

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>12/01/2020</u> and ending <u>11/30/2021</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 RETIREMENT INCOME GUARANTEE PLAN OF XEROX CORPORATION AND THE XEROGRAPHIC DIVISION, ROCHESTER REGIONAL JOINT BOARD ON BEHALF OF ITSELF AND O	<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;">003</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/01/1977</td> </tr> </table>	1b Three-digit plan number (PN) ▶	003	1c Effective date of plan 07/01/1977	
1b Three-digit plan number (PN) ▶	003				
1c Effective date of plan 07/01/1977					
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) XEROX CORPORATION 201 MERRITT 7 NORWALK, CT 06851	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 16-0468020</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 585-427-3941</td> </tr> <tr> <td>2d Business code (see instructions) 334110</td> </tr> </table>	2b Employer Identification Number (EIN) 16-0468020	2c Plan Sponsor's telephone number 585-427-3941	2d Business code (see instructions) 334110	
2b Employer Identification Number (EIN) 16-0468020					
2c Plan Sponsor's telephone number 585-427-3941					
2d Business code (see instructions) 334110					

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.	09/15/2022	SUZANNE GREENWAY
	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 (2020)
v. 200204

3a Plan administrator's name and address ☐ Same as Plan Sponsor XEROX CORPORATION JOINT ADMINISTRATIVE BOARD 201 MERRITT 7 NORWALK, CT 06851		3b Administrator's EIN 06-1212339 3c Administrator's telephone number 585-422-0322
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		5 904
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) 397 6a(2) 302 6b 111 6c 377 6d 790 6e 33 6f 823 6g 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: 1A 1F 1I 3H 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	
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) ☐ <u>0</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2020 or fiscal plan year beginning 12/01/2020 and ending 11/30/2021

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

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

A Name of plan <u>RETIREMENT INCOME GUARANTEE PLAN OF XEROX CORPORATION AND THE XEROGRAPHIC DIVISION, ROCHESTER REGIONAL JOINT BOARD ON BEHALF OF ITSELF AND O</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>XEROX CORPORATION</u>	D Employer Identification Number (EIN) <u>16-0468020</u>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
---	---

Part I	Basic Information
1 Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2020</u>	
2 Assets:	
a Market value	2a <u>113176510</u>
b Actuarial value	2b <u>101858859</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>116</u> (2) Vested Funding Target <u>21527019</u> (3) Total Funding Target <u>21527019</u>
b For terminated vested participants.....	<u>397</u> <u>18171147</u> <u>18171147</u>
c For active participants	<u>397</u> <u>50135381</u> <u>52270216</u>
d Total.....	<u>910</u> <u>89833547</u> <u>91968382</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.85</u> %
6 Target normal cost.....	6 <u>1538503</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/08/2022</u>
Signature of actuary		Date
<u>JEFF D. CLYMER</u>		<u>20-03971</u>
Type or print name of actuary		Most recent enrollment number
<u>AON CONSULTING, INC.</u>		<u>781-891-8600</u>
Firm name		Telephone number (including area code)
<u>CITYPOINT - 230 THIRD AVENUE</u> <u>WALTHAM, MA 02451-7528</u>		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2020
v. 200204

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	7248143
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	3507725
9 Amount remaining (line 7 minus line 8)	0	3740418
10 Interest on line 9 using prior year's actual return of <u>22.97</u> %	0	859174
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		9415920
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.72</u> %		337949
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		805724
c Total available at beginning of current plan year to add to prefunding balance		10559593
d Portion of (c) to be added to prefunding balance		10558541
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	15158133

Part III Funding Percentages

14 Funding target attainment percentage	14	94.27 %
15 Adjusted funding target attainment percentage	15	110.75 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.50 %3rd segment:
6.27 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 1538503**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 5267656 Installment 576642**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 2115145

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2115145	2115145

36 Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 12/01/2020 and ending 11/30/2021		
A Name of plan RETIREMENT INCOME GUARANTEE PLAN OF XEROX CORPORATION AND THE XEROGRAPHIC DIVISION, ROCHESTER REGIONAL JOINT BOARD ON BEHALF OF ITSELF AND O	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 XEROX CORPORATION	D Employer Identification Number (EIN) 16-0468020	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 11	NONE	121463	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONDUENT INCORPORATED

81-2983623

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	83315	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROCATON INVESTMENT ADVISORS, LLC

04-3638035

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	21038	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)

XEROX CORPORATION

16-0460820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	EMPLOYER	20862	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK AND TRUST COMPANY

04-6028663

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 25	TRUSTEE	11301	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN LEWIS & BOCKIUS LLP

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	8898	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)

COVINGTON & BURLING

53-0188411

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	8170	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:

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

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

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

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

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 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 12/01/2020 and ending 11/30/2021		
A Name of plan RETIREMENT INCOME GUARANTEE PLAN OF XEROX CORPORATION AND THE XEROGRAPHIC DIVISION, ROCHESTER REGIONAL JOINT BOARD ON BEHALF OF ITSELF AND O	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 XEROX CORPORATION	D Employer Identification Number (EIN) 16-0468020	

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	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	100000000
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8)	
(9) Value of interest in common/collective trusts		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts		1c(11)	141441000
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other.....		1c(15)	

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	151441000 127370000
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	151441000 127370000

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(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)	
	(B) Other	2b(5)(B)	
	(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)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		6539000
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6539000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	29911000	
(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)		29911000
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	140964	
(2) Contract administrator fees	2i(2)	20862	
(3) Investment advisory and management fees	2i(3)	22088	
(4) Other.....	2i(4)	515086	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		699000
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		30610000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-24071000
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

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

(1) Name: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
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		15000000
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.)			
4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 426800 _____.			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2020 or fiscal plan year beginning 12/01/2020 and ending 11/30/2021		
A Name of plan RETIREMENT INCOME GUARANTEE PLAN OF XEROX CORPORATION AND THE XEROGRAPHIC DIVISION, ROCHESTER REGIONAL JOINT BOARD ON BEHALF OF ITSELF AND O		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 XEROX CORPORATION		D Employer Identification Number (EIN) 16-0468020
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
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): 04-3581074		
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		3 152
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

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

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

14a

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

14b

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

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

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

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

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Plan #003

Retirement Income Guarantee Plan of Xerox Corporation and the Xerographic Division, Rochester Regional Joint Board on Behalf of Itself and Other Regional Joint Boards

**Financial Statements as of November 30, 2021 and 2020 and for the
Years Ended November 30, 2021 and 2020**

**Retirement Income Guarantee Plan of Xerox Corporation and the Xerographic Division,
Rochester Regional Joint Board on Behalf of Itself and Other Regional Joint Boards**

Index

Report of Independent Auditors..... 1

Financial Statements

 Statements of Net Assets Available for Benefits..... 2

 Statements of Changes in Net Assets Available for Benefits..... 3

Notes to Financial Statements..... 4

Schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Report of Independent Auditors

To the Administrator of Retirement Income Guarantee Plan of Xerox Corporation and the Xerographic Division, Rochester Regional Joint Board on Behalf of Itself and Other Regional Joint Boards

We have audited the accompanying financial statements of Retirement Income Guarantee Plan of Xerox Corporation and the Xerographic Division, Rochester Regional Joint Board on Behalf of Itself and Other Regional Joint Boards (the "Plan"), which comprise the statements of net assets available for benefits as of November 30, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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 the financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of November 30, 2021 and changes therein for the year then ended and its financial status as of November 30, 2020, and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

PricewaterhouseCoopers LLP

Stamford, CT
September 15, 2022

Retirement Income Guarantee Plan of Xerox Corporation and the Xerographic Division, Rochester Regional Joint Board on Behalf of Itself and Other Regional Joint Boards

Statements of Net Assets Available for Benefits as of November 30, 2021 and 2020

<i>(in thousands)</i>	November 30	
	2021	2020
Assets		
Investment interest in Master Trust, at fair value ⁽¹⁾	\$ 127,370	\$ 141,441
Employer contributions receivable	—	10,000
Total assets	127,370	151,441
Net assets available for benefits	\$ 127,370	\$ 151,441

⁽¹⁾ Refer to Note 7 - Master Trust for additional information regarding the Plan's investment interest in the Master Trust.

The accompanying notes are an integral part of these financial statements.

Retirement Income Guarantee Plan of Xerox Corporation and the Xerographic Division, Rochester Regional Joint Board on Behalf of Itself and Other Regional Joint Boards

**Statements of Changes in Net Assets Available for Benefits
For the Years Ended November 31, 2021 and 2020**

<i>(in thousands)</i>	November 30	
	2021	2020
Additions to net assets		
Employer contributions	\$ —	\$ 10,000
Change in Plan interest in Master Trust, net of Master Trust administrative expenses	6,539	28,270
Total additions	6,539	38,270
Deductions from net assets		
Benefit and annuity payments ⁽¹⁾	29,911	19,534
Administrative expenses	699	773
Total deductions	30,610	20,307
Net (decrease) increase in net assets available for benefits	(24,071)	17,963
Net assets available for benefits		
Beginning of year	151,441	133,478
End of year	\$ 127,370	\$ 151,441

⁽¹⁾ Includes rollovers to affiliated plans of \$1,662 and \$347 for the years ended November 30, 2021 and 2020, respectively - refer to Note 10 - Related Party Transactions and Parties-in-Interest Transactions for additional information.

The accompanying notes are an integral part of these financial statements.

Retirement Income Guarantee Plan of Xerox Corporation and the Xerographic Division, Rochester Regional Joint Board on Behalf of Itself and Other Regional Joint Boards

NOTES TO FINANCIAL STATEMENTS

Years Ended November 30, 2021 and 2020

(in thousands, except where otherwise noted)

Note 1 - Description of the Plan

The following description of the Retirement Income Guarantee Plan of Xerox Corporation and the Xerographic Division, Rochester Regional Joint Board on Behalf of Itself and Other Regional Joint Boards (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

General

The Plan is a non-contributory defined benefit pension plan that provides benefits and covers substantially all full and part-time U.S. employees of Xerox Corporation (the "Company") covered by a Rochester Regional Joint Board on Behalf of Itself and Other Joint Boards collective bargaining agreement who were hired before January 1, 2006, or for members of Union Local 14Z, employees who were hired before April 1, 2006.

As discussed in Note 2 - Summary of Significant Accounting Policies and Note 7 - Master Trust, plan assets are held in The Xerox Trust Agreement to Fund Retirement Plans (the "Master Trust").

Plan Benefits

Individuals who commenced employment with the Company on or after January 1, 2006, or members of Union Local 14Z who were hired on or after April 1, 2006, are not eligible to participate in the Plan.

The Plan provides eligible participants with the greater of the following benefits:

(i) 1.4% Retirement Income Guarantee Plan ("RIGP") Formula - This is a monthly benefit determined by multiplying 0.117% (1.4% annual benefit divided by twelve) times the average pay for the five highest calendar years of eligible compensation, multiplied by the number of full and fractional years of participation, up to thirty years, less the monthly normal retirement benefit to which the member is entitled with respect to any benefit accrued under the XDS Retirement Income Plan (the "XDS Plan") if the service reflected in such benefit is included in years of participation. Any member who is a former participant in the XDS Plan and where the liability of the XDS Plan attributable to such member's accrued benefit under the XDS Plan was transferred to the Plan is entitled at his/her normal retirement age to a monthly normal retirement benefit equal to the monthly normal retirement benefit accrued under the XDS Plan as of the date of such transfer. The XDS Plan benefit is reduced by one-half of 1% for each full month by which the commencement of the benefit preceded the last day of the month in which the member's normal retirement age occurs. No member shall receive a duplication of benefits under the Plan and/or XDS Plan.

