Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A This return/report is for:
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1955

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND

C/O CENTRAL STATES FUNDS

8647 WEST HIGGINS ROAD
CHICAGO, IL 60631-2803

2b Employer Identification Number (EIN) 36-6044243

2c Plan Sponsor's telephone number 847-518-9800

2d Business code (see instructions) 484120

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	BRADLEY GRIMES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	BRADLEY GRIMES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	357056
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	50096
a(2) Total number of active participants at the end of the plan year	**6a(2)**	48538
b Retired or separated participants receiving benefits	**6b**	154140
c Other retired or separated participants entitled to future benefits	**6c**	113964
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	316642
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	33087
f Total. Add lines **6d** and **6e**	**6f**	349729
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	963

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 1E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	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)	[X]	**R** (Retirement Plan Information)
(2)	[X]	**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)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND

D Employer Identification Number (EIN)
36-6044243

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	GAC 461 ASSN 0	2	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☒ other (specify) ▶ DISCONTINUED GROUP DEFERRED ANNUITY

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

A Name of plan
CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND

D Employer Identification Number (EIN)
36-6044243

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

1a Enter the valuation date: Month 01 Day 01 Year 2022

b	Assets		
(1)	Current value of assets	**1b(1)**	8158227818
(2)	Actuarial value of assets for funding standard account	**1b(2)**	8012070196
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	55358547619
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	55358547619
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	57562116461
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	529538509
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	2869798620
(3)	Expected plan disbursements for the plan year	**1d(3)**	2915198620

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	08/21/2023 Date
DANIEL V. CINER, MAAA	23-05773
Type or print name of actuary	Most recent enrollment number
SEGAL	312-984-8500
Firm name	Telephone number (including area code)
101 NORTH WACKER DRIVE, SUITE 500, CHICAGO, IL 60606-1724	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	8158227818
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		189856	34165738769
(2) For terminated vested participants		117104	14989686411
(3) For active participants:			
(a) Non-vested benefits			330040676
(b) Vested benefits			8076650605
(c) Total active		46113	8406691281
(4) Total		353073	57562116461
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	14.17 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	c) Amount paid by employees
07/01/2022	571242589				
07/01/2022	133424726				
			Totals ► **3(b)**	704667315	**3(c)** 0

(d) Total withdrawal liability amounts included in line 3(b) total — **3(d)** 133424726

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	14.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	D

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? [X] Yes [ ] No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? [X] Yes [ ] No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	15711134
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here [X] • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	2025

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

a [ ] Attained age normal **b** [ ] Entry age normal **c** [X] Accrued benefit (unit credit) **d** [ ] Aggregate

e [ ] Frozen initial liability **f** [ ] Individual level premium **g** [ ] Individual aggregate **h** [ ] Shortfall

i [ ] Other (specify):

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	2.22 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	2.00 %	2.00 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	5.1 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	-0.3 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	44916352	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-918582598	-70087377
3	-15711134	-1198751

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:		
a Prior year funding deficiency, if any	**9a**	23691371098
b Employer's normal cost for plan year as of valuation date	**9b**	575752772

c Amortization charges as of valuation date:			Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**		29106645052	3619287459
(2) Funding waivers	**9c(2)**			
(3) Certain bases for which the amortization period has been extended	**9c(3)**			
d Interest as applicable on lines 9a, 9b, and 9c		**9d**		557728227
e Total charges. Add lines 9a through 9d		**9e**		28444139556
Credits to funding standard account:				
f Prior year credit balance, if any		**9f**		0
g Employer contributions. Total from column (b) of line 3		**9g**		704667315
			Outstanding balance	
h Amortization credits as of valuation date	**9h**		5451538727	1012213042
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**		27290934
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**		48880674799	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**		45603674770	
(3) FFL credit		**9j(3)**		0
k (1) Waived funding deficiency		**9k(1)**		0
(2) Other credits		**9k(2)**		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**		1744171291
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**		26699968265
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the 2022 plan year		**9o(1)**		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**		0
(3) Total as of valuation date		**9o(3)**		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**		26699968265
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				[X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND

D Employer Identification Number (EIN)
36-6044243

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

NORTHERN TRUST INVESTMENTS, INC.

36-3608252

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
31	INVESTMENT SERVICES	2339910	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MELLON INVESTMENTS CORPORATION

25-1442864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT SERVICES	1893172	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 62	INVESTMENT SERVICES	1489778	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

THE SEGAL COMPANY

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 49	SERVICE PROVIDER	1462479	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK FINANCIAL MANAGEMENT INC.

13-3806691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 31 50 51	INVESTMENT SERVICES	1167554	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GROOM LAW GROUP, CHARTERED

52-1219029

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 49	SERVICE PROVIDER	379710	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)

CDW DIRECT LLC

36-3310735

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	318489	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PETERSON TECHNOLOGY PARTNERS INC

36-4201657

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	311935	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MICROSOFT CORPORATION

91-1144442

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	225434	Yes [ ] No [X]	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)

VITECH SYSTEMS GROUP, INC.

13-3785492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	194101	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALBERT M MADDEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	188204	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THOMAS C NYHAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	186254	Yes [ ] No [X]	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)

FERNANDO J RODRIGUEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	185755	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WITHUM SMITH & BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	SERVICE PROVIDER	185000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EPSTEIN BECKER & GREEN PC

13-3031033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	SERVICE PROVIDER	164242	Yes [ ] No [X]	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)

APEX SYSTEMS LLC

54-1773546

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	156589	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOHN J FRANCZYK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	155864	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROBERT A. COCO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	151312	Yes [ ] No [X]	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)

HOLLY GUSTAFSON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	146814	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARK L VIEU

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	146071	Yes [X] No [ ]	Yes [ ] No [X]	264	Yes [ ] No [X]

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

BRAD R BERLINER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	143002	Yes [ ] No [X]	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)

ANDREW M SPRAU

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	142791	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLEY H LEE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	139173	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JAYNE CAMINITI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	139083	Yes [ ] No [X]	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)

CENTURYLINK

04-6141739

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	138723	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DORICE M SUCKOW

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	135178	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SUSAN M ROGOWSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	134844	Yes [X] No [ ]	Yes [ ] No [X]	208	Yes [ ] No [X]

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)

BONNIE A VELAZQUEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	132317	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RITA M MANFREDINI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	131773	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANN SCHROEDER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	130571	Yes [ ] No [X]	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)

LAUREN A COHEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	130151	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MICHAEL STUBER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	129968	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STEVEN J VAN ROSSEM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	129080	Yes [ ] No [X]	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)

TIMOTHY C REUTER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	126909	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CESAR ALVAREZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	125963	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARY A CHAVEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	125575	Yes [ ] No [X]	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)

MARY ELLEN BYRNE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	125221	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMY L PUCHALSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	123537	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THOMAS B BAXA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	122691	Yes [ ] No [X]	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)

MARTIN G EGAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	121844	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRACY L STALLWORTH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	121678	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NATALIE M PLUCINSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	121386	Yes [ ] No [X]	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)

CHARLOTTE YANKOWSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	121106	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PATRICK SLOAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	120967	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MATTHEW S DRAGOO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	120612	Yes [ ] No [X]	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)

LEDA BARATTI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	120129	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TINA M KEENA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	119779	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PETER PRIEDE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	118745	Yes [X] No [ ]	Yes [ ] No [X]	85	Yes [ ] No [X]

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)

JEANNETTE B ROSZKO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	118520	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DONNA J KUXHAUSE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	118295	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANDREA C CULLINAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	118140	Yes [ ] No [X]	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)

MARKLYN W PIERRE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	117960	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ELIZABETH LOPEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	117681	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ELIZABETH P ALLEN

36-6044243

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

JOSEPH D WIATER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	115886	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PATRICIA A SHILNEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	115574	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CARMELA BAGNOLA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	114328	Yes [ ] No [X]	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)

TERESA M ZUNIGA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	113736	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KARL LEWIS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	113528	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MEGAN GRIFFITHS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	113063	Yes [ ] No [X]	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)

LISA SEIFRID

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	111844	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NIKKI A BACZKOWSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	111755	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VICTORIA BENITEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	110383	Yes [ ] No [X]	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)

ANDREW J HERINK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	110103	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TIMOTHY E CHRISTIANS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	109992	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

IT ASSOCIATES INC

36-4198983

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	109810	Yes [ ] No [X]	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)

ALEXANDRIA M BENDINELLI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	109097	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CECILIA FORD

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	108857	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JAMES P EDER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	107989	Yes [ ] No [X]	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)

CUSHMAN & WAKEFIELD INC

43-0955234

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	107720	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

REBECCA MCMAHON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	106829	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THOMSON REUTERS - WEST

41-1426973

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	106503	Yes [ ] No [X]	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)

KATHLEEN A BYRNE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	105587	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FRANK J CAREY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	105387	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MACIEJ JANUS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	104863	Yes [X] No [ ]	Yes [ ] No [X]	295	Yes [ ] No [X]

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)

THOMAS WEITHERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	104596	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAO ANALYTICS LLC

47-3363557

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	104410	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMERICAN ARBITRATION ASSOC

13-0429745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	104409	Yes [ ] No [X]	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)

ANNE M LAMMERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	104072	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANTHONY NAPOLI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	104030	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CRESCENT CLEANING COMPANY

20-5739474

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	101979	Yes [ ] No [X]	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)

SEGAL ADVISORS INC

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	101355	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HOPE A. MARTIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	100741	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DANIEL SHEPARD

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	99837	Yes [ ] No [X]	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)

MARK W. SCHNEIDER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	98554	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TAMI LANTZ CRAIG

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	96440	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MATTHEW WEBER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	95830	Yes [ ] No [X]	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)

5WYRE LLC

45-5078554

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	95273	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JANICE RABBIT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	95189	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RYAN MCSHEA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	93336	Yes [X] No [ ]	Yes [ ] No [X]	46	Yes [ ] No [X]

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)

ALLIED UNIVERSAL SECURITY SERVICES

33-0973846

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	92492	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRIAN P SCHROEDER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	92244	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GLORIA J CATANESE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	92088	Yes [ ] No [X]	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)

FRANK T BLECHSCHMIDT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	91899	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JUSTIN D MACKOWIAK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	89435	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JEANETTE E KIM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	89102	Yes [ ] No [X]	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)

JEFFREY T HEPPE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	89099	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SUSANNE MOSLEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	87475	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SHARON LINDNER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	86721	Yes [ ] No [X]	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)

MITCHELL MARTIN INC

13-3591013

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	86539	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DOUGLAS A GREGG

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	86514	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JULIANNE POSCH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	86364	Yes [ ] No [X]	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)

