM NEW STK			833,400
	RELIANCE STL & ALUM CO COM			485,986
	ROGERS CORP COM			492,933
	S.W. AIRL CO COM			194,760
	SALESFORCE COM INC COM STK			3,057,632
	SANGAMO THERAPEUTICS INC COM			56,230
	SEMTECH CORP COM			560,105
	SHERWIN-WILLIAMS CO COM			927,829
	SILGAN HLDGS INC COM			95,540
	SILICON LABORATORIES INC COM			225,581
	SKECHERS U S A INC CL A			37,921
	SM ENERGY CO COM			107,331
	SS&C TECHNOLOGIES HLDGS INC COM			402,723
	STARBUCKS CORP COM			488,044
	STEEL DYNAMICS INC COM			573,778
	STERIS PLC ORD			329,989
	STONERIDGE INC COM			122,499
	SYNOPSIS INC COM			832,694
	TAKE-TWO INTERACTIVE SOFTWARE INC			828,606
	TANDEM DIABETES CARE INC			286,188
	TECHNI CN			231,187
	TELEPHONE & DATA SYS INC COM STK			499,674
	TEXAS INSTRUMENTS INC COM			638,884
	THERAPEUTICSMD INC COM			303,674
	THERMO FISHER CORP			1,198,770
	TOLL BROS INC COM			235,638
	TRANSOCEAN LTD			547,765
	TREX CO INC COM			595,455
	TRONOX HOLDINGS PLC			237,901
	TUTOR PERINI CORP COM			1,151,960
	TX CAP BANCSHARES INC COM			230,032
	TYSON FOODS INC CL A COM (DELAWARE)			936,073
	ULTRA CLEAN HLDGS INC COM			101,085
	UNION PAC CORP COM			952,763
	UNITED			801,216
	UNITED AIRLINES HOLDINGS INC			1,541,839
	UNITED AIRLINES HOLDINGS INC			793,074
	UNITEDHEALTH GROUP INC COM			1,957,907
	UNIVERSAL ELECTRS INC COM			441,231
	UNVL DISPLAY CORP COM			616,561
	US BANCORP			523,531
	V F CORP COM			1,469,985
	VALARIS PLC			194,261
	VALERO ENERGY CORP COM STK NEW			667,256
	VARIAN MEDICAL SYSTEMS INC			771,540
	VEEVA SYS INC CL A			822,861
	VERIZON COMMUNICATIONS COM			2,041,611
	VISA INC COM CL A STK			3,758,000

LSC SAVINGS PLAN
SCHEDULE H – LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2019
(EMPLOYER IDENTIFICATION NUMBER 37-1804157, PLAN NUMBER 001)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	VISTA OUTDOOR INC COM			151,784
	VOYA FINL INC COM			890,003
	WABCO HLDGS INC			156,773
	WALT DISNEY CO			789,680
	WATSCO INC COM			348,050
	WEBSTER FNCL CORP WATERBURY CONN COM			251,913
	WINTRUST FINL CORP COM			160,943
	WINTRUST FINL CORP COM			640,652
	WORKDAY INC CL A			833,761
	WYNDHAM DESTINATIONS INC COM STK			212,911
	XPERI HLDG CORP			439,756
	ZOETIS INC			1,220,267
	TOTAL COMMON STOCK			193,911,734
	COMMON/COLLECTIVE TRUSTS			
*	COLTV SHORT TERM INVT FD			4,478,364
	MFO ALLIANCE BERNSTEIN EMERGING MARKETS MULTI-ASSET COLLECTIVE TR			50,795,464
	MFO ARROWSTREET CAPITAL LP			59,843,935.00
	MFO LOOMIS SAYLES CORE PLUS FIXED INCOME TRUST FUND CL D			83,575,921.00
*	NORTHERN TRUST COLLECTIVE AGGREGATE BOND INDEX FUND - DC - NON LENDING			62,208,031
*	NORTHERN TRUST COLLECTIVE EXTENDED EQTY MKT IDX FD - DC - NON LENDING			53,252,538
*	NORTHERN TRUST COLLECTIVE TIPS INDEX FD - NL			31,611,172
*	NT COLLECTIVE ALL CTY WLD EX-US INVSTBL MKT IDX FD - DC - NONLENDING			88,559,637
*	NT COLLECTIVE S&P500 INDEX FUND - DC- NON LENDING			196,122,522
	WELLS FARGO / BLACKROCK SHORT-TERM INVESTMENT FUND S			5,264,643
	WELLS FARGO FIXED INCOME A			51,559,200
	WELLS FARGO FIXED INCOME F			66,400,080
	WELLS FARGO FIXED INCOME L			43,029,580
	TOTAL COMMON/COLLECTIVE TRUSTS			796,701,087
	REGISTERED INVESTMENT COMPANIES			
	MFO DFA U.S SMALL CAP VALUE PORTFOLIO			37,595,556
	MFO DWS REAL ESTATE SECURITIES FUND			33,058,396
	MFO PIMCO FDS PAC INVT MGMT SER ALL AST FD INSTL			30,135,058
	MFO WELLS FARGO FUNDS TRUST TOTAL RETURNBD FD CL R6			39,388,701
	TOTAL REGISTERED INVESTMENT COMPANIES			140,177,711
	OTHER ASSETS			
	AMERICAN CAMPUS CMNTYS INC COM			378,309
	BRANDYWINE RLTY TR SH BEN INT NEW REIT			146,144
	CORP OFFICE PPTYS TR COM			420,369
	CORP OFFICE PPTYS TR COM			435,852
	DOUGLAS EMMETT INC COM REIT			182,975
	EQUINIX INC COM			1,132,378
	GAMING & LEISURE PPTYS INC COM			712,004
	HUDSON PACIFIC PROPERTIES INC COM			59,337
	SELF-DIRECTED BROKERAGE ACCOUNTS			23,198,772
	TOTAL OTHER ASSETS			26,666,140
*	PARTICIPANT LOANS		Interest Rates 4.25%-9.25%	20,331,562
	TOTAL			<u>\$ 1,177,979,816</u>
*	Party in interest			
**	Cost information omitted as all investments are fully participant directed.			