(ii) 1.0% RIGP Formula - This is a monthly benefit determined by multiplying 0.083% (1.0% annual benefit divided by twelve) times the average pay for the five highest calendar years of eligible compensation, multiplied by the member's full and fractional years of participation, less the monthly normal retirement benefit to which the member is entitled with respect to any benefit accrued under the XDS Plan if the service reflected in such benefit is included in years of participation. Any member who is a former participant in the XDS Plan and where the liability of the XDS Plan attributable to such member's accrued benefit under the XDS Plan was transferred to the Plan is entitled at his/her normal retirement age to a monthly normal retirement benefit equal to the monthly normal retirement benefit accrued under the XDS Plan as of the date of such transfer. The XDS Plan benefit is reduced by one-half of 1% for each full month by which the commencement of the benefit preceded

the last day of the month in which the member's normal retirement age occurs. No member shall receive a duplication of benefits under the Plan and/or XDS Plan.

Participants with fewer than forty-two years of service as of January 1, 2009, with respect to benefits accrued after November 30, 2009, will not accrue any further benefits under the 1.0% RIGP Formula.

(iii) Transitional Retirement Account ("TRA") - Effective January 1, 1990, the employees' retirement accounts under the Savings Plan of Xerox Corporation and the Xerographic Division, Rochester Regional Joint Board on Behalf of Itself and Other Regional Joint Boards were transferred to the Plan and renamed TRAs. The TRA balances change based upon subsequent investment results of the funds in which they are invested. As further described in Note 4 - Assets Available to Pay Accumulated Plan Benefits in Excess of Employees' TRAs, the TRAs are fully funded by assets that have been specifically allocated for this purpose ("TRA assets").

(iv) Cash Balance Retirement Account ("CBRA") - Effective January 1, 1990, CBRAs were established and credited with a notional amount equal to the employee's retirement account balance under the Savings Plan of Xerox Corporation and the Xerographic Division, Rochester Regional Joint Board on Behalf of Itself and Other Regional Joint Boards. The notional value of the CBRA grows in two ways. First, the account is credited annually with an amount equal to 4% of a participant's eligible compensation, as defined in the Plan. Second, the account is credited daily with interest earned at a fixed annual rate. Prior to January 1, 2017, this annual crediting rate, which is determined before the beginning of the year and varies from year to year, was based upon the average effective yield of the one-year Constant Maturity Treasury as of the first business day of each of the twelve months of the preceding calendar year (as published by the Federal Reserve Board), plus 1%. The CBRAs are not funded by assets specifically designated for this benefit.

Effective January 1, 2013, the RIGP formula benefit as described in subsections (i) and (ii) and CBRA pay credits described in subsection (iv) were frozen, and new CBRA accounts (the "New CBRAs") were established for Plan participants with an opening balance of zero. The New CBRAs are credited annually with: (a) an amount equal to 4% of the participant's eligible compensation, as defined in the Plan; and (b) daily interest earned at a fixed annual crediting rate. This annual crediting rate, which is determined before the beginning of the year and varies from year to year, is based upon the average effective yield of the one-year Constant Maturity Treasury as of the first business day of each of the twelve months of the preceding year (as published by the Federal Reserve Board), plus 1%. The new CBRAs are not funded by assets specifically designated for this benefit.

Effective January 1, 2017, the annual crediting rate for CBRAs and New CBRAs was changed to be based upon the average effective yield of the one-year Constant Maturity Treasury for the month of August immediately preceding the plan year. The RIGP Unallocated portion of the Plan is comprised of assets in excess of those specifically allocated to fund the TRAs. This portion of the Plan funds the benefits described in subsections (i), (ii) and (iv) above and the New CBRAs.

Plan Termination

Although it has not expressed any intention to do so, the Company expressly reserves the right under the Plan to terminate the Plan at any time. In the event the Plan terminates, the TRA assets are reserved to fully fund the TRAs. The remaining net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated: (i) vested benefits insured by the Pension Benefit Guaranty Corporation (the "PBGC") up to the applicable limitations (discussed below); (ii) vested benefits not insured by the PBGC; and (iii) all non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. However, the PBGC does not guarantee all types of benefits under the Plan (for example, lump sum payments in excess of five thousand dollars), and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are insured by the PBGC at the level in effect on the date of the Plan's termination. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Vesting

Prior to January 1, 2008, participants in the Plan became 100% vested in their calculated retirement benefits upon completing five years of service or attaining age sixty-five. Participants in the Plan are fully vested in their RIGP benefits if they are in Company employment on or after January 1, 2008.

Administration

The Joint Administrative Board ("JAB") is responsible for the general administration of the Plan and for carrying out Plan provisions. The trustee of the Plan is State Street Bank and Trust Company (the "Trustee"). The Plan's record keeper is Conduent Human Resources Services. The Plan's actuary is Aon Consulting, Inc.

Benefit Payments

Benefit payments are paid directly by the Plan and include payments relating to the TRA and the RIGP Unallocated portion of the Plan. The CBRA benefits are paid from the RIGP Unallocated portion of the Plan. See Note 4 - Assets Available to Pay Accumulated Plan Benefits in Excess of Employees' TRAs for further information on non-TRA payments.

Administrative Expenses

Administrative expenses are paid by the Master Trust and charged back to the applicable plan(s) participating in the Master Trust. Certain expenses, such as Trustee, record keeping, and investment manager fees, are netted against Master Trust investment gain (loss) in the Plan's Statements of Changes in Net Assets Available for Benefits. Other expenses, such as legal, audit, and financial statement preparation fees, PBGC premiums, and actuarial fees, are disclosed as administrative expenses in the Plan's Statements of Changes in Net Assets Available for Benefits. In the event that any administrative expenses are paid by the Company, such expenses are not included in these financial statements.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Benefit Payments

Benefit payments are recorded when paid.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect: (i) the reported amounts of assets, liabilities and accumulated benefits, changes therein, and disclosure of contingent assets and liabilities as of the date of the financial statements; and (ii) the reported amounts of revenue and expenses during the reporting period. Accordingly, actual results could differ from these estimates.

Basis of Presentation

The assets of the Plan are held in the Master Trust. The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust, plus contributions and allocated investment income (loss), less distributions and allocated administrative expenses. For financial reporting purposes, income or loss on Master Trust assets, any realized or unrealized gains or losses on such assets, and expenses in the Master Trust are allocated to the Plan based on the Plan's balances.

The Master Trust holds assets for other Company-sponsored plans, some of which may be defined benefit plans and some defined contribution plans. Because the Plan's interest in the Master Trust is not based on participant investment options, such as those offered by the defined contribution plans, there are certain Master Trust investments in which the Plan does not participate.

Valuation of Investments and Income Recognition

The Plan's investment in the Master Trust is recorded at an amount equal to the Plan's interest in the underlying investments of the Master Trust. Investments of the Master Trust are stated at fair value. Shares of registered investment company funds are valued at the net asset value as reported by the fund managers at year-end. Common and preferred stock are stated at fair value based on published market closing prices. Fixed income investments are valued on the basis of valuations furnished by Trustee-approved independent pricing services. These services determine valuations for normal institutional-size trading units of such securities using valuation models or matrix pricing, which incorporates yield and/or price with respect to bonds that are considered comparable in characteristics such as rating, interest rate and maturity date and quotations from security dealers to determine current value. If these valuations are deemed to be either not reliable or not readily available, the fair value will be determined in good faith by the Trustee. The fair value of the common and collective trust funds is valued at the net asset value on the last business day of the year. Limited partnerships, including real estate trusts, are valued at estimated fair value based on fair value as reported in their audited financial statements, as well as information received from the investment adviser. As the audited financial statements for limited partnerships generally are as of December 31, these fair values have been adjusted to November 30, as applicable, based on any contributions to or distributions from the respective investments. 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.

Risks and Uncertainties

Investments are exposed to various risks, such as interest rate and market risk. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in value of investments in the near term could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

The Master Trust invests a portion of its assets in securities with contractual cash flows, such as asset-backed securities, collateralized mortgage obligations and commercial mortgage-backed securities. The value, liquidity, and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies and/or defaults and may be adversely affected by shifts in the market's perception of the issuers, including the issuers' creditworthiness. Early repayment of principal on some mortgage-related securities may expose the Plan to a lower rate of return upon reinvestment of the principal.

The Master Trust also invests in foreign securities. Investing in foreign securities may include certain risks and considerations not typically associated with investing in U.S. securities, such as fluctuating currency values and changing local and regional economic, political and social conditions, which may result in greater market volatility. In addition, certain foreign securities may not be as liquid as U.S. securities.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements. Valuation of derivatives is detailed in Note 9.

New Accounting Standards

On June 30, 2022, the FASB issued ASU 2022-03, which (i) clarifies the guidance in ASC 820 on the fair value measurement of an equity security that is subject to a contractual sale restriction and (ii) requires specific disclosures related to such an equity security. ASU 2022-03 clarifies that a “contractual sale restriction prohibiting the sale of an equity security is a characteristic of the reporting entity holding the equity security” and is not included in the equity security’s unit of account. Accordingly, an entity should not consider the contractual sale restriction when measuring the equity security’s fair value. In addition, the ASU prohibits an entity from recognizing a contractual sale restriction as a separate unit of account.

ASU 2022-03’s amendments are effective for the Plan’s fiscal year beginning December 1, 2025, with early adoption permitted. We are currently evaluating the impact to the financial statements.

Note 3 - Actuarial Present Value of Accumulated Plan Benefits in Excess of Employees' TRAs

Accumulated plan benefits are estimated future benefit payments attributable to service rendered through the freeze date in excess of an employee's TRA assets, plus the value of the New CBRAs attributable to service to date. In addition, service provided after the freeze date is considered when determining eligibility for certain benefits, such as early retirement subsidies, and may thus impact the value of accumulated benefits. Such accumulated benefits arise when an employee's RIGP formula or CBRA benefit exceeds the employee's TRA. Accumulated plan benefits include benefits expected to be paid to: (i) retired or terminated employees or their beneficiaries; (ii) beneficiaries of employees who have died; and (iii) current employees upon termination or retirement, or their beneficiaries upon the employee's death.

With respect to the RIGP formula benefit, which is based on the highest average pay, the accumulated plan benefits for active employees are based upon the highest five-year average pay prior to the freeze date.

Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included in accumulated plan benefits, to the extent that they are deemed attributable to employee service rendered as of the valuation date.

The actuarial present value of accumulated plan benefits in excess of employees' TRAs is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits in excess of employees' TRAs to reflect the time value of money (through discounts for interest) and the probability of payment (by means of death, disability or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of November 30, 2020 and 2019 were:

Mortality Rates: As of November 30, 2020: for lump sums payable before 2024, the applicable 417(e)(3) mortality table as released by the IRS; for lump sums payable in periods for which the IRS has not released mortality tables, a continuation of the table applicable for 2023 projected forward with Scale MP-2021; for non-lump sum mortality, the PRI-2012 blue collar base tables with projected forward from 2012 with future mortality improvements according to Scale MP-2021.