RACHEL BONFITTO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	85557	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHRISTOPHER R KOZIOL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	85082	Yes [X] No [ ]	Yes [ ] No [X]	46	Yes [ ] No [X]

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

ORACLE AMERICA INC

94-2805249

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	84870	Yes [ ] No [X]	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)

MATTHEW J LIPPERT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	84465	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CRYSTAL L HAMILTON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	84172	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRANDON BUYERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	83770	Yes [ ] No [X]	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)

JASCULCA TERMAN STRATEGIC COMM

36-3136983

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	83590	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHRISTOPHER D JONES

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	82685	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MICHAEL MULLANE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	82026	Yes [ ] No [X]	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)

BRADLEY GRIMES

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	81024	Yes [X] No [ ]	Yes [ ] No [X]	32	Yes [ ] No [X]

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

ALEXANDER J ZEMKE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	80713	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRENDAN MASON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	80162	Yes [ ] No [X]	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)

CARL E SNYDER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	79729	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KEVIN P LYNCH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	79649	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

REPRO GRAPHICS INC

36-2614278

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	79479	Yes [ ] No [X]	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)

LOIS J YU

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	79400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRECK G HAYDEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	78529	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANNA SIONEK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	78027	Yes [ ] No [X]	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)

MARY A. POMAGIER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	77811	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DANIEL E SULLIVAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	77754	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRIAN SZOTT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	76995	Yes [ ] No [X]	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)

LUIS GOMEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	76509	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CYXTERA COMMUNICATIONS LLC

43-1727675

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	75587	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DANIEL ZAWADZKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	75526	Yes [ ] No [X]	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)

LISA M GAUGHAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	75515	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROBERT HALF TECHNOLOGY

94-1648752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	74698	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CURTIS P DRACKA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74636	Yes [ ] No [X]	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)

LUCIO A FIGUEROA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74553	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GUY H NOFFKE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74530	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SAYERS

82-4663297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	74475	Yes [ ] No [X]	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)

LUCYNA E SADOWSKA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74428	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHRISTIAN A MUELLER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74415	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SCOTT B ROBBINS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74136	Yes [ ] No [X]	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)

MARK S VIRTEL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73773	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LAURA B ELVIRA

36-6044243

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

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

GEORGE O HANSEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73328	Yes [ ] No [X]	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)

MARTY J MICHEFF

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73152	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VUKASIN KOPRIVICA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73124	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DANIEL T EWERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	72831	Yes [ ] No [X]	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)

ERIKA ESTRADA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	71788	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TERENCE KENNEDY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	71480	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARK L HOPPE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	71327	Yes [ ] No [X]	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)

AUSTIN POPE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	71008	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DANIEL M SPRATT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	70842	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STELLA ORTMAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	70647	Yes [ ] No [X]	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)

ROSS BERBERICH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	70140	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HEINZ STRATEGIES LLC

115 SEA STREET
DENNIS PORT, MA 02639

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	70008	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TEENA L FRANKLIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	69821	Yes [ ] No [X]	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)

PETER SLOBIDSKY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	69492	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JAMES C POWERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	69419	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KEVIN T KOCH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	69314	Yes [ ] No [X]	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)

KIMBERLY A STREM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	69139	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PATRICIA R DORAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	68538	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HOWARD A LEVY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	68447	Yes [ ] No [X]	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)

JENNIFER M CISMESIA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	68191	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HUNTER J STEWART

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	67882	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANTHONY J CLARKE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	67863	Yes [ ] No [X]	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)

MICHAEL I SHEDROFF

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	67504	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

REBEKAH L FOLEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	66494	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JON C FELSKE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	66387	Yes [ ] No [X]	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)

JOSEPH M PATON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	66205	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JEFFREY T ORRENDER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65689	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HELEN A LOZANO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65494	Yes [ ] No [X]	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)

ANDREW GRIFFIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65149	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MICHELLE SCHAEFER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	64001	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GEORGE F MICHOLSON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63895	Yes [ ] No [X]	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)

CARRIE L SCHEUERMAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63787	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STACEY L SZTYM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MATTHEW B WESLEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63448	Yes [ ] No [X]	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)

PATRICK MORONEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63422	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KIMBERLY ANN STEIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63344	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THOMAS FORKENBROCK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63262	Yes [ ] No [X]	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)

CHIEN-HUA HSIEH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	62035	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MELISSA HERTEL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	61535	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ELEANOR L MARTIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	61033	Yes [ ] No [X]	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)

CATHY A BRANER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60845	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RACHEL N SPENCE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60633	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NATHANIEL G GOODMAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60596	Yes [ ] No [X]	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)

DEBBIE BOLDEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60512	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GABRIELLE KOSCHE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60227	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MOHAMMAD B SHADMEHR

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60081	Yes [ ] No [X]	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)

MARGARET DETTLOFF

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	59461	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JASON CHILDRESS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	59301	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LINDA A DEKELAITA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	58703	Yes [ ] No [X]	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)

JEROME P BRENNAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	58273	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREGORY M SLESZYNSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	58219	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AARON BOSSENGA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	58201	Yes [ ] No [X]	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)

PETER BIERNAT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	57704	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ELIZABETH J SODERLIND

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	57703	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COMO NEGRETE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	57368	Yes [ ] No [X]	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)

KEVIN J BIRMINGHAM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	57365	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NANCY B GAHBAUER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56944	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PETER ROSNER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56746	Yes [ ] No [X]	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)

MICHAEL J MICHELINI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56728	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STOUT RISIUS ROSS LLC

87-3592543

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	56438	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOHN YOUNG

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56193	Yes [ ] No [X]	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)

LLOYD E THAREL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56099	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALEX SLEZAK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	55928	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JILL D GRUVER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	55894	Yes [ ] No [X]	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)

BRIAN J CROWLEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	55727	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANDREW BOOSE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	55458	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VICKY L HUNT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	55409	Yes [ ] No [X]	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)

CHRISTINA M POWERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	55150	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GEOFFREY M GILBERT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	55130	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JUDITHA A SEGHERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54692	Yes [ ] No [X]	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)

EUGENI LOKOTKIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54368	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FELICE PATTI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54342	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PADMAJA SIRIPURAM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54091	Yes [ ] No [X]	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)

BRYAN LEGANSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54057	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JILL ERICKSON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54002	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THOMSON REUTERS-TAX AND ACCOUNTING

98-0435183

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	53906	Yes [ ] No [X]	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)

DEBORAH TANSLEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53753	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NATALIE V SILVERMAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52996	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MICHAEL RIVERA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52788	Yes [ ] No [X]	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)

KRISTY FAFINSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52751	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UPS MAIL INNOVATIONS

94-3083515

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	52645	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CATHERINE SCHUH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52420	Yes [ ] No [X]	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)

KEITH R SADDLER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52338	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARY KOURETAS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52032	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHREIBER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	51274	Yes [ ] No [X]	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)

PAMELA SKUBAL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	50993	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LISA R RICHARDSON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	50923	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PENSION BENEFIT INFORMATION LLC

82-4722389

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	50500	Yes [ ] No [X]	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)

RITA E HEDLUND

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	50103	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARIA HIERO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	50074	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KARA A KHORSHIDIAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	49601	Yes [ ] No [X]	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)

CAROL A. HURON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	49592	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JENNIFER R ORSTROM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	49396	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BONNIE PAYNE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	49283	Yes [ ] No [X]	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)

ANDRO T VILLACASTIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48888	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NICHOLAS P MORAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48835	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HEATHER SCHISSEL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48738	Yes [ ] No [X]	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)

MARK CAMPOSAGRADO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48643	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RYAN A MICHALEK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48639	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THOMAS A. NAVARRO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48636	Yes [ ] No [X]	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)

JAMESON H ESPOSITO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48624	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALONZO MCMATH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48564	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KARLA J GENITONI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48441	Yes [ ] No [X]	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)

KARI E SCHOFIELD

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48282	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EVELYN PASCUAL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48266	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VALERIE DEBORIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48235	Yes [ ] No [X]	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)

YESENIA MACIAS PEREZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48150	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VIRIDIANA ANGUIANO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48103	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VINCENT TUZIL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47905	Yes [ ] No [X]	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)

MARY BETH HARTFORD

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MATTHEW T MILLER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47139	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AARON D BROWN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46639	Yes [ ] No [X]	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)

JOHN M STRAPKO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46498	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JENICA A SANTELLA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46425	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARK EVAN PETERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46172	Yes [ ] No [X]	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)

JEFFREY W DEWEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46087	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SCHIELE GRAPHICS INC

36-2430120

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	45867	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIAM ORTMAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	45579	Yes [ ] No [X]	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)

JACQUELINE KOVACS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	45125	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NICOLE FAJDICH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	45054	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DONNA M WATERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44994	Yes [ ] No [X]	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)

PATRICIA A. FORNINO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44958	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DONALD FUNK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44859	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KAMILA ALLEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44851	Yes [ ] No [X]	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)

JACQUELINE KITOWSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44667	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WENDY HERMAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44557	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

OLIVIA M VOLPE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44524	Yes [ ] No [X]	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)

VAN K VO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44314	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SUSAN O CAMP

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44314	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROGETTE M ARMIJO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44022	Yes [ ] No [X]	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)

KAREN O BELLINI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43848	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIAM J SCHMITT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43799	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARIA A CALAFIORE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43696	Yes [ ] No [X]	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)

DIANA KLEEMAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43486	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ENGIE RESOURCES

37-1796578

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	43418	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TANEESHA R JACKSON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43369	Yes [ ] No [X]	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)

GUADALUPE LOPEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43220	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JUNAID ARIF

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43212	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JESSE MOSHI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43164	Yes [ ] No [X]	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)

ALBERT C SARNO III

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	42979	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TINA ERICKSON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	42902	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HAYDEE HERNANDEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	42324	Yes [ ] No [X]	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)

PETER NAYMAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	42321	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VICTOR A MELENDEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	42207	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHRISTY PICHARDO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	42018	Yes [ ] No [X]	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)

DONNALYN GULINO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	41981	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRIAN W DZURISIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	41672	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GAYLE M HEMPEL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	41605	Yes [ ] No [X]	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)

CATHLEEN HANNAN KENNY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	41599	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALEXANDER D JAFFRAY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	41081	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CYNTHIA A MCGINNIS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	40973	Yes [ ] No [X]	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)

ALEXANDER SHKLOVSKY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	40922	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KAMAL EL MASLEM

36-6044243

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

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

JOSEPH E BOBLAK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	40684	Yes [ ] No [X]	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)