LSC SAVINGS PLAN
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
AS OF DECEMBER 31, 2019
(EMPLOYER IDENTIFICATION NUMBER 37-1804157, PLAN NUMBER 001)

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included: x		Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	
\$19,391	*	\$ -	\$ -	\$19,391	\$ -

* 2018 plan year delinquent contributions

LSC SAVINGS PLAN
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
AS OF DECEMBER 31, 2019
(EMPLOYER IDENTIFICATION NUMBER 37-1804157, PLAN NUMBER 001)

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included: x		Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	
\$19,391	*	\$ -	\$ -	\$19,391	\$ -

* 2018 plan year delinquent contributions

LSC SAVINGS PLAN
SCHEDULE H – LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2019
(EMPLOYER IDENTIFICATION NUMBER 37-1804157, PLAN NUMBER 001)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	INTEREST BEARING CASH			
	United States dollar			\$ 191,582
	COMMON STOCK			
	1ST CTZNS BANCSHARES INC CL A			192,660
	2U INC			247,601
	3M CO			758,606
	ABBOTT LAB			1,226,463
	ABIOMED INC			83,248
	ACACIA COMMUNICATIONS INC			464,295
	ACADIA HEALTHCARE CO INC			383,890
	ADOBE SYS INC			2,579,114
	ADR ALIBABA GROUP HOLDING LTD			1,626,807
	ADR ASTRAZENECA PLC			1,170,713
	ADR AZUL S A			808,021
	ADR CENTRAIS ELETRICAS BRASILEIRAS S A			-
	ADR CONTROLADORA VUELA COMPANIA DE AVIACION			658,106
	ADTALEM GLOBAL ED INC			212,198
	ADVANCED MICRO DEVICES INC			260,164
	AECOM			111,103
	AERIE PHARMACEUTICALS INC			235,005
	AES CORP			904,933
	AGNICO-EAGLE MINES LTD COM NPV			417,285
	ALASKA AIR GROUP INC			199,321
	ALBEMARLE CORP			222,553
	ALLEGHANY CORP			514,923
	ALLEGHENY TECHNOLOGIES INC			816,587
	ALLIANCE DATA SYS CORP			420,974
	ALLISON TRANSMISSION HOLDING			472,860
	ALLY FINL INC			826,984
	ALPHABET INC			2,272,934
	ALPHABET INC CL A			2,243,478
	ALPHABET INC CL A			251,805
	AMAZON COM INC			5,044,603
	AMC NETWORKS INC CL A			128,217
	AMDOCS ORD			345,646
	AMERICAN AIRLINES INC			866,365
	AMGEN INC			1,521,152
	APPLE INC			4,498,718
	AQUA METALS INC			9,487
	ARCH CAPITAL GROUP			337,073
	ARGO GROUP INTERNATIONAL HOLDINGS			157,340
	ARMSTRONG WORLD INDS INC			94,440
	ARTISAN PARTNERS ASSET MGMT INC CL A			276,595
	AT HOME GROUP INC			67,436
	AT&T INC			267,268
	AUTOMATIC DATA PROCESSING INC			1,208,845
	AUTONATION INC			131,058
	AUTOZONE INC			107,218
	AVNET INC			215,553
	BANK NEW YORK MELLON CORP			388,246
	BANKUNITED INC			202,908
	BEACON ROOFING SUPPLY INC			293,001
	BENEFITFOCUS INC			381,098
	BERKLEY W R CORP			353,723
	BERKSHIRE HATHAWAY INC-CL B			75,425
	BMC STK HLDGS INC			393,139
	BOEING CO			1,293,267
	BOOKING HLDGS INC			451,821
	BOOZ ALLEN HAMILTON HLDG CORP CL A			29,377