As of November 30, 2019: for lump sums payable before 2023, the applicable 417(e)(3) mortality table as released by the IRS; for lump sums payable in periods for which the IRS has not released mortality tables, a continuation of the table applicable for 2022 projected forward with Scale MP-2020; for non-lump sum mortality, the PRI-2012 blue collar base tables with projected forward from 2012 with future mortality improvements according to Scale MP-2020.

Retirement Age: As of November 30, 2020, the average retirement age for active participants is based on a probability table (probabilities are calculated for retirement ages ranging from 55 to 70); for emerging terminated vested participants, 40% of participants are assumed to retire within one year of termination, with the remainder assumed to retire at ages 55 to 70 and which is equivalent to an average age of 62; for current terminated vested participants, the average retirement age is based on a probability table calculated for ages up to 70; the average retirement age ranges from 62.3 for retirements occurring in 2021 to 62.5 for retirements occurring in 2022.

As of November 30, 2019, the average retirement age for active participants is based on probability tables for participants with less than 30 years of service and participants with 30 or more years of service (probabilities are calculated for retirement ages ranging from 55 to 70); for emerging terminated vested participants, 40% of participants are assumed to retire within one year of termination, with the remainder assumed to retire at ages 55 to 70 and which is equivalent to an average age of 62; for current terminated vested participants, the average retirement age is based on a probability table calculated for ages up to 70; the average retirement age ranges from 62.3 for retirements occurring in 2020 to 62.5 for retirements occurring in 2021.

Interest Rate: 5.65% (net of assumed administrative expenses of 0.25%) as of November 30, 2020. 5.65% (net of assumed administrative expenses of 0.25%) as of November 30, 2019.

Lump Sum Interest Rate: 4.50% as of November 30, 2020. 4.50% as of November 30, 2019.

Cash Balance Interest Crediting Rate: 2.50% as of November 30, 2020. 2.50% as of November 30, 2019.

Assumed Percentage Married: 65% of employees are assumed to be married as of November 30, 2020. Males are assumed to be 2 years older than their spouses. 65% of employees are assumed to be married as of November 30, 2019. Males are assumed to be 2 years older than their spouses.

Assumed Percentage Electing Lump Sums: 85% as of November 30, 2020 and November 30, 2019.

The actuarial present value of accumulated plan benefits in excess of employees' TRAs as of November 30, 2020 is as follows:

Vested benefits:	
Current retirees	\$ 20,875
Other participants	79,126
Total vested benefits	100,001
Non-vested benefits	2,662
Actuarial present value of accumulated plan benefits, in excess of employees' TRAs	\$ 102,663

Changes in the actuarial present value of accumulated plan benefits in excess of employees' TRAs for the year ended November 30, 2020 are as follows:

Benefit payments	\$ (12,261)
Interest	5,647
Change in assumptions	2,002
Benefits accumulated and net actuarial experience	1,275
Net decrease	(3,337)
Actuarial present value of accumulated plan benefits in excess of employees' TRAs	
Beginning of Year	106,000
End of Year	\$ 102,663

Note 4 - Assets Available to Pay Accumulated Plan Benefits in Excess of Employees' TRAs

Condensed financial information regarding assets available to pay accumulated plan benefits in excess of employees' TRAs as of November 30 is as follows:

	2021	2020
Net assets available for benefits	\$ 127,370	\$ 151,441
Less - TRA assets	(29,547)	(38,219)
Net assets available to pay accumulated benefits	\$ 97,823	\$ 113,222

Condensed financial information regarding the change in assets available to pay accumulated plan benefits in excess of employees' TRAs for the year ended November 30 is as follows:

	2021	2020
Employer contributions	\$ 0	\$ 10,000
Investment gain - net of administrative expenses	4,546	19,819
Benefit payments	(19,945)	(12,261)
Net (decrease) increase	(15,399)	17,558
Assets available to pay accumulated plan benefits in excess of employees' TRAs		
Beginning of year	113,222	95,664
End of year	\$ 97,823	\$ 113,222

Note 5 - Funding

The Plan is in compliance with the minimum funding standards of ERISA. There were cash contributions of \$0 and \$10,000 to the Plan for the years ended November 30, 2021 or 2020, respectively. The funding policy of the Plan is that the employer shall contribute no less than the amounts required to comply with the minimum funding requirements specified in the Internal Revenue Code and the Employee Retirement Income Security Act ("ERISA"). The employer may, at its discretion from time to time, contribute amounts in excess of the minimum funding requirements.

Note 6 - Tax Status

The Plan obtained a determination letter from the Internal Revenue Service (the "IRS") dated April 12, 2021, indicating that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code (the "IRC"). The Plan administrator believes that the Plan, as currently designed and operated, is in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of November 30, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2018.

Note 7 - Master Trust

As discussed in Note 2, the Plan participates in the Master Trust. The Trustee holds the Master Trust's investment assets, provides administrative functions for each of the Plans participating in the Master Trust, and executes investment transactions as directed by participants, and by the Company as applicable.

Investment Strategy Fiduciary

The named fiduciary with respect to the overall investment strategy for the Master Trust investments, along with all other day to day fiduciary investment responsibilities, is the Xerox Retirement Investment Committee (the "XRIC"). The XRIC is composed of individuals designated or described in the plan document who oversee the management of the funds on a regular basis.

Securities Lending

The Master Trust is not restricted from lending securities to other qualified financial institutions, provided such loans are callable at any time and are at all times fully collateralized by cash (including U.S. and foreign currency), cash equivalents or securities issued or guaranteed by the U.S. government or its agencies and the sovereign debt of foreign countries. There were no securities loaned by the Master Trust during the years ended November 30, 2021 or 2020.

Master Trust Financial Information

The Statements of Net Assets of the Master Trust and Statements of Changes in Net Assets of the Master Trust are provided as follows:

Statements of Net Assets of the Master Trust

	Master Trust Balances		Plan's Interest in Master Trust Balances ⁽¹⁾	
	November 30, 2021	November 30, 2020	November 30, 2021	November 30, 2020
Assets				
Investments at fair value				
Short-term investments	\$ 422,232	\$ 585,124	\$ 3,808	\$ 7,003
Fixed income investments	1,508,658	1,644,305	73,938	83,033
Registered investment companies	173,019	181,122	2,912	3,180
Common and preferred stock	765,723	927,889	13,738	19,136
Common and collective trust funds	4,119,312	3,155,874	17,447	15,391
Interest in real estate trusts	67,398	27,562	3,304	1,392
Interest in partnerships/joint ventures	242,870	239,107	11,903	12,074
Interest in restricted stock	—	1,883	—	—
Variation margin on futures contracts	5,662	3	277	—
Premiums paid for open swap contracts	—	11,242	—	568
Unrealized gain on open swap contracts	3,758	—	184	—
Total investments at fair value	7,308,632	6,774,111	127,511	141,777
Cash	1,700	17,203	83	626
Cash, segregated	—	2	—	—
Receivables				
Accrued dividends and interest	13,356	15,809	612	752
Receivable for securities sold	12,312	3,559	213	31
Other receivables	46	313	2	15
Other assets	170	206	170	206
Total assets	7,336,216	6,811,203	128,591	143,407
Liabilities				
Payable for securities purchased	23,465	8,170	950	249
Accrued expenses	7,264	7,626	227	275
Variation margin on futures contracts	888	802	44	41
Unrealized loss on open swap contracts	—	25,237	—	1,274
Other liabilities	170	2,729	—	127
Total liabilities	31,787	44,564	1,221	1,966
Net assets of the Master Trust	\$ 7,304,429	\$ 6,766,639	\$ 127,370	\$ 141,441

⁽¹⁾ The interest of defined benefit plans participating in the Master Trust is divided from the interest of defined contribution plans. The Plan's interest in the defined benefit portion of the Master Trust is undivided from that of other participating defined benefit plans, and has been allocated herein based on the Plan's proportionate share of assets. The Plan represents approximately 1.7% and 2.1% of net assets in the Master Trust as of November 30, 2021 and 2020, respectively.

Statements of Changes in Net Assets of the Master Trust

	Year Ended November 30, 2021	Year Ended November 30, 2020
Additions to net assets		
Investments		
Interest and dividends ⁽¹⁾	\$ 70,066	\$ 83,078
Net appreciation of investments	625,190	846,297
Other	15,165	3,840
Total additions	710,421	933,215
Deductions from net assets		
Net transfers out of Master Trust ⁽²⁾	141,874	556,861
Master Trust administrative expenses	28,832	31,382
Other	1,925	902
Total deductions	172,631	589,145
Net increase in net assets	537,790	344,070
Net assets available for benefits		
Beginning of year	6,766,639	6,422,569
End of year	\$ 7,304,429	\$ 6,766,639

⁽¹⁾ Interest and dividends are presented net of withholdings taxes of \$136 and \$79 for the years ended November 30, 2021 and 2020, respectively.

⁽²⁾ Net transfers include employer contributions, employee contributions, rollovers, benefit payments and other transfers.

Note 8 - Fair Value Measurement

ASC 820, *Fair Value Measurements and Disclosures*, defines fair value, establishes a market-based framework hierarchy for measuring fair value, and expands disclosures about fair value measurements in the notes to the financial statements. ASC 820 is applicable whenever another accounting pronouncement requires or permits assets and liabilities to be measured at fair value.

In accordance with ASC 820, fair value is defined as the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date in the principal or most advantageous market of the asset.

ASC 820 established a three-tier hierarchy based on transparency of inputs to the valuation of an asset or liability:

- Level 1: Unadjusted quoted prices in active markets for identical, unrestricted assets or liabilities.
- Level 2: Prices determined using other significant observable inputs. Observable inputs are inputs that other market participants would use in valuing a portfolio instrument. These may include quoted prices for similar securities, interest rates, foreign exchange rates, prepayment speeds, credit risk and others.
- Level 3: Prices determined using significant unobservable inputs. In situations where quoted prices or observable inputs are unavailable (for example, when there is little or no market activity for an investment at the end of the period), unobservable inputs may be used. Unobservable inputs reflect the Plan administrator's own assumptions about the factors market participants would use in valuing a portfolio instrument, and would be based on the best information available.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. Certain investments that are measured using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. According to the hierarchy, each investment was assigned a level 1, 2 or 3, based on the policy established by the Company. Changes in valuation techniques may result in transfers in or out of an investment's assigned level within the hierarchy.

Level 3 Investment Assets

The classification of an investment within level 3 is based upon the significance of the unobservable inputs to the overall fair value measurement. The valuation techniques and inputs for the Level 3 assets have been consistently applied for all periods presented. Level 3 investment assets represent approximately 0.7% of the total Master Trust investments and are comprised of real estate funds and restricted stock.

Real estate funds are valued at estimated fair value based on fair value as reported in their audited financial statements, adjusted for cash flows from the valuation date to the last day of the plan year, as well as information received from the investment adviser. Interests in partnerships and joint ventures are also valued at estimated fair value based on fair value as reported in their audited financial statements, adjusted for cash flows from the valuation date to the last day of the plan year.