KELLY E SULLIVAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	40387	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ERIC CONTRERAS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	40302	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KRISTEN A KRISTENSEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	40210	Yes [ ] No [X]	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)

MICHAEL RAKHMAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	40038	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONCORD TECHNOLOGIES

91-1841637

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	39511	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MICHAEL L GOELLNER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	39403	Yes [ ] No [X]	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)

JOHN J SHEEHAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	39402	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

IVANTI INC

30-0110335

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	39322	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DARRY B WELLS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	38280	Yes [ ] No [X]	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)

WALTER J STERRENBERG

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	38162	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TIM KRUMWIEDE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	37990	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CATHY M. PITZAFERRO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	37455	Yes [ ] No [X]	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)

DEREK J SCHNUPP

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	37012	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KESHEBA S BROWN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	36282	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SUNDARAVEL GOVINDARAJULU

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	35909	Yes [ ] No [X]	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)

LISA FANELLA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	35791	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANNA KOLE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	35421	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

IMANAGE LLC

47-4341604

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	35175	Yes [ ] No [X]	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)

BRETT M FARRENKOPF

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	34699	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VANNESSA ROCHA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	34633	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NELDA J KARAS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	34598	Yes [ ] No [X]	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)

JAMES DEBLASIO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	34287	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALTEC PRODUCTS LLC

87-3769551

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	33209	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KUNAL JAIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	33189	Yes [ ] No [X]	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)

GASSAN ALRAHI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	33176	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

W HIGGINS SUBDIVISION MASTER ASSOC

82-3991348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	32494	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GAIL PRIESTLEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	31696	Yes [ ] No [X]	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)

INSIGHT DIRECT USA INC

36-3948996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	31528	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NICOLE M SHREEVES

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	31497	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EARL D FOSTER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	31495	Yes [ ] No [X]	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)

JUSTIN A RATAJCZAK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	31421	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRACY GERHARDT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	31308	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TILSA FERNANDEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	30973	Yes [ ] No [X]	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)

DAVID H COAR

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	SERVICE PROVIDER	30604	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LAUREN T MATZIG

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	30518	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KEVIN M GIER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	29583	Yes [ ] No [X]	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)

RYAN J BARR

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	29475	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LILIANA RILEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	29436	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOSEPH M JOGMEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	29382	Yes [ ] No [X]	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)

SBS SECURITY

52-2441849

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	28869	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ASHLEY R BOLDYGA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	28862	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRIAN HANLON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	28533	Yes [ ] No [X]	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)

OPEN TEXT INC

46-0525483

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	28512	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RATHNA C RODGERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	27782	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANDREW J GUENTHER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	27606	Yes [ ] No [X]	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)

JEANINE D WHITE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	27405	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KRISTIN A VILLASENOR

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	27147	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BENITA PLUME

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	27145	Yes [ ] No [X]	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)

MEGAN L GUTGSELL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	27094	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BENJAMIN L WISHBA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	27019	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HITACHI SOLUTIONS AMERICA LTD

94-3127998

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	26969	Yes [ ] No [X]	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)

PAUL KACZOR

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	26896	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PATRICK W FITTON

3543 N LAWNDALE AVE UNIT 1
CHICAGO, IL 60618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	26749	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GINA GRANDE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	26640	Yes [ ] No [X]	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)

CISCO SYSTEMS CAPITAL CORPORATION

77-0440621

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

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

HEIDE M HOSEIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	26546	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DAVID A FANCIULLACCI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	26529	Yes [ ] No [X]	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)

CHRISTINA A HATALA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	26326	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SUSAN K WAUGH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	26110	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARK ESSINGTON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25954	Yes [ ] No [X]	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)

JOHN FLOWERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25598	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PCLAW TIME MATTERS

84-1728342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	25340	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOHN D. BEYLER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25287	Yes [ ] No [X]	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)

KANIKA M WALKER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25132	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FARHA NAAZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25072	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GARY DUNHAM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	24814	Yes [ ] No [X]	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)

INFOR US INC

20-3469219

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	24548	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRESTIGE STAFFING

58-2551180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	23999	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GEORGE J. WESTLEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	23566	Yes [ ] No [X]	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)

CHECK POINT SOFTWARE TECHNOLOGIES

94-3229135

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	22991	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DEVSQUAD

81-3007045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	20990	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARK F. ANGERAME

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	20746	Yes [ ] No [X]	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)

MATRIX RESOURCES INC

58-1494307

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	20321	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VAMANA SYSTEMS INC

20-8456170

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	18718	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALLIANT INSURANCE SERVICES INC

33-0785439

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	17968	Yes [ ] No [X]	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)

LANDCARE USA LLC

45-1969151

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	17516	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MAKE CORPORATION

36-4027285

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	17004	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CLEARDATA NETWORKS INC

27-0574916

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	15439	Yes [ ] No [X]	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)

PROOFPOINT

51-0414846

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	15346	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONSTELLATION NEWENERGY INC

95-4714890

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	14906	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SECURITYSCORECARD INC

46-3593513

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	14226	Yes [ ] No [X]	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)

ACP CREATIVIT LLC

36-3423921

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	13927	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DYNATRACE LLC

47-3224399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	13858	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERSIVE TECHNOLOGIES INC

20-5264628

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	13054	Yes [ ] No [X]	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)

IWCO DIRECT

46-5132128

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	12068	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RICHARD K. ELLIS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	11571	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CLEO COMMUNICATIONS US LLC

61-1680547

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	11544	Yes [ ] No [X]	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)

PLURALSIGHT LLC

20-1279619

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	11445	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UPS

36-2407381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	11177	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOHN HEATON

715 LINDEN AVENUE
WILMETTE, IL 60091

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	10950	Yes [ ] No [X]	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)

SITECORE USA INC

30-0262390

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

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

AMLINGS INTERIOR LANDSCAPE

81-3963700

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	10651	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRIDGES COURT REPORTING

01-0858250

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	SERVICE PROVIDER	10624	Yes [ ] No [X]	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)

MARTINA JOSIMOVSKA

10 COVENT GARDEN CT
GREENSBORO, NC 27455

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	10314	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SOLARWINDS

73-1559348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	10209	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AT&T MOBILITY

84-1659970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	10060	Yes [ ] No [X]	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)

GARTNER INC

04-3099750

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

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

CROWN CASTLE FIBER LLC

76-0470458

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	9922	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KONE INC

36-2357423

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	9802	Yes [ ] No [X]	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)

MINDSIGHT

31-1830994

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	9739	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PURESOME CONSULTING INC

85-1084400

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	9576	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DILIGENT CORPORATION

81-1402466

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	9204	Yes [ ] No [X]	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)

ZIPRECRUITER INC

27-2976158

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	8834	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CITRIX SYSTEMS INC

75-2275152

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	8550	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VANTIUS

54-6520493

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	SERVICE PROVIDER	8500	Yes [ ] No [X]	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)

ICIMS INC

22-3719840

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	8251	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STERICYCLE INC

36-3640402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	8147	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ERM SOLUTIONS LLC

27-4188530

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	7579	Yes [ ] No [X]	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)

CHARLES A. WHOBREY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	7223	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MIDWEST MECHANICAL

26-0142416

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	7212	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KAMERON HARGROVE

8647 W HIGGINS RD
CHICAGO, IL 60631

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	7194	Yes [ ] No [X]	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)

RICHARD FITZGERALD

8647 W HIGGINS RD
CHICAGO, IL 60631

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	7114	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PDJ PROJECT SOLUTIONS LLC

88-0659206

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	7040	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LEVEL 3 COMMUNICATIONS LLC

47-0735805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	6997	Yes [ ] No [X]	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)

GARY CALDWELL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	6912	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HEX TECHNOLOGIES INC

84-3295393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	6779	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ARLINGTON GLASS & MIRROR

27-1603261

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	6430	Yes [ ] No [X]	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)

SOFTWARE ANALYSIS CORP

36-3340832

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	6248	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MEGAPORT USA INC

47-2310215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	6229	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DROPBOX INC

26-0138832

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	6148	Yes [ ] No [X]	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)

IDOCSGROUP LLC

45-5590672

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	6024	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PITNEY BOWES PRESORT SERVICES LLC

47-0794215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	5990	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DONOMA SOFTWARE

54-1575464

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	5709	Yes [ ] No [X]	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)

NEW HORIZONS COMPUTER LEARNING

87-2116075

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	5670	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AT&T ILLINOIS

36-1253600

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	5535	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONTROL UP INC

47-4475306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	5300	Yes [ ] No [X]	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)

JAMF SOFTWARE LLC

27-4335186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	5140	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DMT SOLUTIONS GLOBAL CORPORATION

82-5520529

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	5125	Yes [ ] No [X]	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: LINDQUIST LLP
b EIN: 52-2385296
c Position: PLAN AUDITOR
d Address: 5000 EXECUTIVE PARKWAY
SUITE 400
SAN RAMON, CA 94583-4346
e Telephone: 925-277-9100

Explanation: LINDQUIST LLP COMBINED THEIR ACCOUNTING PRACTICE WITH WITHUMSMITH+BROWN P.C.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND

D Employer Identification Number (EIN)
36-6044243

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

a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM EB TEMPORARY INVESTMENT FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

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)
25-6078093-023	C	16399696

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)

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

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND

D Employer Identification Number (EIN)
36-6044243

Part I 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	248905	2534076
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	50475394	105395808
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	349871462	36121817330
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	215078	2005288
(2) U.S. Government securities	1c(2)	3014188154	2397242945
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	4627326198	2677632452
(B) All other	1c(3)(B)	21077804	12316373
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	3103331	2908955
(B) Common	1c(4)(B)	2581865	2272689
(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)	1741732985	1054046708
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	34094539	16399696
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	69122708	52582407

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	203306199	172224727
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	5364517	10391348
f Total assets (add all amounts in lines 1a through 1e)	1f	10122709139	42629770802
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	80175126	77415725
i Acquisition indebtedness	1i		
j Other liabilities	1j	1884306195	1071744947
k Total liabilities (add all amounts in lines 1g through1j)	1k	1964481321	1149160672
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	8158227818	41480610130

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	559400068	
(B) Participants	2a(1)(B)	6058	
(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)		559406126
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	10762	
(B) U.S. Government securities	2b(1)(B)	40879345	
(C) Corporate debt instruments	2b(1)(C)	89785919	
(D) Loans (other than to participants)	2b(1)(D)	3861788	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1164594	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		135702408
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	-3	
(B) Common stock	2b(2)(B)	620	
(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)		617
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	26025445803	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	26282815685	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-257369882
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-130098413	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-130098413