LSC SAVINGS PLAN
SCHEDULE H – LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2019
(EMPLOYER IDENTIFICATION NUMBER 37-1804157, PLAN NUMBER 001)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	BORG WARNER INC			281,883
	BOSTON SCIENTIFIC CORP			893,547
	BRIGHTCOVE INC			396,029
	BRUKER CORP			401,185
	CABOT CORP			262,168
	CADENCE DESIGN SYS INC			826,355
	CAPITAL ONE FINL CORP			298,233
	CAPRI HOLDINGS LTD			161,451
	CARDIOVASCULAR SYS INC			528,125
	CARDLYTICS INC			574,666
	CARLISLE COMPANIES INC			127,854
	CARPENTER TECHNOLOGY CORP			108,122
	CBRE GROUP INC CL A			940,863
	CENTENNIAL RESOURCE DEVELOPMENT INC			173,707
	CENTURY CMNTYS INC			203,211
	CERENCE INC			71,805
	CHEVRON CORP			1,416,475
	CITIGROUP INC			1,723,068
	CITIZENS FINL GROUP INC			952,508
	COGENT COMMUNICATIONS HLDGS INC			893,963
	COLGATE-PALMOLIVE CO			54,590
	COMERICA INC			122,549
	COMPASS MINERALS INTL INC			210,495
	CONOCOPHILLIPS			381,076
	COOPER COS INC			909,572
	COSTAR GROUP INC			963,263
	COSTCO WHOLESALE CORP			696,590
	COVANTA HLDG CORP			322,666
	CRANE CO			242,987
	CREE INC			326,004
	CURTISS WRIGHT CORP			612,590
	CYPRESS			146,186
	D R HORTON INC			239,538
	DANA INC			619,018
	DARLING INGREDIENTS INC			335,584
	DECKERS OUTDOOR CORP			392,600
	DEXCOM INC			906,459
	DICKS SPORTING GOODS INC			73,542
	DOMTAR CORP			131,010
	DRIL-QUIP INC			107,142
	DTE ENERGY CO			180,260
	DXP ENTERPRISES INC			248,972
	EAGLE MATLS INC COM			182,499
	EBAY INC COM			816,447
	EDWARDS LIFESCIENCES CORP COM			376,763
	ELDORADO RESORTS INC COM			545,766
	ELECTR ARTS COM			876,637
	ELI LILLY & CO COM			876,901
	EMCOR GROUP INC COM			562,331
	ENCORE WIRE CORP COM			213,930
	ENERSYS COM			105,959
	EQUITABLE HLDGS			914,035
	EURONAV EURONAV S A COM STK			439,602
	EURONET WORLDWIDE INC COM			452,670
	EVEREST RE GROUP COM			452,080
	EXACT SCIENCES CORP COM			951,619
	EXELIXIS INC COM STK			727,477
	EXELON CORP COM			1,011,688
	FABRINET COM			244,706
	FACEBOOK INC CL 'A'			3,694,500