Purchases of real estate funds and restricted stock for the year ended November 30, 2021 were \$14,933 and \$0, respectively. Purchases of real estate funds and restricted stock for the year ended November 30, 2020 were \$10,561 and \$0, respectively. There were no transfers into or out of Level 3 for the years ended November 30, 2021 or 2020.

Table 1a - Current Year Master Trust (Defined Contribution and Defined Benefit Plans)

	Investment Assets at Fair Value as of November 30, 2021				
	Level 1	Level 2	Level 3	NAV ⁽¹⁾	Total
Assets					
Short-term investments	\$ —	\$ —	\$ —	\$ 422,232	\$ 422,232
Common and preferred stock	765,723	—	—	—	765,723
Common and collective trust funds	—	—	—	4,119,312	4,119,312
Registered investment companies	173,019	—	—	—	173,019
Fixed income investments	—	1,508,658	—	—	1,508,658
Interest in partnerships / joint ventures	—	—	—	242,870	242,870
Interest in real estate trusts	—	—	54,503	12,895	67,398
Unrealized gain on futures contracts ⁽²⁾	11,300	—	—	—	11,300
Unrealized gain on swap contracts	—	3,758	—	—	3,758
Total investment assets at fair value	\$ 950,042	\$ 1,512,416	\$ 54,503	\$ 4,797,309	\$ 7,314,270

	Investment Liabilities at Fair Value as of November 30, 2021				
	Level 1	Level 2	Level 3	NAV ⁽¹⁾	Total
Liabilities					
Unrealized loss on futures contracts ⁽²⁾	\$ 262	\$ —	\$ —	\$ —	\$ 262
Total investment liabilities at fair value	\$ 262	\$ —	\$ —	\$ —	\$ 262

⁽¹⁾ Certain assets that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy.

⁽²⁾ Includes cumulative appreciation (depreciation) of futures contracts. Only current day's variation margin is reported within the Statements of Net Assets of the Master Trust.

Table 2a - Current Year Master Trust (Defined Benefit Plans only)

	Investment Assets at Fair Value as of November 30, 2021				
	Level 1	Level 2	Level 3	NAV ⁽¹⁾	Total
Assets					
Short-term investments	\$ —	\$ —	\$ —	\$ 77,693	\$ 77,693
Common and preferred stock	280,320	—	—	—	280,320
Common and collective trust funds	—	—	—	355,984	355,984
Registered investment companies	59,420	—	—	—	59,420
Fixed income investments	—	1,508,658	—	—	1,508,658
Interest in partnerships / joint ventures	—	—	—	242,870	242,870
Interest in real estate trusts	—	—	54,503	12,895	67,398
Unrealized gain on futures contracts ⁽²⁾	11,300	—	—	—	11,300
Unrealized gain on swap contracts	—	3,758	—	—	3,758
Total investment assets at fair value	\$ 351,040	\$ 1,512,416	\$ 54,503	\$ 689,442	\$ 2,607,401

	Investment Liabilities at Fair Value as of November 30, 2021				
	Level 1	Level 2	Level 3	NAV ⁽¹⁾	Total
Liabilities					
Unrealized loss on futures contracts ⁽²⁾	\$ 262	\$ —	\$ —	\$ —	\$ 262
Total investment liabilities at fair value	\$ 262	\$ —	\$ —	\$ —	\$ 262

⁽¹⁾ Certain assets that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy.

⁽²⁾ Includes cumulative appreciation (depreciation) of futures contracts. Only current day's variation margin is reported within the Statements of Net Assets of the Master Trust.

Table 1b - Prior Year Master Trust (Defined Contribution and Defined Benefit Plans)

	Investment Assets at Fair Value as of November 30, 2020				
	Level 1	Level 2	Level 3	NAV ⁽¹⁾	Total
Assets					
Short-term investments	\$ —	\$ —	\$ —	\$ 585,124	\$ 585,124
Common and preferred stock	927,889	—	—	—	927,889
Common and collective trust funds	—	—	—	3,155,874	3,155,874
Registered investment companies	181,122	—	—	—	181,122
Fixed income investments	—	1,644,305	—	—	1,644,305
Interest in partnerships / joint ventures	—	—	—	239,107	239,107
Interest in real estate trusts	—	—	17,310	10,252	27,562
Interest in restricted stock	—	—	1,883	—	1,883
Unrealized gain on futures contracts ⁽²⁾	16,764	—	—	—	16,764
Total investment assets at fair value	\$ 1,125,775	\$ 1,644,305	\$ 19,193	\$ 3,990,357	\$ 6,779,630

	Investment Liabilities at Fair Value as of November 30, 2020				
	Level 1	Level 2	Level 3	NAV ⁽¹⁾	Total
Liabilities					
Unrealized loss on futures contracts ⁽²⁾	\$ 27	\$ —	\$ —	\$ —	\$ 27
Unrealized loss on swap contracts	—	25,237	—	—	25,237
Total investment liabilities at fair value	\$ 27	\$ 25,237	\$ —	\$ —	\$ 25,264

⁽¹⁾ Certain assets that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy.

⁽²⁾ Includes cumulative appreciation (depreciation) of futures contracts. Only current day's variation margin is reported within the Statements of Net Assets of the Master Trust.

Table 2b - Prior Year Master Trust (Defined Benefit Plans only)

	Investment Assets at Fair Value as of November 30, 2020				
	Level 1	Level 2	Level 3	NAV ⁽¹⁾	Total
Assets					
Short-term investments	\$ —	\$ —	\$ —	\$ 138,686	\$ 138,686
Common and preferred stock	378,943	—	—	—	378,943
Common and collective trust funds	—	—	—	304,793	304,793
Registered investment companies	62,970	—	—	—	62,970
Fixed income investments	—	1,644,305	—	—	1,644,305
Interest in partnerships / joint ventures	—	—	—	239,107	239,107
Interest in real estate trusts	—	—	17,310	10,252	27,562
Unrealized gain on futures contracts ⁽²⁾	16,764	—	—	—	16,764
Total investment assets at fair value	\$ 458,677	\$ 1,644,305	\$ 17,310	\$ 692,838	\$ 2,813,130

	Investment Liabilities at Fair Value as of November 30, 2020				
	Level 1	Level 2	Level 3	NAV ⁽¹⁾	Total
Liabilities					
Unrealized loss on futures contracts ⁽²⁾	\$ 27	\$ —	\$ —	\$ —	\$ 27
Unrealized loss on swap contracts	—	25,237	—	—	25,237
Total investment liabilities at fair value	\$ 27	\$ 25,237	\$ —	\$ —	\$ 25,264

⁽¹⁾ Certain assets that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy.

⁽²⁾ Includes cumulative appreciation (depreciation) of futures contracts. Only current day's variation margin is reported within the Statements of Net Assets of the Master Trust.

Fair Value of Investments in Certain Entities that are Measured at Net Asset Value per Share (in millions):

	Fair Value	
	November 30, 2021	November 30, 2020
Common and Collective Trust Funds investing in ⁽¹⁾:		
Fixed Income	\$ 257.9	\$ 268.1
Domestic Equity	1,237.3	871.2
International Equity	605.5	588.0
Multiple Strategies	2,018.6	1,428.6
Total Common and Collective Trust Funds	4,119.3	3,155.9
Partnership Funds investing in:		
Private Equity & Debt Funds ⁽²⁾	242.9	239.1
Private Real Estate Funds ⁽³⁾	67.4	27.6
Total Partnership Funds	310.3	266.7
Short term investments ⁽⁴⁾	422.2	585.1
Total Investments	\$ 4,851.8	\$ 4,007.7

⁽¹⁾ Unless otherwise noted, this category represents investments in common and collective trust funds that invest in the indicated types of securities. All of these funds: (i) have daily liquidity (pending market conditions); (ii) are not subject to any redemption restrictions at the measurement date; (iii) have trade to settlement terms varying from one to three days; and (iv) have no required notice period. As of November 30, 2021, there are thirty-eight such funds, fourteen of which are Multiple Strategies and include (a) twelve funds that invest in a mix of domestic equity, international equity, and fixed income securities; (b) one fund that invests in a mix of commodities and fixed income securities; and (c) one fund that invests in a mix of asset-backed securities, US Treasury securities, and domestic equity). As of November 30, 2020, there are thirty-five such funds, fifteen of which are Multiple Strategies and include (a) thirteen funds that invest in a mix of domestic equity, international equity, and fixed income securities; (b) one fund that invests in a mix of commodities and fixed income securities; and (c) one fund that invests in a mix of asset-backed securities, US Treasury securities, and domestic equity).

⁽²⁾ This category includes partnership funds that invest in private equity or private debt, both domestically and internationally. These investments cannot be redeemed during the life of the funds. Instead, distributions are received through the liquidation of the underlying assets of the funds. It is estimated that the underlying assets will be liquidated over the next one to fifteen years. As of November 30, 2021, there are fifteen such funds, and unfunded commitments of \$105.1 million remain in twelve of the funds. As of November 30, 2020, there are thirteen such funds, and unfunded commitments of \$98.3 million remain in twelve of the funds.

⁽³⁾ This category includes partnership funds invested in domestic and international real estate funds. The fair value of these investments is estimated using the NAV of the Trust's ownership interest in partners' capital. The valuation inputs of these investments are derived from third party appraisals and/or discounted cash flow models. These investments cannot be redeemed during the life of the funds. Instead, distributions are received through the liquidation of the underlying assets of the funds. It is estimated that the underlying assets will be liquidated over the next one to five years. As of November 30, 2021, there are four such funds, and unfunded commitments of <\$0.1 million remain in one of the funds. Three out of the four funds are measured at fair value using the NAV per share (or its equivalent) practical expedient and have not been classified in the fair value hierarchy, and the remaining fund is classified as Level 3 in the fair value hierarchy. As of November 30, 2020, there are five such funds, and unfunded commitments of \$42.2 million remain in two of the funds. Three out of the six funds are measured at fair value using the NAV per share (or its equivalent) practical expedient and have not been classified in the fair value hierarchy, and the remaining two funds are classified as Level 3 in the fair value hierarchy.

⁽⁴⁾ This category includes short term investments that have: (i) daily liquidity (pending market conditions); (ii) no redemption restrictions at the measurement date; (iii) trade to settlement terms varying from one to three days; and (iv) have no required notice period. As of November 30, 2021, there are fifteen such funds. As of November 30, 2020, there are eleven such funds.

Note 9 - Derivatives Policy

The Master Trust may enter into contractual arrangements (derivatives) in carrying out its investment strategy, and is limited to the use of derivatives as allowed by the Investment Policy Statement - i.e., principally to: (i) hedge a portion of the Master Trust's portfolio to limit or minimize exposure to certain risks, (ii) gain an exposure to a market more rapidly or less expensively than could be accomplished through the use of the cash markets, and (iii) reduce the cost of structuring the portfolio or capture value disparities between financial instruments. The Master Trust may utilize both exchange traded investment instruments such as equity and fixed income futures and options on fixed income futures, forward currency contracts, interest rate swaps, credit default swaps, swaptions and options.