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3747472
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		35900623763
d Total income. Add all **income** amounts in column (b) and enter total	2d		36212012091
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2836861304	
(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)		2836861304
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)	1866853	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	6496854	
(4) Other	2i(4)	44404768	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		52768475
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2889629779
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		33322382312
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) [X] 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)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: WITHUM SMITH+BROWN, PC **(2)** EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
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.)	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?	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X		29612
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 486068.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND

D Employer Identification Number (EIN)
36-6044243

Part I 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**

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

EIN(s): 36-6044243

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer ABF FREIGHT SYSTEM INC.

b EIN 71-0249444 **c** Dollar amount contributed by employer 76958618

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 06 Day 30 Year 2023

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 68.40
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): DAILY

a Name of contributing employer YRC INC.

b EIN 34-0492670 **c** Dollar amount contributed by employer 37562987

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 USF HOLLAND LLC

b EIN 38-0655940 **c** Dollar amount contributed by employer 25813949

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 03 Day 31 Year 2024

e Contribution rate information *(If more than one rate applies, check this box* ☒ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ____

a Name of contributing employer BIMBO BAKERIES USA, INC.

b EIN 75-2491201 **c** Dollar amount contributed by employer 19160526

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 ASSOCIATED WHOLESALE GROCERS, INC.

b EIN 48-0614866 **c** Dollar amount contributed by employer 14426196

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 04 Day 01 Year 2028

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 CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS HEALTH AND WELFARE FUND

b EIN 36-2154936 **c** Dollar amount contributed by employer 12560434

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 03 Day 31 Year 2024

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 68.40
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): DAILY

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer PRAIRIE FARMS DAIRY, INC.

b EIN 37-0811846 **c** Dollar amount contributed by employer 11017071

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 CASSENS TRANSPORT COMPANY

b EIN 37-0209195 **c** Dollar amount contributed by employer 10150951

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 08 Day 31 Year 2025

e Contribution rate information *(If more than one rate applies, check this box* [ ] *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 68.40
(2) Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [X] Other (specify): DAILY

---

a Name of contributing employer HILAND DAIRY FOODS COMPANY, LLC

b EIN 43-1180401 **c** Dollar amount contributed by employer 9496519

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 RCS TRANSPORTATION LLC

b EIN 20-2646999 **c** Dollar amount contributed by employer 8357996

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	193521
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**	198537
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**	204708

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**	0.97
b The corresponding number for the second preceding plan year	**15b**	0.95

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**	44
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**	250861844

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment [ ]

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: 100 % High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
[X] 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 [X] Modified duration [ ] Other (specify):

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

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

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

[ ] Yes.

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

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

[ ] No. Other. Provide explanation_____

Central States, Southeast and Southwest Areas Pension Fund (EIN: 36-6044243 and PN: 001)

Financial Statements as of and for the
Years Ended December 31, 2022 and 2021,
Supplemental Schedules as of and for the Year Ended
December 31, 2022, and Independent Auditor's Report

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND

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

withum
ADVISORY TAX AUDIT

INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial statements of Central States, Southeast and Southwest Areas Pension Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, 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.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Central States, Southeast and Southwest Areas Pension Fund as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022, and Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Withum Smith + Brown, PC

September 12, 2023

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2022 AND 2021

	2022	2021
Assets	(In thousands)	
Investments at fair value:		
Cash equivalents, including those purchased under agreements to resell of $52,553 and $50,377 in 2022 and 2021, respectively	$ 305,489	$ 384,739
Fixed income:		
U.S. government and government agency debt	1,625,407	1,806,101
U.S. corporate debt	1,879,044	3,114,989
International debt	493,139	960,829
Equity:		
U.S. common and preferred	4,072	4,580
International common and preferred	1,110	1,105
Securities on loan	1,027,295	1,702,633
Other investments	30	40
Total investments at fair value	5,335,586	7,975,016
Receivables:		
Employer contributions, less allowance for uncollectible contributions of $27,495 and $71,292 in 2022 and 2021, respectively	105,396	50,475
Special Financial Assistance (Note 1)	35,764,910	-
Interest and dividends	37,320	36,604
Other, primarily securities sold	319,587	313,268
Total receivables	36,227,213	400,347
Cash	2,534	249
Assets held as collateral in securities lending program	1,054,047	1,741,733
Other	10,391	5,364
Total assets	42,629,771	10,122,709
Liabilities		
Liability to return collateral held under securities lending agreements	1,054,047	1,741,733
Investment related, primarily securities purchased	17,251	125,440
Accounts payable and accrued expenses	77,416	80,175
Deferred withdrawal liability receipts	447	17,133
Total liabilities	1,149,161	1,964,481
Net assets available for benefits	$ 41,480,610	$ 8,158,228

See notes to financial statements.

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
	(In thousands)	
Revenue		
Contributions	$ 559,406	$ 502,066
Withdrawal liability	133,425	157,763
Total revenue	692,831	659,829
Benefits and expenses		
Benefits to participants	2,836,862	2,835,124
General and administrative expenses	46,260	45,093
Total benefits and expenses	2,883,122	2,880,217
Loss from operations	(2,190,291)	(2,220,388)
Special Financial Assistance (Note 1)	35,764,910	-
Investment income		
Interest and dividends	141,739	173,417
Net appreciation (depreciation) in fair value of investments	(387,468)	(195,566)
Investment expenses	(6,508)	(8,676)
Net investment income	(252,237)	(30,825)
Increase (Decrease) in net assets	33,322,382	(2,251,213)
Net assets available for benefits		
Beginning of year	8,158,228	10,409,441
End of year	$ 41,480,610	$ 8,158,228

See notes to financial statements.

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
NOTES TO FINANCIAL STATEMENTS

1. Description of Fund and Plan

The following notes regarding the Central States, Southeast and Southwest Areas Pension Plan ("Plan") (EIN/PN 36-6044243/001) provide only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Participation and contributions

Central States, Southeast and Southwest Areas Pension Fund ("Fund") was established in 1955 by an Agreement and Declaration of Trust ("Trust Agreement"). The Fund provides for retirement and related benefits for eligible employees of contributing employers that are signatory to collective bargaining agreements with Teamster Local Unions accepted by the Trustees.

Pursuant to the Trust Agreement, the Plan established by the Trustees is a multiemployer defined benefit plan within the meaning of, and subject to, the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Participation is based on covered service as defined by applicable collective bargaining agreements. Benefits under the Plan are generally based on the participant's age, accumulated service credit (including certain noncontributory service credit) and the rate at which employer contributions were required to be made to the Fund.

Employers make contributions to the Fund, on behalf of their employee participants, at rates specified in applicable collective bargaining agreements. Under specified conditions, participating employees may make self-contributions to secure benefits. Trustees are empowered to establish and amend the level of Plan benefits. Although an individual Trustee may participate in collective bargaining in the capacity of an employer or union representative, the Fund itself is not a party to these negotiations. Collective bargaining agreements are generally negotiated for multi-year periods with varying expiration dates, terms and employer contribution rates.

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

Benefits

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

For certain eligible retirees (and their spouses), the Plan includes an Age 65 Prescription Drug Benefit. This benefit is funded entirely through additional employer contributions to the Pension Fund and has an annual maximum benefit of $1,000 (per member/spouse). Amounts available to pay this benefit at December 31, 2022 and 2021 were $63.9 million and $66.5 million, respectively.

Employer withdrawal

The Plan complies with the provisions of the Multiemployer Pension Plan Amendment Act of 1980 (“MPPAA”), which requires imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. Under the provision, a portion of the Plan’s unfunded vested liability would be allocated to a withdrawing employer. The Plan’s actuary has advised the Plan that, as of January 1, 2023 and 2022, the Plan has an estimated unfunded vested liability for withdrawal liability purposes of $37.3 billion and $47.6 billion, respectively.

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

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

Plan termination

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

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

Funding policy

The Trustees establish contribution rates intended to be sufficient to pay benefits required by the Plan. For the years ended December 31, 2022 and 2021, the minimum funding requirements of ERISA were satisfied.

For the years ended December 31, 2022 and 2021, the Plan was certified by its actuary to be in “critical and declining” status as defined by the Multiemployer Pension Reform Act of 2014. Under the Pension Protection Act of 2006 (“PPA”), if a pension plan enters critical status, the trustees of the plan are required to adopt a rehabilitation plan and establish steps and benchmarks to improve the plan’s funding status. On March 25, 2008 the Trustees adopted a rehabilitation plan and have since made updates to the rehabilitation plan which is expected to last indefinitely. The rehabilitation plan requires specific pension contribution rate increases while not increasing current benefit formulas. In addition, as required by the PPA, certain benefits are reduced for participants whose employers fail to adopt the required contribution rate increases as set forth in the rehabilitation plan, or fail to agree to adopt the rehabilitation plan schedule (the “default schedule”) that provides for pension contribution increases at lower rates than the plan’s “primary schedule.” Benefit reductions generally include the elimination of early retirement benefits, post-retirement death benefits and future disability benefits.

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

On March 11, 2021, the American Rescue Plan Act of 2021 ("ARPA") was signed into law. Under the ARPA, eligible plans such as the Fund may seek special financial assistance ("SFA") from the federal government. The Fund filed a revised application for SFA in August 2022. The Pension Benefit Guaranty Corporation ("PBGC") approved the Fund's SFA application in December 2022. On January 12, 2023, the Fund received the SFA principal and interest in the amount of $35,764,910,110.

2. Summary of significant accounting policies

Basis of accounting

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

Use of estimates

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

Revenue

Contributions are billed monthly based upon employment information provided by employers and rates specified in applicable collective bargaining agreements. Contributions outstanding as of year end are accrued. An allowance for uncollectible accounts is estimated by management based on an evaluation of collection history and current financial conditions of the employers.

Withdrawal liability, which is based upon an employer's allocated share of the Plan's unfunded liability for vested benefits, is assessed at the time of an employer's partial or complete withdrawal from the Fund, as defined by MPPAA. Generally, the amount of withdrawal liability that will be collected under any given withdrawal liability assessment is not reasonably estimable. At December 31, 2022 and 2021 the Fund had approximately $10.6 billion and $10.2 billion, respectively in fully reserved withdrawal liability receivables; that is, these were amounts of assessed withdrawal liability for which no payments had been received.