LSC SAVINGS PLAN
SCHEDULE H – LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2019
(EMPLOYER IDENTIFICATION NUMBER 37-1804157, PLAN NUMBER 001)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	FACEBOOK INC CL 'A'			194,166
	FERRARI N V FERRARI N V COMMON S TOCK			1,425,299
	FIRST BANCORP P R			345,848
	FIRST HAWAIIAN INC COM			575,067
	FIRST HORIZON NATL			205,782
	FISERV INC COM			1,713,637
	FIVE BELOW INC COM			873,284
	FLEX LTD COM			431,137
	FLOOR & DECOR HLDGS INC CL A			125,450
	FMC CORP			858,352
	FOOT LOCKER INC COM			30,334
	FORTIVE CORP			1,019,425
	FORTUNE BRANDS HOME & SEC INC COM			286,712
	GASLOG LTD			269,480
	GENERAL MILLS INC COM			67,486
	GILEAD SCIENCES INC			66,085
	GLOBAL EAGLE			54,793
	GLOBAL PMTS INC COM			536,179
	GODADDY INC CL A			1,065,665
	GOGO INC COM			241,773
	GOLAR LNG LIMITED			102,981
	GRAHAM HLDGS CO CL B			164,859
	GRANITE CONST INC COM			290,148
	GRAPHIC PACKAGING HLDG CO			260,822
	GREEN DOT CORP COM STK			160,351
	HANOVER INS GROUP INC COM			325,548
	HARTFORD FINL SVCS GROUP INC COM			818,390
	HOLLYFRONTIER CORP COM			821,248
	HOLOGIC INC COM			407,551
	HP INC COM			931,388
	HUNTSMAN CORP COM STK			867,924
	HUNTSMAN CORP COM STK			84,729
	IDACORP INC COM			147,704
	INGREDION INC COM			678,814
	INSULET CORP COM STK			1,121,531
	INTEL CORP COM			439,359
	INTERFACE INC COM			538,213
	INTUIT COM			1,870,180
	ITRON INC COM STK NPV			679,491
	JABIL INC			633,465
	JABIL INC			430,328
	JAZZ PHARMACEUTICALS PLC			133,904
	JEFFERIES FINL GROUP INC COM			263,278
	JETBLUE AWYS CORP COM			426,105
	JETBLUE AWYS CORP COM			835,380
	JOHNSON & JOHNSON			2,372,721
	JONES LANG LASALLE INC COM STK			106,543
	KBR INC COM			917,318
	KIRBY CORP COM			319,712
	KNIGHT-SWIFT TRANSN HLDGS INC CL A			388,326
	KRATON CORPORATION			376,863
	KRATOS DEFENSE & SECURITY SOLUTIONS INC			99,541
	LGI HOMES INC COM			250,949
	LINDE PLC COM			821,794
	LIONS GATE ENTMT CORP CL B			255,380
	LOWES COS INC COM			1,948,495
	LPL FINL HLDGS INC COM			591,599
	MACOM TECHNOLOGY SOLUTIONS HOLDINGS INC COM STK			499,176
	MACQUARIE INFRASTRUCTURE CORP			216,385
	MANPOWERGROUP INC			867,394