When engaging in forward currency contracts and any other over-the-counter derivatives, there is exposure to credit risk in the event of non-performance by the counterparties to these transactions. The Master Trust manages this exposure through credit approvals and limited monitoring procedures. Procedures are in place to regularly monitor and report market and counterparty credit risks associated with these instruments. This counterparty risk is further mitigated through the netting provisions of various agreements with certain counterparties that permit net settlement under specific conditions and, for certain counterparties, by providing collateral. These netting provisions may be part of an International Swap and Derivative Association agreement ("ISDA") or other types of agreements. Such netting provisions govern the ability to offset amounts the Master Trust owes a counterparty against amounts the counterparty owes the Master Trust (net settlement). The agreements are specific to an individual counterparty within a particular investment account and generally allow net settlement in the event of contract termination.

Furthermore, these agreements generally permit termination by either party prior to maturity upon the occurrence of certain stated events, such as failure to pay or bankruptcy. ISDAs also specify other events, the occurrence of which would allow one of the parties to terminate. Collateral requirements are determined based on the net aggregate unrealized gain or loss on all bilateral derivatives with each counterparty, subject to minimum transfer amounts. Any additional collateral required due to changes in securities values is transferred the next business day.

The Master Trust discloses all derivatives in the Statements of Net Assets of the Master Trust (refer to Note 7 - Master Trust) on a gross basis. During the years ended November 30, 2021 and 2020, derivatives were used only in the defined benefit plans participating in the Master Trust - the following notes include a summary of (i) the significant accounting policies associated with the Master Trust's use of derivatives, and (ii) financial information, including any pledged and received collateral amounts, for derivative contracts open as of the measurement date.

Futures Contracts

The Master Trust used equity index and fixed income futures contracts to manage exposure to the market. Buying futures tends to increase the Master Trust's exposure to the underlying instrument. Selling futures tends to decrease the Master Trust's exposure to the underlying instrument held or hedge the fair value of other Master Trust investments. The Master Trust does not employ leverage in its use of derivatives. Futures contracts are valued at the last settlement price at the end of each day on the exchange upon which they are traded. Upon entering into a futures contract, the Master Trust is required to deposit either in cash or securities an amount (initial margin) equal to a certain percentage of the nominal value of the contract. Pursuant to the futures contract, the Master Trust agrees to receive from, or pay to, the broker an amount of cash equal to the daily fluctuation in the value of the futures contract. Such receipts or payments are known as "variation margin" which are generally settled daily and are included in the unrealized gains (losses) on futures contracts. The Master Trust will record a variation margin receivable or payable in the Master Trust net assets for variation margins which have not yet been paid at the end of the year.

Futures contracts involve, to varying degrees, credit and market risks. The Master Trust enters into futures contracts on exchanges where the exchange acts as the counterparty to the transaction. Thus, credit risk on such transactions is limited to the failure of the exchange. The daily settlement on the futures contracts serves to greatly reduce credit risk. Losses in value may arise from changes in the value of the underlying instruments or if there is an illiquid secondary market for the contracts. In addition, there is the risk that there may not be an exact correlation between a futures contract and the underlying index or security.

As of November 30, 2021 and 2020, the unrealized gain/loss of futures contracts represents less than 1% of total investments.

As of November 30, 2021 and 2020, cash balances of \$0 were pledged to cover margin requirements for open futures contracts.

A summary of open fixed income and equity index futures of the Master Trust is presented below for the years ended November 30, 2021 and 2020:

Description	November 30, 2021			November 30, 2020		
	Contracts Long / (Short)	Notional Value	Unrealized Gain / (Loss)	Contracts Long / (Short)	Notional Value	Unrealized Gain / (Loss)
US Treasury 2-30 year Futures	\$ 4,138	\$ 413,300	\$ 10,230	\$ 123	\$ 11,100	\$ 116
Equity Index Futures	178	9	808	1,205	60	16,621
	\$ 4,316	\$ 413,309	\$ 11,038	\$ 1,328	\$ 11,160	\$ 16,737

Interest Rate Swap and Total Return Swap Contracts

The Master Trust may invest in interest rate and total return swap contracts. The Master Trust uses interest rate and total return swap contracts to manage its exposure to interest rates. Interest rate swap contracts typically represent the exchange between the Master Trust and a counterparty of respective commitments to make variable rate and fixed rate payments with respect to a notional amount of principal. Such contracts have a term coincident with the maturity date of the Master Trust, with settlement scheduled for the termination date of the contract. Total return swaps are agreements to exchange cash flows based on a commitment to pay an amount based on a referenced interest rate, in exchange for a market-linked return, both based on a notional amount. The market-linked return may include, among other things, the total return of a security, commodity, or index.

During the period that the swap contract is open, the contract is marked-to-market as the net amount due to or from the Master Trust in accordance with the terms of the contract based on the closing level of the relevant index or security and interest accrual through the valuation date. Swaps are marked-to-market daily based upon values from third party vendors or quotations from market makers to the extent available and the change in value, if any, is recorded as an unrealized gain or loss on the Statements of Net Assets of the Master Trust. Periodic cash settlements on interest rate swaps and total return swaps are recorded as realized gains or losses. Interest rate swap contracts and total return swap contracts may include extended effective dates.

Entering into a swap contract involves, to varying degrees, elements of credit, market and/or interest rate risk in excess of the amounts reported in the Statements of Net Assets of the Master Trust. Notional principal amounts are used to express the extent of involvement in the transactions, but are not delivered under the contracts.

Accordingly, credit risk is limited to any amounts receivable from the counterparty. To reduce credit risk from potential counterparty default, the Master Trust enters into swap contracts with counterparties whose creditworthiness has been approved by the Company. The Master Trust bears the market risk arising from any change in index or security values or interest rates. Under certain circumstances, the Master Trust may be required to pledge collateral to or may receive collateral from swap counterparties. Initial upfront payments received or made upon entering into a swap contract are included in the fair value of the swap.

As of November 30, 2021, the Master Trust no longer had any open interest rate swap contracts, but held total return swap contracts.

The following total return swap contracts were open as of November 30, 2021:

Description	Currency	Maturity Date	Pay	Receive	Notional Amount	Premiums Paid (Received)	Unrealized Gain/(Loss)
Pay Equity and Receive Fixed Income	USD	2022	US Treasury Indexes 20+ Yr	Fed Funds + 8bps	\$ 211,578	\$ —	\$ 3,758
					<u>\$ 211,578</u>	<u>\$ —</u>	<u>\$ 3,758</u>

The following interest rate swap contracts were open as of November 30, 2020:

Description	Fixed rate	Maturity Date	Notional Amount	Premiums Paid (Received)	Value	Unrealized Gain/(Loss)
Pay 3-Month LIBOR USD and Received Fixed	0.7% - 1.15%	2030 - 2050	\$ 825,400	\$ 11,242	\$ (13,995)	\$ (25,237)
			<u>\$ 825,400</u>	<u>\$ 11,242</u>	<u>\$ (13,995)</u>	<u>\$ (25,237)</u>

Fair Value of Asset and Liability Derivative Contracts

The following table presents the fair value of the asset and liability derivatives carried on the Statements of Net Assets of the Master Trust and the Statements of Changes in Net Assets of the Master Trust as of November 30, 2021:

Derivatives not accounted for as hedging instruments, at fair value	Equity	Interest Rate	Total
Assets			
Unrealized gain on futures contracts ⁽¹⁾	\$ 808	\$ 10,492	\$ 11,300
Unrealized gain on open swap contracts	—	3,758	3,758
Total assets	<u>\$ 808</u>	<u>\$ 14,250</u>	<u>\$ 15,058</u>
Liabilities			
Unrealized loss on futures contracts ⁽¹⁾	\$ —	\$ 262	\$ 262
Total liabilities	<u>\$ —</u>	<u>\$ 262</u>	<u>\$ 262</u>

⁽¹⁾ Includes cumulative appreciation (depreciation) of futures contracts. Only current day's variation margin is reported within the Statements of Net Assets of the Master Trust.

The following table presents the fair value of the asset and liability derivatives carried on the Statements of Net Assets of the Master Trust and the Statements of Changes in Net Assets of the Master Trust as of November 30, 2020:

Derivatives not accounted for as hedging instruments, at fair value	Equity	Interest Rate	Total
Assets			
Unrealized gain on futures contracts ⁽¹⁾	\$ 16,621	\$ 143	\$ 16,764
Total assets	<u>\$ 16,621</u>	<u>\$ 143</u>	<u>\$ 16,764</u>
Liabilities			
Unrealized loss on futures contracts ⁽¹⁾	\$ —	\$ 27	\$ 27
Unrealized loss on open swap contracts	—	25,237	25,237
Total liabilities	<u>\$ —</u>	<u>\$ 25,264</u>	<u>\$ 25,264</u>

⁽¹⁾ Includes cumulative appreciation (depreciation) of futures contracts. Only current day's variation margin is reported within the

Effect of Derivative Instruments on the Statements of Changes in Net Assets of the Master Trust

The table below sets forth the net appreciation or depreciation for derivative instruments during the years ended November 30, 2021 and 2020:

	Net Appreciation / (Depreciation)	
	November 30, 2021	November 30, 2020
Derivatives not accounted for as hedging instruments		
Futures contracts	\$ 40,669	\$ 48,242
Foreign exchange contracts	(5)	87
Swap contracts	(65,141)	107,184
	<u>\$ (24,477)</u>	<u>\$ 155,513</u>

Average Notional Value

The table below sets forth the average notional value for derivative instruments during the years ended November 30, 2021 and 2020:

Derivatives	Average Notional Value	
	November 30, 2021	November 30, 2020
Purchased futures contracts	\$ 277,214	\$ 22,477
Sold futures contracts	63,925	21,583
Purchased swap contracts	—	1,113,421
Total return swap contracts	464,584	—

Master Netting Agreements

The Master Trust may enter into master netting agreements with their counterparties for derivative instruments, which provide the right, in the event of default (including bankruptcy or insolvency), for the non-defaulting party to liquidate the collateral and calculate the net exposure to the defaulting party or request additional collateral. For financial reporting purposes, the Plan does not offset financial assets and financial liabilities that are subject to master netting agreements in the Statements of Net Assets of the Master Trust.

The tables below set forth the Master Trust's open derivatives that are subject to master netting agreements, as of November 30, 2021:

Gross Amounts Not Offset in the Statement of Net Assets				
Derivative	Net Amount of Assets Presented in the Statement of Net Assets	Non-cash Collateral Received	Cash Collateral Received	Net Amount
Swap contracts ⁽¹⁾	\$ 3,758	\$ —	\$ —	\$ 3,758
	\$ 3,758	\$ —	\$ —	\$ 3,758

Gross Amounts Not Offset in the Statement of Net Assets				
Derivative	Net Amount of Liabilities Presented in the Statement of Net Assets	Non-cash Collateral Pledged	Cash Collateral Pledged	Net Amount
Swap contracts ⁽¹⁾	\$ —	\$ —	\$ —	\$ —
	\$ —	\$ —	\$ —	\$ —

⁽¹⁾ In conformance with disclosure requirements of accounting principles generally accepted in the United States of America, the table above does not include additional non-cash collateral pledged to counterparties of \$0. The collateral amounts may exceed the related net positions of assets and liabilities. Where this is the case, the total amount reported is limited to the net position with that counterparty.