On June 17, 2009, two affiliated major contributing employers, YRC, Inc. (formerly Yellow Freight and Roadway Express) and USF Holland, Inc. (collectively referred to as "YRC," both subsidiaries of Yellow Corporation [formerly YRC Worldwide Inc.]), entered into a Contribution Deferral Agreement ("CDA") with the Fund and other union multi-employer pension funds with YRC participants. The CDA arose as a result of YRC's inability to remain current with its pension contribution obligations to the Fund. Under the CDA, YRC was allowed to defer payment of approximately $110 million of unpaid 2009 contributions and accrued interest. Pursuant to subsequent amendments to the CDA (the most recent of which is described below), the new maturity date is December 31, 2022. The agreement is secured by a first priority interest in real property pledged by YRC. During 2022 and 2021, property-related payments received and applied to outstanding principal totaled $416.1 thousand and zero, respectively.

Due to YRC's inability to remit current ongoing contributions, the Trustees terminated YRC's participation in the Fund from July 9, 2009 through May 31, 2011. During that time, YRC's pension contribution obligations (and therefore the associated benefit accruals) were suspended.

On June 1, 2011, pursuant to a restructured collective bargaining agreement and an amendment to the Fund's rehabilitation plan that permitted distressed employers to contribute at reduced contribution rates, YRC resumed participation in the Fund at 25% of the rate at which it was obligated to contribute prior to the termination. The distressed employer schedule also resulted in the loss of a significant portion of what are termed "adjustable benefits" under the PPA for the YRC participants. Contributions received from YRC for 2022 and 2021 were $63.4 million and $67.7 million, respectively.

On January 30, 2018, the terms of the CDA were amended to provide an extension to December 31, 2022 for the final payment of all remaining principal and interest, along with these additional terms: 1) a lump sum payment of $16.9 million towards deferred principal on or before January 30, 2018, 2) payments of 2% of the outstanding deferred principal on December 31st of each year from 2018 thru 2021 and 3) the continuation of monthly payments of current pension contributions and monthly accrued interest under the CDA. On December 28, 2017 YRC remitted the required $16.9 million. In addition, the required annual 2% payment of $917.6 thousand was received in December 2021. YRC remitted accrued interest payments of $3.6 million for both years 2022 and 2021.

YRC's outstanding balances under the CDA at December 31, 2022 and 2021 were $44.8 million and $45.1 million, respectively. For the years ended December 31, 2022 and 2021, reserves for the deferred amounts included within the allowance for uncollectible contributions on the Statements of Net Assets Available for Benefits were zero and $33.3 million, respectively. As of January 3, 2023, the outstanding balance of $44.8 million was paid in full.

On August 5, 2019, a quorum of Trustees approved the termination of participation in the Pension Fund for Jack Cooper Transport Company, Inc. and Auto Handling Corporation (collectively "OLD JC") retroactive to May 25, 2019. Subsequently, OLD JC filed for bankruptcy and no pension contributions were remitted to the Pension Fund for the period of May 26, 2019 through November 2, 2019 (the "Gap Period"). Thereafter, and as a result of the sale of assets to Jack Cooper Transport Company LLC and Auto Handling LLC ("NEW JC"), contributions to the Pension Fund resumed effective with the week beginning November 3, 2019. NEW JC had also agreed to remit a Special Contribution payment to the Pension Fund by May 4, 2021 of the entire sum of pension contributions (plus interest) that would have been owed with respect to the Gap Period (previously estimated to be $10.9 million principal) by OLD JC but for the termination of OLD JC from participation in the Pension Fund. After the Pension Fund receives this Special Contribution payment from NEW JC, pension service credits and accruals will be granted for the Gap Period along with an adjustment to any benefits due to pensioners as a result of that credit.

During 2021, NEW JC experienced continuing financial hardship (related to the slow-down in auto manufacturing caused by supply chain problems) and as a result the Special Contribution agreement was modified multiple times. The final agreement called for monthly interest payments from October 2021 through June 2022 and full repayment of principal by June 10, 2022. On May 13, 2022, NEW JC paid all amounts owed in full.

Payment of benefits

Benefit payments to participants are recorded when paid.

Leases

The Plan recognizes right-of-use ("ROU") assets and lease liabilities on the Statement of Net Assets Available for Benefits for all operating leases with contractual terms longer than 12 months. The Plan had no finance leases during 2022 and 2021.

ROU assets are recognized based on the initial present value of the fixed lease payments plus any direct costs from executing the lease. Lease liabilities are recognized at the present value of the fixed lease payments, using a discount rate based on the U.S. Treasury risk-free rate. Options to extend lease terms or terminate the lease before the contractual expiration date are evaluated for their likelihood of exercise. If it is reasonably certain that the option will be exercised, the option is considered in determining the classification and measurement of the lease. Costs associated with operating lease assets are recognized on a straight-line basis within operating expenses over the term

of the lease. On the Statement of Net Assets Available for Benefits, ROU assets and lease liabilities are included within "Other" assets and "Accounts payable and accrued expenses," respectively.

The Plan has operating leases for office space and equipment with a remaining weighted average lease term of 6.42 years. The weighted average discount rate used was 1.54%. For the years ended December 31, 2022 and 2021, lease expense for operating leases was $938,657 and $918,572, respectively, and is included in general and administrative expenses on the Statement of Changes in Net Assets Available for Benefits.

Future minimum lease payments under non-cancellable leases as of December 31, 2022 were as follows:

Year Ending December 31,	Operating Leases
2023	$ 958,742
2024	946,347
2025	933,953
2026	954,038
2027	974,123
Thereafter	1,496,333
Total future minimum lease payments	6,263,536
Less imputed interest	(303,743)
Total	$ 5,959,793

Subsequent events

Subsequent events were evaluated through the date on which the financial statements were available to be issued. This date is approximately the same as the independent auditor's report date.

On June 9, 2023, at the request of the Court-appointed Independent Special Counsel, Judge Thomas M. Durkin of the United States District Court for the Northern District of Illinois dissolved the Consent Decree under which the Fund operated under Court supervision. Noting that the Fund has been well-managed and in compliance with federal law over the past four decades, the Court stated that the United States Department of Labor, the Independent Special Counsel, and the Government Accountability Office have all acknowledged that there has been no indication of wrongdoing or ERISA violations since the entry of the consent decrees. The Court went on to state that circumstances "have so changed" since the Consent Decree was entered that its underlying purpose "has long since been achieved."

On July 30, 2023, Yellow Corporation and subsidiaries, including two affiliated major contributing employers, YRC Inc. and USF Holland LLC (collectively "YRC"), decided to cease operations. YRC's participation in the Central States Pension Fund was terminated effective July 23, 2023. Yellow Corporation and its 24 United States-based subsidiaries (including YRC) then filed Chapter 11 bankruptcy petitions in Delaware on August 6, 2023. The former covered employees of YRC will still be entitled to a pension benefit based on eligibility.

New Accounting Pronouncements

In February 2016, the Financial Accounting Standards Board issued an Accounting Standards Update amending the accounting for leases. The Plan adopted the new standard effective January 1, 2022, using the modified retrospective approach. Comparative prior periods were not adjusted upon adoption and the Plan utilized the practical expedient available under the guidance. The implementation of this standard did not have a material impact to the Plan's Statement of Net Assets Available for Benefits nor the Statement of Changes in Net Assets Available for Benefits.

Upon adoption the Plan recognized $6,603,729 in ROU assets related to its leased property and equipment. Corresponding lease liabilities of $6,801,137 were also recognized. Deferred rent liabilities of $197,408 were reclassified and netted against the ROU asset. There was no cumulative effect of applying the new standard and accordingly there was no adjustment to retained earnings upon adoption.

3. Investments

Custody

Investments owned by the Fund are held under the custody of The Bank of New York Mellon ("BNYM").

Named Fiduciary and Investment Management

Under the terms of a 1982 Consent Decree with the United States Department of Labor, as amended, the Fund's cash and investments are managed in accordance with the investment objectives of a Named Fiduciary. Independent investment managers are selected by and report to the Named Fiduciary and have exclusive authority to purchase or sell investment assets under their control, subject to compliance with investment policies formulated by the Named Fiduciary after consultation with the Trustees. On September 12, 2022, BlackRock Financial Management, Inc. ("BlackRock") was approved to replace Northern Trust Investments, Inc. as Named Fiduciary effective October 11, 2022. In addition, the Consent Decree was amended and restated on September 12, 2022 to grant BlackRock responsibility over 100% of the investment assets.

Prior to September 12, 2022, the Consent Decree required 50% of the Fund's investment assets to be invested in a passive domestic fixed income index account. This investment was not subject to the control of the Named Fiduciary, but the Named Fiduciary considered this investment when developing the Fund's overall asset allocation. The account was managed by a separate court-approved investment manager selected by the Fund and was designed to replicate the characteristics of a specific index. There were no redemption restrictions for this investment. The Passive Fixed Income Index Account was managed by Mellon Investments Corporation ("Mellon Investments") and was governed by an investment policy designed to replicate the characteristics of one or more investment grade fixed income indices. Mellon Investments is an affiliate of BNYM, the Fund's custodian, and therefore qualifies as a party-in-interest.

The EB Temporary Investment Fund is a CCT which acts as a cash sweep vehicle for the Passive Fixed Income Index Account and is managed by BNYM (a party-in-interest). This CCT's investment objective is to seek as high a level of current income as is consistent with the preservation of capital and the maintenance of liquidity.

Valuation

Investments are stated at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When available, quoted market prices are used to value investments. The valuations are provided by independent pricing sources used by BNYM.

U.S. common and preferred stocks traded on national securities exchanges are valued at the most recent close of trading price, and U.S. common and preferred stocks traded on over-the-counter markets are valued at the last bid price at the most recent close of trading. Non-U.S. equity securities are valued at the primary exchange close. U.S. and non-U.S. long-term corporate debt and government and government agency debt (including forward commitments) are valued on the basis of quotes obtained from independent pricing vendors. All open exchange-traded option positions are valued at the last quoted price at the principal exchange where traded. Swap position valuations are derived from their underlying market indices, index futures contracts or spot contracts. These underlying indices are listed on exchanges and prices are quoted by recognized index vendors. Debt securities having a maturity date of one year or less at time of purchase are valued at book value, which approximates fair value, except for corporate bonds which are valued by external pricing vendors regardless of the time remaining until maturity date. Securities purchased under agreements to resell are valued at contract amount which is equal to fair value.

Unit shares of collective investment funds are valued at their pro-rata share of the month end closing composite net asset value based on the net assets of the fund. Valuations of non-U.S. securities are converted into U.S. dollars at the closing daily exchange rate. Sales and purchases of securities are recorded on a trade date basis. Consequently, transactions not settled as of year end will result in the recording of a receivable or payable.

Purchases and sales are recorded on a trade-date basis. Realized and unrealized gains and losses are recognized in net appreciation or depreciation in fair value of investments on the Statement of Changes in Net Assets Available for Benefits. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Securities, in general, are exposed to various risks, such as interest rate, credit, foreign currency exchange rate and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the financial statements.