LSC SAVINGS PLAN
SCHEDULE H – LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2019
(EMPLOYER IDENTIFICATION NUMBER 37-1804157, PLAN NUMBER 001)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	MARATHON PETE CORP COM			117,307
	MARTIN MARIETTA MATLS INC COM			371,082
	MARVELL TECH GROUP COM			309,876
	MASCO CORP COM			261,354
	MASTEC INC COM			759,398
	MASTERCARD INC CL A			2,729,113
	MCKESSON CORP			892,302
	MEDTRONIC PLC COMMON STOCK			439,051
	MERCK & CO INC NEW COM			902,042
	MERIT MED SYS INC COM			94,409
	MERITOR INC COM			586,446
	MESA AIR GROUP INC COM NEW			235,390
	METLIFE INC			1,049,217
	MGIC INVT CORP WIS COM			764,457
	MICROCHIP TECHNOLOGY INC COM			1,214,752
	MICRON TECH INC COM			181,131
	MICROSOFT CORP COM			24,286
	MICROSOFT CORP COM			6,230,727
	MKS INSTRS INC COM			176,456
	MODEL N INC			210,946
	MODINE MFG CO COM STK			67,283
	MONDELEZ INTL INC COM			1,184,275
	MONOLITHIC PWR SYS INC COM			952,229
	MOODYS CORP COM			1,432,769
	MORGAN STANLEY			475,774
	MRC GLOBAL INC COM			135,486
	MYRIAD GENETICS INC COM			455,939
	NATIONAL GEN HLDGS CORP COM			26,520
	NAVIENT CORP COM			452,042
	NAVIGATOR HOLDINGS LTD SHS			502,956
	NEKTAR THERAPEUTICS COM			66,244
	NEURONETICS INC COM			31,686
	NEWMARKET CORP COM			144,496
	NIKE INC CL B			2,240,977
	NOBLE CORP PLC COMMON STOCK			50,591
	NOBLE ENERGY INC COM			396,521
	NORWEGIAN CRUISE LINE HLDGS LTD			213,956
	NRG ENERGY INC COM NEW			76,161
	NUANCE COMMUNICATIONS INC COM			452,615
	NVIDIA CORP COM			877,669
	OLD REP INTL CORP COM			657,007
	ORACLE CORP COM			786,435
	OSHKOSH CORPORATION			336,386
	OWENS CORNING NEW COM STK			55,417
	PACCAR INC COM			802,865
	PACIRA BIOSCIENCES INC			456,080
	PAN AMERN SILVER CORP COM			1,033,121
	PAYPAL HLDGS INC COM			1,595,507
	PBF ENERGY INC CL A			319,252
	PDC ENERGY INC COM			191,564
	PELOTON INTERACTIVE INC			155,348
	PEPSICO INC COM			949,173
	PERDOCEO ED			474,646
	PFIZER INC COM			1,519,753
	PHILIP MORRIS INTL COM STK NPV			136,825
	PHILLIPS 66 COM			1,010,266
	PILGRIMS PRIDE CORP			198,580
	PLANET FITNESS INC CL A			253,688
	PNM RES INC COM			314,554
	POPULAR INC			730,262

LSC SAVINGS PLAN
SCHEDULE H – LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2019
(EMPLOYER IDENTIFICATION NUMBER 37-1804157, PLAN NUMBER 001)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	POPULAR INC			414,422
	PORTLAND GENERAL ELECTRIC CO			617,818
	PRA GROUP INC COM			300,455
	PRINCIPAL FINL GROUP INC COM STK			397,540
	PROCTER & GAMBLE COM NPV			1,396,757
	PUB SERVICE ENTERPRISE GROUP INC COM			584,300
	PULTE GROUP INC			781,626
	QIAGEN NV			229,806
	QORVO INC COM			708,189
	RADIAN GROUP INC COM			398,358
	RAYMOND JAMES FNCL INC COM STK			369,380
	REGAL BELOIT CORP			175,415
	REINSURANCE GROUP AMER INC COM NEW STK			833,400
	RELIANCE STL & ALUM CO COM			485,986
	ROGERS CORP COM			492,933
	S.W. AIRL CO COM			194,760
	SALESFORCE COM INC COM STK			3,057,632
	SANGAMO THERAPEUTICS INC COM			56,230
	SEMTECH CORP COM			560,105
	SHERWIN-WILLIAMS CO COM			927,829
	SILGAN HLDGS INC COM			95,540
	SILICON LABORATORIES INC COM			225,581
	SKECHERS U S A INC CL A			37,921
	SM ENERGY CO COM			107,331
	SS&C TECHNOLOGIES HLDGS INC COM			402,723
	STARBUCKS CORP COM			488,044
	STEEL DYNAMICS INC COM			573,778
	STERIS PLC ORD			329,989
	STONERIDGE INC COM			122,499
	SYNOPSIS INC COM			832,694
	TAKE-TWO INTERACTIVE SOFTWARE INC			828,606
	TANDEM DIABETES CARE INC			286,188
	TECHNI CN			231,187
	TELEPHONE & DATA SYS INC COM STK			499,674
	TEXAS INSTRUMENTS INC COM			638,884
	THERAPEUTICSMD INC COM			303,674
	THERMO FISHER CORP			1,198,770
	TOLL BROS INC COM			235,638
	TRANSOCEAN LTD			547,765
	TREX CO INC COM			595,455
	TRONOX HOLDINGS PLC			237,901
	TUTOR PERINI CORP COM			1,151,960
	TX CAP BANCSHARES INC COM			230,032
	TYSON FOODS INC CL A COM (DELAWARE)			936,073
	ULTRA CLEAN HLDGS INC COM			101,085
	UNION PAC CORP COM			952,763
	UNITED			801,216
	UNITED AIRLINES HOLDINGS INC			1,541,839
	UNITED AIRLINES HOLDINGS INC			793,074
	UNITEDHEALTH GROUP INC COM			1,957,907
	UNIVERSAL ELECTRS INC COM			441,231
	UNVL DISPLAY CORP COM			616,561
	US BANCORP			523,531
	V F CORP COM			1,469,985
	VALARIS PLC			194,261
	VALERO ENERGY CORP COM STK NEW			667,256
	VARIAN MEDICAL SYSTEMS INC			771,540
	VEEVA SYS INC CL A			822,861
	VERIZON COMMUNICATIONS COM			2,041,611
	VISA INC COM CL A STK			3,758,000