The tables below set forth the Master Trust's open derivatives that are subject to master netting agreements, as of November 30, 2020:

Gross Amounts Not Offset in the Statement of Net Assets				
Derivative	Net Amount of Assets Presented in the Statement of Net Assets	Non-cash Collateral Received	Cash Collateral Received	Net Amount
Swap contracts	\$ —	\$ —	\$ —	\$ —
	\$ —	\$ —	\$ —	\$ —

Gross Amounts Not Offset in the Statement of Net Assets				
Derivative	Net Amount of Liabilities Presented in the Statement of Net Assets	Non-cash Collateral Pledged	Cash Collateral Pledged	Net Amount
Swap contracts ⁽¹⁾⁽²⁾	\$ 25,237	\$ (25,235)	\$ (2)	\$ —
	\$ 25,237	\$ (25,235)	\$ (2)	\$ —

⁽¹⁾ In conformance with disclosure requirements of accounting principles generally accepted in the United States of America, the table above does not include additional non-cash collateral pledged to counterparties of \$54,764. The collateral amounts may exceed the related net positions of assets and liabilities. Where this is the case, the total amount reported is limited to the net position with that counterparty.

⁽²⁾ Swap contracts are currently only held with one counterparty.

Note 10 - Related Party Transactions and Parties-in-Interest Transactions

The Plan pays the administrative expenses detailed in Note 1 - Description of the Plan, and these transactions qualify as party-in-interest transactions.

The Plan also allows rollovers to an affiliated plan, the Savings Plan of Xerox Corporation and the Xerographic Division, Rochester Joint Board on Behalf of Itself and Other Regional Joint Boards, which amounted to \$1,662 and \$347 for the years ended November 30, 2021 and 2020, respectively. These transactions qualify as party-in-interest transactions.

Personnel and facilities of the Company have been used to perform administrative functions for the Plan, and the Plan pays fees to State Street Bank and Trust Company as Trustee of the Plan. These transactions qualify as party-in-interest transactions. The Plan also holds investments that are managed by the Trustee, and transactions related to such investments qualify as party-in-interest transactions.

Note 11 - Commitments and Contingencies

In the normal course of business, the Plan enters into agreements that contain a variety of representations and warranties which provide general indemnifications. The Plan's maximum exposure under these arrangements is unknown as this would involve future claims that may be made against the Plan that have not yet occurred. However, based on experience, the Plan expects the risk of loss to be remote.

As of November 30, 2021, the Master Trust is committed to invest \$934,250 in certain private equity and real estate funds, of which \$829,130 has already been contributed.

Note 12 - Legal and Regulatory Matters

From time to time, the Plan, the Company and their affiliates are involved in litigation and various industry-related and other regulatory, government, and law enforcement inquiries and subpoenas that arise in the ordinary course of business. The Company is not aware of any ongoing or new Union RIGP litigation matters during 2021 or 2022 to date.

Audits

The Plan is subject to routine audits by government agencies. Refer to Note 6 - Tax Status for information regarding audits by taxing jurisdictions, if applicable.

Note 13 - Subsequent Events

The Plan has evaluated subsequent events through September 15, 2022, the date the financial statements were available to be issued. All subsequent events requiring recognition have been incorporated into these financial statements, and the accompanying notes, as applicable.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Schedule SB, line 26—Schedule of Active Participant Data

**Schedule SB, Line 26—Schedule of Active Participant Data
As of December 1, 2020**

**Xerox Corporation
Union RIGP**

EIN: 16-0468020 PN: 003

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44					5	3				
45-49						5	6			
50-54					3	7	16	84		
55-59					2	6	11	85	10	1
60-64					4	9	9	26	7	18
65-69					3	3		5		5
70+										1

N-334

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of August 2020), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor.
1st Segment Rate	4.75%
2nd Segment Rate	5.50%
3rd Segment Rate	6.27%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of August 2020), without regard to interest rate stabilization.
1st Segment Rate	2.33%
2nd Segment Rate	3.46%
3rd Segment Rate	3.98%
Salary Increases	3.00%
Cash Balance Interest Crediting Rate	2.50% for periods in which the actual rate is not yet known.
Cash Balance Annuity Conversion Rate	Same as interest rates defined above.
Social Security Wage Base Increases	N/A.
Social Security COLA Increases	N/A.
Optional Payment Form Election Percentage	85% elect a lump sum; and 15% elect an annuity (life annuity if single and 50% joint & survivor annuity if married).
Optional Payment Form Conversion Interest Rate	Same as interest rates defined above.
Optional Payment Form Conversion Mortality	Current Applicable Mortality table for lump sums.
Retirement Age	
Active Participants	See Table A-1 and Table A-2.
Terminated Vested Participants	For current terminated participants, see Table D. For emerging terminated participants, 40% are assumed to commence within 1 year of termination. All others are assumed to commence at a weighted average of age 62 based on an application of the rates in Table D.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Mortality Rates	
Healthy and Disabled	2020 Static Mortality Table for Annuitants and Non-Annuitants per §1.430(h)(3)-1.
Withdrawal Rates	See Table B.
Disability Rates	See Table C.
Surviving Spouse Benefit	It is assumed that 65% of employees have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	12/1/2020 base pay with a historical average (currently 3.1%) load to reflect projected overtime pay and salary increases during the plan year.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$230,000 and the IRC section 401(a)(17) compensation limit of \$285,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.
Expected Return on Assets	
Plan Year Beginning 12/1/2018	5.75%
Plan Year Beginning 12/1/2019	6.00%
Plan Year Beginning 12/1/2020	5.90%
Plan Expenses	Average of prior two year's plan administrative expenses paid (without PBGC premiums), increased by 3%, plus expected PBGC premiums for the current year rounded to the next \$1,000.
Actuarial Method	Standard unit credit cost method.
Valuation Date	December 1, 2020

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Table A-1

Probability of Retirement (With Less Than 30 Years of Service)

Age	Plan Year of Retirement	
	2020	2021+
55	0.070	0.065
56	0.055	0.050
57	0.055	0.050
58	0.055	0.050
59	0.080	0.075
60	0.080	0.075
61	0.105	0.100
62	0.155	0.150
63	0.155	0.150
64	0.155	0.150
65	0.300	0.300
66	0.250	0.250
67	0.250	0.250
68	0.250	0.250
69	0.250	0.250
70	1.000	1.000

Table A-2

Probability of Retirement (With 30 or More Years of Service)

Age	Plan Year of Retirement	
	2020	2021+
55	0.070	0.065
56	0.055	0.050
57	0.055	0.050
58	0.055	0.050
59	0.080	0.075
60	0.080	0.075
61	0.130	0.125
62	0.180	0.175
63	0.180	0.175
64	0.190	0.175
65	0.300	0.300
66	0.250	0.250
67	0.250	0.250
68	0.250	0.250
69	0.250	0.250
70	1.000	1.000

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Table B

Probability of Termination (other than Retirement, Death or Disability)

Present Age	Rate	Present Age	Rate
20	0.100	45	0.060
21	0.100	46	0.060
22	0.100	47	0.060
23	0.100	48	0.060
24	0.100	49	0.060
25	0.100	50	0.050
26	0.100	51	0.050
27	0.100	52	0.050
28	0.100	53	0.050
29	0.100	54	0.050
30	0.100		
31	0.100		
32	0.100		
33	0.100		
34	0.100		
35	0.080		
36	0.080		
37	0.080		
38	0.080		
39	0.080		
40	0.070		
41	0.070		
42	0.070		
43	0.070		
44	0.070		

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Table C

Probability of Disability

Present Age	Rate	Present Age	Rate
20	0.0003	40	0.0005
21	0.0003	41	0.0006
22	0.0003	42	0.0007
23	0.0003	43	0.0007
24	0.0003	44	0.0008
25	0.0003	45	0.0009
26	0.0003	46	0.0011
27	0.0003	47	0.0013
28	0.0003	48	0.0016
29	0.0003	49	0.0018
30	0.0003	50	0.0020
31	0.0003	51	0.0025
32	0.0003	52	0.0029
33	0.0003	53	0.0034
34	0.0003	54	0.0038
35	0.0003	55	0.0043
36	0.0003	56	0.0052
37	0.0004	57	0.0061
38	0.0004	58	0.0069
39	0.0005	59	0.0078
		60	0.0087

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Table D

Commencement Rates for Current Terminated Participants

Age	Commencement Rate
Less than 50	0.030
50	0.040
51	0.040
52	0.040
53	0.040
54	0.040
55	0.050
56	0.050
57	0.050
58	0.050
59	0.050
60	0.100
61	0.100
62	0.100
63	0.100
64	0.150
65	0.250
66	0.150
67	0.150
68	0.150
69	0.150
70	1.000

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2020**This Form is Open to Public
Inspection**For calendar plan year 2020 or fiscal plan year beginning 12/01/2020 and ending 11/30/2021▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan RETIREMENT INCOME GUARANTEE PLAN OF XEROX CORPORATION AND THE XEROGRAPHIC DIVISION, ROCHESTER REGIONAL JOINT BOARD ON BEHALF OF ITSELF AND O		B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF XEROX CORPORATION		D Employer Identification Number (EIN) 16-0468020	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2020</u>			
2 Assets:			
a Market value		2a	113,176,510
b Actuarial value		2b	101,858,859
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	116	21,527,019	21,527,019
b For terminated vested participants	397	18,171,147	18,171,147
c For active participants	397	50,135,381	52,270,216
d Total	910	89,833,547	91,968,382
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5	5.85%	
6 Target normal cost	6	1,538,503	

Statement by Enrolled Actuary

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

SIGN HERE	<u>Jeff D. Clymer / JDC</u>	<u>9/8/2022</u>
Signature of actuary		Date
JEFF D. CLYMER		2003971
Type or print name of actuary		Most recent enrollment number
Aon Consulting, Inc.		781-891-8600
Firm name		Telephone number (including area code)
CITYPOINT - 230 THIRD AVENUE		
WALTHAM MA 02451-7528		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2020
v. 200204

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.50 %	3rd segment: 6.27 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	1,538,503	
b Excess assets, if applicable, but not greater than line 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	5,267,656	576,642	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	2,115,145	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2,115,145	2,115,145
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year. The weighted average retirement age was determined using a multi-year select period and ultimate rates beginning in 2021.