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

Fair value of investments

In accordance with the accounting guidance for fair value measurements and disclosures, the Plan is required to present its investments in a hierarchy as follows: Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities valued based on other significant observable inputs, including quoted prices; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Fund's policy is to recognize significant transfers between levels at the time in which an event or change in circumstances occurs. There were no significant transfers in or out of Levels 1, 2 or 3 during the years ended December 31, 2022 and 2021.

Certain investments that have been measured at fair value using the net asset value per share as a practical expedient (or its equivalent) are not categorized in the fair value hierarchy. The following table sets forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value (in thousands) on a recurring basis at December 31, 2022:

	Level 1	Level 2	Level 3	2022 Total
Cash equivalents	$ -	$ 289,089	$ -	$ 289,089
Fixed income	1,517,857	2,479,263	470	3,997,590
Equity	2,153	-	3,029	5,182
Securities on loan	642,731	384,564	-	1,027,295
Other	-	-	30	30
Total	$ 2,162,741	$ 3,152,916	$ 3,529	$ 5,319,186
Investments measured at net asset value (collective investment funds)				
Cash equivalents				16,400
Total fair value of investments				$ 5,335,586
Liability to return collateral held under securities lending agreements	$ -	$ 1,054,047	$ -	$ 1,054,047

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

The following table sets forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value (in thousands) on a recurring basis at December 31, 2021:

	Level 1	Level 2	Level 3	2021 Total
Cash equivalents	$ 8	$ 350,636	$ -	$ 350,644
Fixed income	1,658,713	4,222,626	580	5,881,919
Equity	2,462	-	3,223	5,685
Securities on loan	1,190,587	512,046	-	1,702,633
Other	-	-	40	40
Total	$ 2,851,770	$ 5,085,308	$ 3,843	$ 7,940,921
Investments measured at net asset value (collective investment funds)				
Cash equivalents				34,095
Total fair value of investments				$ 7,975,016
Liability to return collateral held under securities lending agreements	$ -	$ 1,741,733	$ -	$ 1,741,733

The following table sets forth a summary of certain changes in the fair value of the Plan's level 3 assets (in thousands) for the year ended December 31, 2022:

	Fixed Income	Other	Total
Purchases	$ -	$ -	$ -
Issuances	(86)	(87)	(173)
Transfers in	-	-	-
Transers out	-	-	-

The following table sets forth a summary of certain changes in the fair value of the Plan's level 3 assets (in thousands) for the year ended December 31, 2021:

	Fixed Income	Other	Total
Purchases	$ -	$ -	$ -
Issuances	(51)	(97)	(148)
Transfers in	-	-	-
Transfers out	-	-	-

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair values of those financial instruments as of December 31, 2022 and 2021:

Instrument	Fair Values (In thousands) 12/31/2022	12/31/2021	Principal Valuation Technique	Significant Unobservable Inputs	Range of Significant Input Values	Weighted Average
Fixed Income	$ 470	$ 580	Vendor priced	N/A	N/A	N/A
Equity	3,029	3,223	Investment manager priced	N/A	N/A	N/A
Group Annuity Contract	-	10	Contract value	N/A	N/A	N/A
Trust in Dissolution	30	30	Vendor priced	N/A	N/A	N/A

The Plan utilizes net asset value ("NAV") per share (or its equivalent), as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value and the net asset value is calculated in a manner consistent with investment company accounting. The fair value of the following investment was measured using NAV (or its equivalent):

Investment	Fair Value (In thousands) 12/31/2022	12/31/2021	Redemption Frequency	Redemption Notice Period	Remaining Commitment 12/31/2022	Remaining Commitment 12/31/2021
BNYM EB Temporary Investment Fund	$ 16,400	$ 34,095	Daily	Same day	-	-

The temporary investment fund is composed of highly liquid government and corporate debt securities. This investment is a direct filing entity with the Department of Labor; therefore, information regarding investment strategy is not disclosed.

Securities lending

Securities with a fair value approximating $1.0 billion and $1.7 billion were on loan by the custodian to various securities brokers on a temporary basis at December 31, 2022 and 2021, respectively. Under securities lending agreement terms, it is required that each loan at inception shall be secured by collateral with a market value equal to or greater than 102% (105% for non–U.S. securities) of the securities loaned and remain at or above 100% (105% for non–U.S. securities). The Fund's loan of securities may be secured by collateral in the form of cash or United States government debt securities. Any collateral received in the form of cash is reinvested. Net securities lending net income earned was approximately $3.1 million and $1.8 million for 2022 and 2021, respectively. The counterparties in the securities lending program have the right to sell or repledge the borrowed securities.

The fair value of securities on loan at December 31, 2022 and 2021 consists of the following:

	2022	2021
	(In thousands)	
Cash equivalents	$ 3,839	$ -
Fixed income:		
Government	652,881	1,207,965
Corporate	320,302	383,496
International	50,273	111,172
Total securities on loan	$ 1,027,295	$ 1,702,633

Repurchase agreements

The Fund manages credit exposure arising from repurchase agreement transactions by entering into master repurchase agreements with counterparties that provide the Fund, in the event of a counterparty default (such as bankruptcy or a counterparty's failure to pay or perform), with the right to net a counterparty's rights and obligations under such agreement and liquidate and set off collateral held by the Fund against the net amount owed by the counterparty.

Derivatives

Investment managers ("manager"), on behalf of the Fund, may enter into derivative instruments as part of the Fund's overall investment policy to manage exposure to risks associated with fluctuations in equity markets, foreign currency exchange rates, interest rates and credit sectors. Derivative instruments were also used to minimize the transaction costs of changing strategies and to more efficiently manage portfolio allocations. The Fund's objectives for holding derivatives included reducing, eliminating and efficiently managing the economic impact of these exposures as effectively as possible. Derivative instruments are recognized as assets or liabilities measured at fair value and may include futures contracts, forward foreign currency exchange rate contracts, swap contracts and option contracts. The notional or contractual amounts of these instruments represent the investment the Fund has in particular classes of financial instruments and do not necessarily represent the amounts potentially at risk. The measurement of the risks associated with these instruments is meaningful only when all related and offsetting transactions are considered. The credit risk associated with these financial instruments is minimal as they are traded either on organized exchanges or with a limited number of highly rated counterparties.

Futures - A manager, on behalf of the Fund, may enter into financial futures contracts for the future delivery of financial instruments or contracts based on financial indices at a fixed price. The Fund's primary investment in futures contracts is designed to adjust its allocation to various asset classes. Futures contracts are priced daily in order to calculate corresponding notional and fair value (unrealized gain/loss). Payments are made or received by the Fund each day, depending on the daily fluctuations in the fair value of the financial instrument or underlying index. Changes in fair value are accounted for as net appreciation (depreciation) in fair value of investments.

The fair value of futures contracts at December 31, 2022 and 2021 is as follows:

Futures contracts	2022	2021
	(In thousands)	
Fixed income		
Short position	$ -	$ 34
Long position	-	(156)
Total futures contracts	$ -	$ (122)

Futures contracts are included with U.S. government and government agency debt in the Statement of Net Assets Available for Benefits. For all contracts outstanding at December 31, 2022 and 2021, all expire within one year.

The following table represents the monthly average derivative activity based on month end notional values for both 2022 and 2021:

	2022	2021
	(In thousands)	
Futures contracts		
Foreign currency		
Short position	$ -	$ (31,291)
Long position	-	31,520
Fixed income		
Short position	(21,966)	(297,126)
Long position	145,142	255,318

Foreign currency exchange contracts have different determinants (receivable/payable of U.S. dollar) of long and short positions from that of other derivatives (sell/buy positions).

4. Pension and other postretirement benefits for Fund employees

Fund employees are participants in the Plan (a defined benefit plan) as described in Note 1. Amounts contributed to the Plan were $2.8 million and $2.9 million for 2022 and 2021, respectively. Employees are also covered by a 401(k) plan. Amounts contributed to the 401(k) plan were $576 thousand and $538 thousand for 2022 and 2021, respectively.

In addition, Fund employees are participants in the Central States, Southeast and Southwest Areas Retiree Health and Welfare Plan (“Retiree Plan”) (EIN/PN 36-2154936/503). The Retiree Plan provides medical and prescription drug benefits to retired participants and their spouses. Contributions made by the Pension Fund to the Retiree Plan were $216 thousand and $217 thousand for 2022 and 2021, respectively.

The obligation of the Pension Fund to remit contributions to the Pension and Retiree Plans on behalf of their bargaining unit employees continues through the expiration date of two separate collective bargaining agreements. One expires on March 31, 2024 and the other on June 30, 2024.

At the date on which the financial statements were issued, Annual Reports (Forms 5500) were not available for the plan year ending December 31, 2022.

5. Shared expenses with the Active and Retiree Health and Welfare Plans

The Fund has common Trustees and shares common office facilities, personnel and other functions with the Retiree Plan and the Central States, Southeast and Southwest Areas Active Health and Welfare Plan (“Active Plan”). Fund employees are covered by one of the Active Plan's benefit plans. Shared costs are allocated between the Fund, Active Plan and the Retiree Plan on the basis of estimated utilization. Approximately $30.8 million and $29.6 million of such costs are included in general and administrative expenses for 2022 and 2021, respectively. The Pension Fund leases office space at a building owned by the Central States, Southeast and Southwest Areas Health and Welfare Fund (“Health Fund”) under terms determined by independent parties. The lease has an initial 10-year term with two options to extend an additional five years each. The Pension Fund pays monthly rent to the Health Fund for its share of the office facility. The rent expense was $912 thousand for both 2022 and 2021.

6. Income tax status

The Internal Revenue Service (”IRS”) issued a letter of determination, dated August 9, 2016, stating that the Plan, as designed, is exempt from federal income tax under Section 501 of the Internal Revenue Code. Fund management believes the Plan is currently designed and being operated in accordance with applicable rules and regulations; therefore, no provision for income taxes is included in these financial statements.

Accounting principles generally accepted in the United States of America require Fund management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing

jurisdictions; however, there are currently no audits in progress for any tax periods. Fund management believes it is no longer subject to income tax examinations for years prior to 2019.

7. Actuarial present value of accumulated benefits

Accumulated benefits are future benefit payments attributable to service credits earned by participants as of the valuation date. Accumulated benefits include amounts expected to be paid to active, retired or terminated participants or their beneficiaries. The actuarial present value of accumulated benefits is determined by the Fund's actuaries using actuarial assumptions to adjust accumulated benefits to reflect related administrative expenses, the time value of money (through discounts equal to the assumed investment rate of return) and the probability of payment (by means of decrements such as for death, disability, termination or retirement) between the valuation date and the expected dates on which the benefits will be paid.