LSC SAVINGS PLAN
SCHEDULE H – LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2019
(EMPLOYER IDENTIFICATION NUMBER 37-1804157, PLAN NUMBER 001)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	VISTA OUTDOOR INC COM			151,784
	VOYA FINL INC COM			890,003
	WABCO HLDGS INC			156,773
	WALT DISNEY CO			789,680
	WATSCO INC COM			348,050
	WEBSTER FNCL CORP WATERBURY CONN COM			251,913
	WINTRUST FINL CORP COM			160,943
	WINTRUST FINL CORP COM			640,652
	WORKDAY INC CL A			833,761
	WYNDHAM DESTINATIONS INC COM STK			212,911
	XPERI HLDG CORP			439,756
	ZOETIS INC			1,220,267
	TOTAL COMMON STOCK			193,911,734
	COMMON/COLLECTIVE TRUSTS			
*	COLTV SHORT TERM INVT FD			4,478,364
	MFO ALLIANCE BERNSTEIN EMERGING MARKETS MULTI-ASSET COLLECTIVE TR			50,795,464
	MFO ARROWSTREET CAPITAL LP			59,843,935.00
	MFO LOOMIS SAYLES CORE PLUS FIXED INCOME TRUST FUND CL D			83,575,921.00
*	NORTHERN TRUST COLLECTIVE AGGREGATE BOND INDEX FUND - DC - NON LENDING			62,208,031
*	NORTHERN TRUST COLLECTIVE EXTENDED EQTY MKT IDX FD - DC - NON LENDING			53,252,538
*	NORTHERN TRUST COLLECTIVE TIPS INDEX FD - NL			31,611,172
*	NT COLLECTIVE ALL CTY WLD EX-US INVSTBL MKT IDX FD - DC - NONLENDING			88,559,637
*	NT COLLECTIVE S&P500 INDEX FUND - DC- NON LENDING			196,122,522
	WELLS FARGO / BLACKROCK SHORT-TERM INVESTMENT FUND S			5,264,643
	WELLS FARGO FIXED INCOME A			51,559,200
	WELLS FARGO FIXED INCOME F			66,400,080
	WELLS FARGO FIXED INCOME L			43,029,580
	TOTAL COMMON/COLLECTIVE TRUSTS			796,701,087
	REGISTERED INVESTMENT COMPANIES			
	MFO DFA U.S SMALL CAP VALUE PORTFOLIO			37,595,556
	MFO DWS REAL ESTATE SECURITIES FUND			33,058,396
	MFO PIMCO FDS PAC INVT MGMT SER ALL AST FD INSTL			30,135,058
	MFO WELLS FARGO FUNDS TRUST TOTAL RETURNBD FD CL R6			39,388,701
	TOTAL REGISTERED INVESTMENT COMPANIES			140,177,711
	OTHER ASSETS			
	AMERICAN CAMPUS CMNTYS INC COM			378,309
	BRANDYWINE RLTY TR SH BEN INT NEW REIT			146,144
	CORP OFFICE PPTYS TR COM			420,369
	CORP OFFICE PPTYS TR COM			435,852
	DOUGLAS EMMETT INC COM REIT			182,975
	EQUINIX INC COM			1,132,378
	GAMING & LEISURE PPTYS INC COM			712,004
	HUDSON PACIFIC PROPERTIES INC COM			59,337
	SELF-DIRECTED BROKERAGE ACCOUNTS			23,198,772
	TOTAL OTHER ASSETS			26,666,140
*	PARTICIPANT LOANS			
		Interest Rates 4.25%-9.25%		20,331,562
	TOTAL			<u>\$ 1,177,979,816</u>
*	Party in interest			
**	Cost information omitted as all investments are fully participant directed.			