For presentation of the weighted average retirement age, each of the three different tables used has been weighted (10% 2020 and 90% for 2021+). **This results in a final weighted average retirement age of 62.45.**

Retirement Age	Select Year — 2020			Ultimate Years — 2021+		
	Retirement Rate	Weighting	Result	Retirement Rate	Weighting	Result
55	7.0%	0.0700	3.85	6.5%	0.0650	3.58
56	5.5%	0.0512	2.86	5.0%	0.0468	2.62
57	5.5%	0.0483	2.76	5.0%	0.0444	2.53
58	5.5%	0.0457	2.65	5.0%	0.0422	2.45
59	8.0%	0.0628	3.70	7.5%	0.0601	3.55
60	8.0%	0.0578	3.47	7.5%	0.0556	3.34
61	13.0%	0.0864	5.27	12.5%	0.0857	5.23
62	18.0%	0.1040	6.45	17.5%	0.1050	6.51
63	18.0%	0.0853	5.37	17.5%	0.0866	5.46
64	19.0%	0.0738	4.73	17.5%	0.0715	4.58
65	30.0%	0.0944	6.14	30.0%	0.1011	6.57
66	25.0%	0.0551	3.64	25.0%	0.0590	3.89
67	25.0%	0.0413	2.77	25.0%	0.0442	2.96
68	25.0%	0.0310	2.11	25.0%	0.0332	2.26
69	25.0%	0.0232	1.60	25.0%	0.0249	1.72
70	100.0%	0.0697	4.88	100.0%	0.0746	5.22
Weighted Retirement Age			62.25			62.47

The retirement rates for employees with 30 years of service are higher than the retirement rates for employees with fewer than 30 years of service (see following pages for details). The average age upon which employees would have 30 years of service is between ages 58 and 59. Therefore, for purposes of the information presented above, we have included the retirement rates for employees with fewer than 30 years of service at ages 58 and younger and retirement rates for employees with 30 years of service at ages 59 to 65.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of August 2020), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor.
1st Segment Rate	4.75%
2nd Segment Rate	5.50%
3rd Segment Rate	6.27%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of August 2020), without regard to interest rate stabilization.
1st Segment Rate	2.33%
2nd Segment Rate	3.46%
3rd Segment Rate	3.98%
Salary Increases	3.00%
Cash Balance Interest Crediting Rate	2.50% for periods in which the actual rate is not yet known.
Cash Balance Annuity Conversion Rate	Same as interest rates defined above.
Social Security Wage Base Increases	N/A.
Social Security COLA Increases	N/A.
Optional Payment Form Election Percentage	85% elect a lump sum; and 15% elect an annuity (life annuity if single and 50% joint & survivor annuity if married).
Optional Payment Form Conversion Interest Rate	Same as interest rates defined above.
Optional Payment Form Conversion Mortality	Current Applicable Mortality table for lump sums.
Retirement Age Active Participants	See Table A-1 and Table A-2.
Terminated Vested Participants	For current terminated participants, see Table D. For emerging terminated participants, 40% are assumed to commence within 1 year of termination. All others are assumed to commence at a weighted average of age 62 based on an application of the rates in Table D.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Mortality Rates	
Healthy and Disabled	2020 Static Mortality Table for Annuitants and Non-Annuitants per §1.430(h)(3)-1.
Withdrawal Rates	See Table B.
Disability Rates	See Table C.
Surviving Spouse Benefit	It is assumed that 65% of employees have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	12/1/2020 base pay with a historical average (currently 3.1%) load to reflect projected overtime pay and salary increases during the plan year.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$230,000 and the IRC section 401(a)(17) compensation limit of \$285,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.
Expected Return on Assets	
Plan Year Beginning 12/1/2018	5.75%
Plan Year Beginning 12/1/2019	6.00%
Plan Year Beginning 12/1/2020	5.90%
Plan Expenses	Average of prior two year's plan administrative expenses paid (without PBGC premiums), increased by 3%, plus expected PBGC premiums for the current year rounded to the next \$1,000.
Actuarial Method	Standard unit credit cost method.
Valuation Date	December 1, 2020

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Table A-1

Probability of Retirement (With Less Than 30 Years of Service)

Age	Plan Year of Retirement	
	2020	2021+
55	0.070	0.065
56	0.055	0.050
57	0.055	0.050
58	0.055	0.050
59	0.080	0.075
60	0.080	0.075
61	0.105	0.100
62	0.155	0.150
63	0.155	0.150
64	0.155	0.150
65	0.300	0.300
66	0.250	0.250
67	0.250	0.250
68	0.250	0.250
69	0.250	0.250
70	1.000	1.000

Table A-2

Probability of Retirement (With 30 or More Years of Service)

Age	Plan Year of Retirement	
	2020	2021+
55	0.070	0.065
56	0.055	0.050
57	0.055	0.050
58	0.055	0.050
59	0.080	0.075
60	0.080	0.075
61	0.130	0.125
62	0.180	0.175
63	0.180	0.175
64	0.190	0.175
65	0.300	0.300
66	0.250	0.250
67	0.250	0.250
68	0.250	0.250
69	0.250	0.250
70	1.000	1.000

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Table B

Probability of Termination (other than Retirement, Death or Disability)

Present Age	Rate	Present Age	Rate
20	0.100	45	0.060
21	0.100	46	0.060
22	0.100	47	0.060
23	0.100	48	0.060
24	0.100	49	0.060
25	0.100	50	0.050
26	0.100	51	0.050
27	0.100	52	0.050
28	0.100	53	0.050
29	0.100	54	0.050
30	0.100		
31	0.100		
32	0.100		
33	0.100		
34	0.100		
35	0.080		
36	0.080		
37	0.080		
38	0.080		
39	0.080		
40	0.070		
41	0.070		
42	0.070		
43	0.070		
44	0.070		

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Table C

Probability of Disability

Present Age	Rate	Present Age	Rate
20	0.0003	40	0.0005
21	0.0003	41	0.0006
22	0.0003	42	0.0007
23	0.0003	43	0.0007
24	0.0003	44	0.0008
25	0.0003	45	0.0009
26	0.0003	46	0.0011
27	0.0003	47	0.0013
28	0.0003	48	0.0016
29	0.0003	49	0.0018
30	0.0003	50	0.0020
31	0.0003	51	0.0025
32	0.0003	52	0.0029
33	0.0003	53	0.0034
34	0.0003	54	0.0038
35	0.0003	55	0.0043
36	0.0003	56	0.0052
37	0.0004	57	0.0061
38	0.0004	58	0.0069
39	0.0005	59	0.0078
		60	0.0087

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Table D

Commencement Rates for Current Terminated Participants

Age	Commencement Rate
Less than 50	0.030
50	0.040
51	0.040
52	0.040
53	0.040
54	0.040
55	0.050
56	0.050
57	0.050
58	0.050
59	0.050
60	0.100
61	0.100
62	0.100
63	0.100
64	0.150
65	0.250
66	0.150
67	0.150
68	0.150
69	0.150
70	1.000

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	July 1, 1977, as amended through December 1, 2020.
Eligibility	All employees covered by a collective bargaining agreement between the Company and The Xerographic Division, Union of Needleworkers, Industrial and Textile Employees, A.F.L.-C.I.O.-C.L.C. which provides for coverage under the Plan and the Plan is adopted for such employee population. Effective January 1, 2006, the Plan was closed to new hires (April 1, 2006 for Local 14z).
Retirement Dates	
Normal Retirement	Age 65.
Early Retirement	Age 55 and 10 years of service.
Deferred Vested	Immediate for current employees as of January 1, 2008.
Disability	Any age and receiving disability benefits under the U.S. Social Security Act.
Preretirement Death	5 years of service and an eligible spouse to receive in excess of the greater of CBRA or TRA.
Retirement Benefits	
Normal Retirement	<p>The larger of (a), (b), (c), or (d) below:</p> <ul style="list-style-type: none">a) 1.4% of average monthly compensation, times years of participation up to 30, but not beyond December 31, 2012;b) 1% of average monthly compensation times years of participation;c) The benefit that can be provided by the participant's Cash Balance Retirement Account converted at the applicable rates. The annual cash balance credit is 4% of compensation (was 5% prior to 2006) plus interest, or;d) The benefit that could be provided by the participant's Transitional Retirement Account converted at the applicable rates.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Normal Retirement
(continued)

The minimum benefit provided to an employee who was covered by the XDS Retirement Plan and became covered by this Plan is his accrued benefit earned in that plan, plus the greater of (c) or (d).

Effective November 30, 2009, the formula under (b) above will only apply to those participants with 42 years of service as of January 1, 2009. Others will be entitled to the benefits accrued under this formula to November 30, 2009 as a minimum benefit.

The benefits under 1(a), (b) and (c) are frozen as of December 31, 2012.

In addition to the benefits described above, participants will accumulate a separate, additional benefit provided by a new Cash Balance Retirement Account which is initially \$0 as of January 1, 2013 converted at the applicable rates. The annual cash balance credit is 4% of compensation plus interest for 2013 and later periods.

Early Retirement

The normal retirement benefit based on years of participation and average monthly compensation on the date of termination. If benefit payments are to commence prior to age 65, the benefit determined under (a) or (b) above will be reduced 1/240th for each month by which the commencement of benefits precedes age 65, or age 62 if the employee had 30 or more Years of Service at retirement.

The Cash Balance Retirement Account and the Transitional Retirement Account will be converted based on an immediate annuity factor at early retirement age.

Deferred Vested

The normal retirement benefit based on years of participation and average monthly compensation on the date of termination. This benefit is payable in full beginning at age 65 or in an actuarially reduced form as of any earlier age.

Disability

A member continues to accrue years of service and cash balance credits until the earlier of when he ceases to be disabled, becomes an inactive participant, or becomes eligible for a normal retirement benefit.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Preretirement Death	A benefit of 50% of the excess of the benefit [greater of (a) or (b) for the Normal Retirement Benefit] the member would have received if he had survived to his earliest retirement age and retired the day before his death, over the annuity value of the greater of the Cash Balance Retirement Account or the Transitional Retirement Account, and is payable for the life of the participant's spouse. In addition, the greater of the Cash Balance Retirement Account or Transitional Retirement Account is payable in any event upon the participant's death.
Normal Form of Payment	Life annuity. A member who is married at the time he retires shall have his unreduced form of benefit paid on a 50% joint and survivor basis unless he elects to the contrary. A terminated employee who later reaches retirement age will receive an actuarially reduced benefit payable as a 50% joint and survivor unless he elects to the contrary.
Optional Forms of Payment	5, 10, 15, 20 Year Certain & Life; 50%, 66 2/3%, 75%, 100% Joint & Survivor. All options available with or without cash refund.
Years of Service	All periods of employment measured on an elapsed time basis. ERISA break-in-service rules apply except that periods of employment which terminated before January 1, 1976 shall be excluded.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Years of Participation

All periods of employment subject to the following adjustments:

- (1) Part-time service shall be adjusted to a proportion of full-time service;
- (2) Periods while on disability leave shall be included;
- (3) Periods of employment which terminated before January 1, 1976 shall be excluded;
- (4) Periods of employment rendered while not in the eligible group shall be excluded;
- (5) Certain periods for which a lump sum payment has been made shall be excluded; and
- (6) Periods while on leave of absence shall be included.

Average Monthly Compensation

The highest 5 calendar years of compensation divided by 60. Compensation is W-2 pay excluding non-cash or reimbursement items and payments from other plans plus amounts under any before-tax savings or medical plan. This average does not reflect years of compensation after 2012.

Conversion Factors

The applicable interest rate permitted by IRC Section 417(e) in effect for the prior August along with the applicable mortality table are used to convert the Transitional Retirement Account and Cash Balance Retirement Account to annuities. Conversion for a married retiring member is on a 50% contingent annuitant basis while a single member, or married member who is not retirement eligible, will have his accounts converted on a life annuity basis.

Plan Year

December 1 to November 30.