Significant assumptions underlying the 2022 and 2021 actuarial computations are as follows:

- annual investment rate of return of 4.0% and 2.0% (net of investment expenses);
- varying rates of retirement, resulting in an average retirement age of 64;
- rates of participant termination for reasons other than death, disability or retirement developed from Plan experience;

Rates of Mortality - 2022

- Non-Annuitant Lives: For males, Pri-2012 Blue Collar Employee Male table with generational projection using Scale MP-2021 from 2012. For females, Pri-2012 Blue Collar Employee Female table with generational projection using Scale MP-2021 from 2012.
- Healthy Annuitant Lives: For males, Pri-2012 Blue Collar Healthy Annuitant Male table with rates increased by 11%, and generational projection using Scale MP-2021 from 2012. For females, Pri-2012 Blue Collar Healthy Annuitant Female table with rates increased by 4%, and generational projection using Scale MP-2021 from 2012.
- Contingent Survivor Lives: These tables apply upon the death of the corresponding participant. For males, Pri-2012 Blue Collar Contingent Survivor Male table with generational projection using Scale MP-2021 from 2012. For females, Pri-2012 Blue Collar Contingent Survivor Female table with rates increased by 9%, and generational projection using Scale MP-2021 from 2012.
- Disabled Lives: For males, Pri-2012 Disabled Annuitant Male table with rates increased by 23%, and generational projection using Scale MP-2021 from 2012. For females, Pri-2012 Disabled Annuitant Female table with generational projection using Scale MP-2021 from 2012.

The adjusted underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These adjusted mortality tables were then projected to future years using Scale MP-2021 to reflect future mortality improvement.

Rates of Mortality - 2021

- Non-Annuitant Lives: For males, Pri-2012 Blue Collar Employee Male table with generational projection using Scale MP-2019 from 2012. For females, Pri-2012 Blue Collar Employee Female table with generational projection using Scale MP-2019 from 2012.
- Healthy Annuitant Lives: For males, Pri-2012 Blue Collar Healthy Annuitant Male table with rates increased by 11%, and generational projection using Scale MP-2019 from 2012. For females, Pri-2012 Blue Collar Healthy Annuitant Female table with rates increased by 4%, and generational projection using Scale MP-2019 from 2012.
- Contingent Survivor Lives: These tables apply upon the death of the corresponding participant. For males, Pri-2012 Blue Collar Contingent Survivor Male table with generational projection using Scale MP-2019 from 2012. For females, Pri-2012 Blue Collar Contingent Survivor Female table with rates increased by 9%, and generational projection using Scale MP-2019 from 2012.
- Disabled Lives: For males, Pri-2012 Disabled Annuitant Male table with rates increased by 23%, and generational projection using Scale MP-2019 from 2012. For females, Pri-2012 Disabled Annuitant Female table with generational projection using Scale MP-2019 from 2012.

The adjusted underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These adjusted mortality tables were then projected to future years using Scale MP-2019 to reflect future mortality improvement.

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits.

The actuarial present value of accumulated benefits at December 31, 2022 and 2021 is as follows:

	2022	2021
	(In millions)	
Vested benefits:		
Participants and beneficiaries currently receiving benefits	$ 27,117	$ 32,171
Other participants	15,031	22,850
	42,148	55,021
Nonvested benefits	187	338
Total actuarial present value of accumulated benefits	$ 42,335	$ 55,359

Information used to determine the actuarial present value of accumulated benefits includes participant census data and benefit provisions in effect at each valuation date.

Changes during the year in the actuarial present value of accumulated benefits are summarized as follows:

	2022
	(In millions)
Actuarial present value of accumulated benefits at beginning of year	$ 55,359
Increase (Decrease) during the year attributable to:	
Interest on the actuarial present value of accumulated benefits	1,076
Benefit payments	(2,837)
Benefits accumulated	544
Actuarial experience	(30)
Plan amendments	(5)
Change in assumptions	(11,772)
Actuarial present value of accumulated benefits at end of year	$ 42,335

Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2021.

Attained Age	Pension Credits									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.
Under 25	402	$52	839	$213	39	$506				
25 to 29	537	$55	1,583	$260	456	$688	7			
30 to 34	495	$54	1,757	$265	943	$755	234	$1,193	16	
35 to 39	394	$55	1,522	$282	1,008	$750	482	$1,260	215	$1,550
40 to 44	345	$52	1,486	$272	1,080	$751	586	$1,246	458	$1,705
45 to 49	334	$53	1,314	$269	1,248	$713	702	$1,213	651	$1,726
50 to 54	342	$53	1,421	$269	1,328	$737	841	$1,225	860	$1,762
55 to 59	251	$55	1,118	$270	1,173	$698	907	$1,184	958	$1,725
60 to 64	95	$60	697	$273	827	$663	714	$1,168	731	$1,681
65 to 69	21	$52	151	$261	254	$650	204	$1,039	204	$1,577
70 & up	3		24	$225	26	$578	25	$919	19	
Unknown	246	$54	485	$231	69	$453	4		1	

Segal

Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2021.

Attained Age	Pension Credits									
	20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.
Under 25										
25 to 29										
30 to 34										
35 to 39	18									
40 to 44	250	$2,081	9							
45 to 49	639	$2,219	219	$2,658	2					
50 to 54	1,150	$2,286	838	$2,726	343	$3,035	10			
55 to 59	1,530	$2,240	1,268	$2,735	1,265	$3,098	360	$3,566	9	
60 to 64	1,049	$2,162	952	$2,647	1,018	$3,011	625	$3,294	261	$2,932
65 to 69	259	$2,029	196	$2,674	229	$2,926	176	$3,364	178	$3,506
70 & up	24	$1,791	26	$2,599	22	$3,118	20	$3,468	36	$3,558
Unknown										

Segal

Schedule MB, Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	$484,595,451	$105,000,000	$589,595,451
2023	468,537,248	105,000,000	573,537,248
2024	452,303,394	105,000,000	557,303,394
2025	435,521,341	105,000,000	540,521,341
2026	418,426,713	105,000,000	523,426,713
2027	401,176,446	105,000,000	506,176,446
2028	384,538,224	105,000,000	489,538,224
2029	368,968,453	105,000,000	473,968,453
2030	354,396,246	105,000,000	459,396,246
2031	340,777,177	105,000,000	445,777,177

Note: Projected employer contributions and withdrawal liability payments shown above are based on the assumptions used for the Funding Standard Account projection as described in the Actuarial Certification of Plan Status as of January 1, 2022, dated March 31, 2022.

Segal

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	$26,118,742	$51,296,960	$2,781,440,721	$2,858,856,423
2023	72,841,822	116,922,005	2,671,867,365	2,861,631,192
2024	117,505,674	181,915,146	2,559,275,389	2,858,696,209
2025	159,894,707	247,800,061	2,443,903,056	2,851,597,824
2026	199,793,152	313,644,683	2,326,164,640	2,839,602,475
2027	235,579,974	375,531,661	2,208,631,219	2,819,742,854
2028	268,381,189	432,952,712	2,092,072,658	2,793,406,559
2029	297,040,272	487,932,886	1,975,533,537	2,760,506,695
2030	321,701,557	540,139,908	1,859,269,643	2,721,111,108
2031	342,947,506	588,821,612	1,743,811,706	2,675,580,824
2032	361,037,726	630,420,745	1,629,712,919	2,621,171,390
2033	375,680,579	667,228,706	1,517,213,541	2,560,122,826
2034	387,551,192	697,875,632	1,406,821,844	2,492,248,668
2035	396,320,912	723,705,891	1,298,994,002	2,419,020,805
2036	402,462,041	744,295,022	1,194,187,016	2,340,944,079
2037	405,971,941	759,180,193	1,092,719,276	2,257,871,410
2038	407,076,763	766,707,543	994,977,977	2,168,762,283
2039	406,027,551	769,657,783	901,234,810	2,076,920,144
2040	403,129,764	768,447,624	811,826,583	1,983,403,971
2041	398,574,403	764,101,728	727,033,241	1,889,709,372
2042	392,407,333	755,146,196	647,088,126	1,794,641,655
2043	384,679,466	742,616,240	572,165,635	1,699,461,341

Segal

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2044	$375,610,117	$726,351,883	$502,454,052	$1,604,416,052
2045	365,314,720	706,618,356	438,033,827	1,509,966,903
2046	353,803,642	684,200,666	378,990,380	1,416,994,688
2047	341,294,753	659,151,483	325,339,118	1,325,785,354
2048	327,919,719	631,711,422	277,030,362	1,236,661,503
2049	313,729,586	602,686,283	233,946,977	1,150,362,846
2050	298,927,541	571,692,569	195,904,552	1,066,524,662
2051	283,780,806	539,514,887	162,647,950	985,943,643
2052	268,332,640	505,998,928	133,867,859	908,199,427
2053	252,741,143	472,412,184	109,214,667	834,367,994
2054	237,163,567	438,588,924	88,316,347	764,068,838
2055	221,710,986	405,102,127	70,789,462	697,602,575
2056	206,480,361	372,271,903	56,248,624	635,000,888
2057	191,582,500	340,233,227	44,316,665	576,132,392
2058	177,090,804	308,681,319	34,631,527	520,403,650
2059	163,108,349	278,694,601	26,854,013	468,656,963
2060	149,753,962	250,449,702	20,673,155	420,876,819
2061	137,095,974	223,662,173	15,810,167	376,568,314
2062	125,195,230	198,880,505	12,020,485	336,096,220
2063	114,027,486	175,855,080	9,093,634	298,976,200
2064	103,674,225	154,758,984	6,851,725	265,284,934
2065	94,105,457	135,454,648	5,147,015	234,707,120

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2066	$85,243,518	$118,186,738	$3,858,884	$207,289,140
2067	77,135,039	102,552,606	2,890,510	182,578,155
2068	69,725,103	88,517,245	2,165,346	160,407,694
2069	62,948,720	76,213,802	1,623,687	140,786,209
2070	56,778,987	65,345,229	1,219,560	123,343,776
2071	51,204,393	55,814,175	918,018	107,936,586

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed in the valuation.