Contributions

The plan is paid for by the Company. No employee contributions are required or allowed.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of December 1, 2020 by Xerox Corporation. Asset information and the dates and amounts of contributions are based on information supplied by Xerox Corporation.

The number of active participants as of December 1, 2020 includes 63 disabled participants not yet receiving pension payments. The distribution of active participants as of December 1, 2020 by age and service shown on the Schedule of Active Participant Data (attachment to Line 26) excludes these 63 disabled participants. No pay or cash balance information is shown due to the number of plan participants.

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

American Rescue Plan Act

Xerox Corporation has elected to reflect provisions of the American Rescue Plan Act of 2021 (ARPA) with respect to the extended shortfall amortization period under ARPA starting with the plan year beginning on December 1, 2019.

Under ARPA, the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied.

This Schedule SB reflects stabilized 2020 minimum funding interest rates that are adjusted for ARPA. Via this filing, Xerox Corporation will irrevocably commit the Retirement Income Guarantee Plan of Xerox Corporation and the Xerographic Division, Rochester Regional Joint Board on Behalf of Itself and Other Regional Joint Boards to use of those rates for the 2020 plan year.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the expected return on assets from 6.00% to 5.90%.
- A change in the Cash Balance Interest Crediting Rate for periods for which the actual rate is not yet known from 2.75% to 2.50%.
- A change in the surviving spouse benefit assumed age difference between spouses.
- A change in the commencement rates for both current terminated vested participants and emerging terminated vested participants.
- A change in the withdrawal rates for active participants.

These changes were made to more precisely reflect the anticipated plan experience. The non-prescribed assumption changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Schedule SB, line 26—Schedule of Active Participant Data

**Schedule SB, Line 26—Schedule of Active Participant Data
As of December 1, 2020**

**Xerox Corporation
Union RIGP**

EIN: 16-0468020 PN: 003

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44					5	3				
45-49						5	6			
50-54					3	7	16	84		
55-59					2	6	11	85	10	1
60-64					4	9	9	26	7	18
65-69					3	3		5		5
70+										1

N-334

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 18,830,097	December 1, 2019	14.000	\$ 1,849,975
Shortfall	\$ (13,562,441)	December 1, 2020	15.000	\$ (1,273,333)

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year. The weighted average retirement age was determined using a multi-year select period and ultimate rates beginning in 2021.

For presentation of the weighted average retirement age, each of the three different tables used has been weighted (10% 2020 and 90% for 2021+). **This results in a final weighted average retirement age of 62.45.**

Retirement Age	Select Year — 2020			Ultimate Years — 2021+		
	Retirement Rate	Weighting	Result	Retirement Rate	Weighting	Result
55	7.0%	0.0700	3.85	6.5%	0.0650	3.58
56	5.5%	0.0512	2.86	5.0%	0.0468	2.62
57	5.5%	0.0483	2.76	5.0%	0.0444	2.53
58	5.5%	0.0457	2.65	5.0%	0.0422	2.45
59	8.0%	0.0628	3.70	7.5%	0.0601	3.55
60	8.0%	0.0578	3.47	7.5%	0.0556	3.34
61	13.0%	0.0864	5.27	12.5%	0.0857	5.23
62	18.0%	0.1040	6.45	17.5%	0.1050	6.51
63	18.0%	0.0853	5.37	17.5%	0.0866	5.46
64	19.0%	0.0738	4.73	17.5%	0.0715	4.58
65	30.0%	0.0944	6.14	30.0%	0.1011	6.57
66	25.0%	0.0551	3.64	25.0%	0.0590	3.89
67	25.0%	0.0413	2.77	25.0%	0.0442	2.96
68	25.0%	0.0310	2.11	25.0%	0.0332	2.26
69	25.0%	0.0232	1.60	25.0%	0.0249	1.72
70	100.0%	0.0697	4.88	100.0%	0.0746	5.22
Weighted Retirement Age			62.25			62.47

The retirement rates for employees with 30 years of service are higher than the retirement rates for employees with fewer than 30 years of service (see following pages for details). The average age upon which employees would have 30 years of service is between ages 58 and 59. Therefore, for purposes of the information presented above, we have included the retirement rates for employees with fewer than 30 years of service at ages 58 and younger and retirement rates for employees with 30 years of service at ages 59 to 65.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	July 1, 1977, as amended through December 1, 2020.
Eligibility	All employees covered by a collective bargaining agreement between the Company and The Xerographic Division, Union of Needleworkers, Industrial and Textile Employees, A.F.L.-C.I.O.-C.L.C. which provides for coverage under the Plan and the Plan is adopted for such employee population. Effective January 1, 2006, the Plan was closed to new hires (April 1, 2006 for Local 14z).
Retirement Dates	
Normal Retirement	Age 65.
Early Retirement	Age 55 and 10 years of service.
Deferred Vested	Immediate for current employees as of January 1, 2008.
Disability	Any age and receiving disability benefits under the U.S. Social Security Act.
Preretirement Death	5 years of service and an eligible spouse to receive in excess of the greater of CBRA or TRA.
Retirement Benefits	
Normal Retirement	<p>The larger of (a), (b), (c), or (d) below:</p> <p>a) 1.4% of average monthly compensation, times years of participation up to 30, but not beyond December 31, 2012;</p> <p>b) 1% of average monthly compensation times years of participation;</p> <p>c) The benefit that can be provided by the participant's Cash Balance Retirement Account converted at the applicable rates. The annual cash balance credit is 4% of compensation (was 5% prior to 2006) plus interest, or;</p> <p>d) The benefit that could be provided by the participant's Transitional Retirement Account converted at the applicable rates.</p>

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Normal Retirement
(continued)

The minimum benefit provided to an employee who was covered by the XDS Retirement Plan and became covered by this Plan is his accrued benefit earned in that plan, plus the greater of (c) or (d).

Effective November 30, 2009, the formula under (b) above will only apply to those participants with 42 years of service as of January 1, 2009. Others will be entitled to the benefits accrued under this formula to November 30, 2009 as a minimum benefit.

The benefits under 1(a), (b) and (c) are frozen as of December 31, 2012.

In addition to the benefits described above, participants will accumulate a separate, additional benefit provided by a new Cash Balance Retirement Account which is initially \$0 as of January 1, 2013 converted at the applicable rates. The annual cash balance credit is 4% of compensation plus interest for 2013 and later periods.

Early Retirement

The normal retirement benefit based on years of participation and average monthly compensation on the date of termination. If benefit payments are to commence prior to age 65, the benefit determined under (a) or (b) above will be reduced 1/240th for each month by which the commencement of benefits precedes age 65, or age 62 if the employee had 30 or more Years of Service at retirement.

The Cash Balance Retirement Account and the Transitional Retirement Account will be converted based on an immediate annuity factor at early retirement age.

Deferred Vested

The normal retirement benefit based on years of participation and average monthly compensation on the date of termination. This benefit is payable in full beginning at age 65 or in an actuarially reduced form as of any earlier age.

Disability

A member continues to accrue years of service and cash balance credits until the earlier of when he ceases to be disabled, becomes an inactive participant, or becomes eligible for a normal retirement benefit.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Preretirement Death	A benefit of 50% of the excess of the benefit [greater of (a) or (b) for the Normal Retirement Benefit] the member would have received if he had survived to his earliest retirement age and retired the day before his death, over the annuity value of the greater of the Cash Balance Retirement Account or the Transitional Retirement Account, and is payable for the life of the participant's spouse. In addition, the greater of the Cash Balance Retirement Account or Transitional Retirement Account is payable in any event upon the participant's death.
Normal Form of Payment	Life annuity. A member who is married at the time he retires shall have his unreduced form of benefit paid on a 50% joint and survivor basis unless he elects to the contrary. A terminated employee who later reaches retirement age will receive an actuarially reduced benefit payable as a 50% joint and survivor unless he elects to the contrary.
Optional Forms of Payment	5, 10, 15, 20 Year Certain & Life; 50%, 66 2/3%, 75%, 100% Joint & Survivor. All options available with or without cash refund.
Years of Service	All periods of employment measured on an elapsed time basis. ERISA break-in-service rules apply except that periods of employment which terminated before January 1, 1976 shall be excluded.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Years of Participation

All periods of employment subject to the following adjustments:

- (1) Part-time service shall be adjusted to a proportion of full-time service;
- (2) Periods while on disability leave shall be included;
- (3) Periods of employment which terminated before January 1, 1976 shall be excluded;
- (4) Periods of employment rendered while not in the eligible group shall be excluded;
- (5) Certain periods for which a lump sum payment has been made shall be excluded; and
- (6) Periods while on leave of absence shall be included.

Average Monthly Compensation

The highest 5 calendar years of compensation divided by 60. Compensation is W-2 pay excluding non-cash or reimbursement items and payments from other plans plus amounts under any before-tax savings or medical plan. This average does not reflect years of compensation after 2012.

Conversion Factors

The applicable interest rate permitted by IRC Section 417(e) in effect for the prior August along with the applicable mortality table are used to convert the Transitional Retirement Account and Cash Balance Retirement Account to annuities. Conversion for a married retiring member is on a 50% contingent annuitant basis while a single member, or married member who is not retirement eligible, will have his accounts converted on a life annuity basis.

Plan Year

December 1 to November 30.

Contributions

The plan is paid for by the Company. No employee contributions are required or allowed.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of December 1, 2020 by Xerox Corporation. Asset information and the dates and amounts of contributions are based on information supplied by Xerox Corporation.

The number of active participants as of December 1, 2020 includes 63 disabled participants not yet receiving pension payments. The distribution of active participants as of December 1, 2020 by age and service shown on the Schedule of Active Participant Data (attachment to Line 26) excludes these 63 disabled participants. No pay or cash balance information is shown due to the number of plan participants.

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

American Rescue Plan Act

Xerox Corporation has elected to reflect provisions of the American Rescue Plan Act of 2021 (ARPA) with respect to the extended shortfall amortization period under ARPA starting with the plan year beginning on December 1, 2019.

Under ARPA, the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied.

This Schedule SB reflects stabilized 2020 minimum funding interest rates that are adjusted for ARPA. Via this filing, Xerox Corporation will irrevocably commit the Retirement Income Guarantee Plan of Xerox Corporation and the Xerographic Division, Rochester Regional Joint Board on Behalf of Itself and Other Regional Joint Boards to use of those rates for the 2020 plan year.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 18,830,097	December 1, 2019	14.000	\$ 1,849,975
Shortfall	\$ (13,562,441)	December 1, 2020	15.000	\$ (1,273,333)

Schedule SB Attachment (Form 5500)—2020 Plan Year
Retirement Income Guarantee Plan of Xerox Corporation and the
Xerographic Division, Rochester Regional Joint Board on Behalf of Itself
and Other Regional Joint Boards
EIN: 16-0468020 PN: 003

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the expected return on assets from 6.00% to 5.90%.
- A change in the Cash Balance Interest Crediting Rate for periods for which the actual rate is not yet known from 2.75% to 2.50%.
- A change in the surviving spouse benefit assumed age difference between spouses.
- A change in the commencement rates for both current terminated vested participants and emerging terminated vested participants.
- A change in the withdrawal rates for active participants.

These changes were made to more precisely reflect the anticipated plan experience. The non-prescribed assumption changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.