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
1/3/2022	$49,750.00		$49,750.00
1/3/2022	$4,318.26		$4,318.26
1/3/2022	$13,803.97		$13,803.97
1/3/2022	$4,856.69		$4,856.69
1/3/2022	$34,368.44		$34,368.44
1/3/2022	$5,114.91		$5,114.91
1/3/2022	$384,607.82		$384,607.82
1/3/2022	$4,591.92		$4,591.92
1/3/2022	$40,721.83		$40,721.83
1/3/2022	$25,000.00		$25,000.00
1/3/2022	$36,027.14		$36,027.14
1/3/2022	$9,490.95		$9,490.95
1/3/2022	$55,540.80		$55,540.80
1/3/2022	$258,520.31		$258,520.31
1/3/2022	$18,191.18		$18,191.18
1/3/2022	$111,409.84		$111,409.84
1/3/2022	$24,589.74		$24,589.74
1/4/2022	$15,701.14		$15,701.14
1/4/2022	$1,640.33		$1,640.33
1/4/2022	$6,615.42		$6,615.42
1/4/2022	$1,278.49		$1,278.49
1/4/2022	$2,016.74		$2,016.74
1/4/2022	$1,040.12		$1,040.12
1/4/2022	$2,385.91		$2,385.91
1/4/2022	$950.04		$950.04
1/4/2022	$49,895.00		$49,895.00
1/4/2022	$1,591.76		$1,591.76
1/4/2022	$3,552.05		$3,552.05
1/4/2022	$2,846.06		$2,846.06
1/4/2022	$18,084.44		$18,084.44
1/4/2022	$4,093.05		$4,093.05
1/4/2022	$3,748.25		$3,748.25
1/4/2022	$4,191.52		$4,191.52
1/4/2022	$2,430.57		$2,430.57
1/4/2022	$23,691.90		$23,691.90
1/4/2022	$664.08		$664.08
1/4/2022	$1,665.87		$1,665.87
1/4/2022	$1,480.64		$1,480.64
1/5/2022	$19,248.03		$19,248.03
1/5/2022	$8,430.06		$8,430.06
1/5/2022	$2,869.00		$2,869.00
1/5/2022	$11,299.29		$11,299.29
1/5/2022	$2,988.45		$2,988.45
1/6/2022	$1,317.53		$1,317.53
1/6/2022	$890.74		$890.74
1/6/2022	$2,255.72		$2,255.72
1/6/2022	$4,205.09		$4,205.09
1/6/2022	$15,625.04		$15,625.04
1/6/2022	$3,082.51		$3,082.51
1/6/2022	$1,162.67		$1,162.67
1/6/2022	$1,305.70		$1,305.70
1/6/2022	$2,940.02		$2,940.02
1/6/2022	$704.61		$704.61
1/6/2022	$6,981.17		$6,981.17
1/6/2022	$1,177.18		$1,177.18
1/6/2022	$697.59		$697.59
1/6/2022	$25,000.00		$25,000.00
1/6/2022	$30,367.30		$30,367.30
1/6/2022	$2,230.30		$2,230.30
1/6/2022	$4,670.80		$4,670.80
1/7/2022	$39,576.83		$39,576.83
1/7/2022	$2,223.28		$2,223.28
1/7/2022	$15,706.07		$15,706.07
1/7/2022	$7,022.71		$7,022.71
1/7/2022	$459.95		$459.95
1/7/2022	$4,631.94		$4,631.94
1/10/2022	$3,910.10		$3,910.10
1/10/2022	$2,521.76		$2,521.76
1/10/2022	$6,100.33		$6,100.33
1/10/2022	$135,544.64		$135,544.64
1/10/2022	$1,352.01		$1,352.01
1/10/2022	$714.07		$714.07
1/10/2022	$691.75		$691.75
1/10/2022	$1,150.45		$1,150.45
1/10/2022	$573.42		$573.42
1/10/2022	$877.55		$877.55
1/10/2022	$27,098.54		$27,098.54
1/10/2022	$1,896.53		$1,896.53
1/11/2022	$2,201.42		$2,201.42
1/11/2022	$13,096.89		$13,096.89
1/11/2022	$4,887.11		$4,887.11
1/11/2022	$85,969.56		$85,969.56
1/11/2022	$7,442.93		$7,442.93
1/11/2022	$15,000.00		$15,000.00
1/12/2022	$2,871.70		$2,871.70
1/12/2022	$9,358.90		$9,358.90
1/12/2022	$4,868.98		$4,868.98
1/12/2022	$2,836.68		$2,836.68
1/12/2022	$1,062.37		$1,062.37
1/13/2022	$991.77		$991.77
1/13/2022	$233.89		$233.89
1/13/2022	$2,823.80		$2,823.80
1/13/2022	$1,136.85		$1,136.85
1/13/2022	$19,650.02		$19,650.02
1/13/2022	$1,500.50		$1,500.50
1/13/2022	$2,086.69		$2,086.69
1/13/2022	$1,791.36		$1,791.36
1/13/2022	$4,772.25		$4,772.25
1/13/2022	$7,164.41		$7,164.41
1/14/2022	$11,420.96		$11,420.96
1/14/2022	$52,705.32		$52,705.32
1/14/2022	$43,223.19		$43,223.19
1/18/2022	$4,254.38		$4,254.38
1/18/2022	$2,316.81		$2,316.81
1/18/2022	$3,384.00		$3,384.00
1/18/2022	$1,182.88		$1,182.88
1/18/2022	$1,288.63		$1,288.63
1/18/2022	$3,915.46		$3,915.46
1/18/2022	$1,616.61		$1,616.61
1/18/2022	$703,421.11		$703,421.11
1/18/2022	$6,577.54		$6,577.54
1/18/2022	$2,370.49		$2,370.49
1/18/2022	$949.61		$949.61
1/18/2022	$12,477.57		$12,477.57
1/18/2022	$4,671.09		$4,671.09
1/18/2022	$1,556.27		$1,556.27
1/18/2022	$2,063.07		$2,063.07
1/18/2022	$3,832.85		$3,832.85
1/18/2022	$5,683.80		$5,683.80
1/19/2022	$1,928.12		$1,928.12

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
1/19/2022	$38,930.71		$38,930.71
1/19/2022	$1,418.04		$1,418.04
1/19/2022	$5,553.16		$5,553.16
1/19/2022	$32,205.60		$32,205.60
1/19/2022	$1,480.64		$1,480.64
1/20/2022	$0.00	$450,000.00	$450,000.00
1/20/2022	$31,066.12		$31,066.12
1/20/2022	$2,810.66		$2,810.66
1/20/2022	$691.46		$691.46
1/20/2022	$40,673.97		$40,673.97
1/20/2022	$27,795.20		$27,795.20
1/20/2022	$36,204.80		$36,204.80
1/20/2022	$4,027.19		$4,027.19
1/20/2022	$2,316.56		$2,316.56
1/20/2022	$166.68		$166.68
1/20/2022	$843.56		$843.56
1/20/2022	$14,216.37		$14,216.37
1/20/2022	$1,288.63		$1,288.63
1/20/2022	$7,399.82		$7,399.82
1/20/2022	$20,111.27		$20,111.27
1/20/2022	$3,000.00		$3,000.00
1/20/2022	$1,340.00		$1,340.00
1/20/2022	$1,339.10		$1,339.10
1/20/2022	$7,429.38		$7,429.38
1/20/2022	$49,976.85		$49,976.85
1/20/2022	$4,670.80		$4,670.80
1/20/2022	$857.50		$857.50
1/21/2022	$11,448.02		$11,448.02
1/21/2022	$953.43		$953.43
1/21/2022	$503.45		$503.45
1/21/2022	$13,803.97		$13,803.97
1/21/2022	$19,557.47		$19,557.47
1/21/2022	$4,684.26		$4,684.26
1/21/2022	$63,065.91		$63,065.91
1/21/2022	$4,768.64		$4,768.64
1/21/2022	$39,833.71		$39,833.71
1/21/2022	$7,907.33		$7,907.33
1/21/2022	$7,446.85		$7,446.85
1/21/2022	$3,591.70		$3,591.70
1/21/2022	$1,177.18		$1,177.18
1/21/2022	$12,501.01		$12,501.01
1/24/2022	$63,363.66		$63,363.66
1/24/2022	$131,940.55		$131,940.55
1/24/2022	$4,205.09		$4,205.09
1/24/2022	$14,486.06		$14,486.06
1/24/2022	$6,330.61		$6,330.61
1/24/2022	$4,191.52		$4,191.52
1/24/2022	$4,021.15		$4,021.15
1/24/2022	$10,093.59		$10,093.59
1/25/2022	$2,781.92		$2,781.92
1/25/2022	$175,199.80		$175,199.80
1/25/2022	$1,088.50		$1,088.50
1/25/2022	$7,284.73		$7,284.73
1/25/2022	$2,652.46		$2,652.46
1/25/2022	$3,486.55		$3,486.55
1/25/2022	$38,495.86		$38,495.86
1/25/2022	$3,177.12		$3,177.12
1/25/2022	$16,862.23		$16,862.23
1/25/2022	$43,223.19		$43,223.19
1/25/2022	$12,123.16		$12,123.16
1/25/2022	$1,154.77		$1,154.77
1/25/2022	$2,230.30		$2,230.30
1/25/2022	$1,791.36		$1,791.36
1/25/2022	$1,790.29		$1,790.29
1/25/2022	$25,872.89		$25,872.89
1/26/2022	$8,899.74		$8,899.74
1/26/2022	$1,349.00		$1,349.00
1/26/2022	$1,123.54		$1,123.54
1/26/2022	$1,162.67		$1,162.67
1/26/2022	$0.00	$236,866.38	$236,866.38
1/26/2022	$9,520.50		$9,520.50
1/26/2022	$76,320.61		$76,320.61
1/26/2022	$115,835.08		$115,835.08
1/27/2022	$12,675.79		$12,675.79
1/27/2022	$30,346.74		$30,346.74
1/27/2022	$1,126.91		$1,126.91
1/27/2022	$22,838.70		$22,838.70
1/27/2022	$630.03		$630.03
1/27/2022	$81,137.97		$81,137.97
1/27/2022	$1,932.55		$1,932.55
1/27/2022	$40,721.83		$40,721.83
1/27/2022	$5,749.98		$5,749.98
1/27/2022	$7,400.00		$7,400.00
1/27/2022	$2,285.85		$2,285.85
1/27/2022	$24,589.74		$24,589.74
1/27/2022	$34,931.65		$34,931.65
1/28/2022	$15,701.14		$15,701.14
1/28/2022	$29,467.58		$29,467.58
1/28/2022	$12,722.59		$12,722.59
1/28/2022	$1,540.76		$1,540.76
1/28/2022	$7,284.73		$7,284.73
1/28/2022	$2,727.29		$2,727.29
1/28/2022	$7,772.14		$7,772.14
1/28/2022	$1,053.45		$1,053.45
1/28/2022	$19,149.16		$19,149.16
1/28/2022	$109,399.15		$109,399.15
1/28/2022	$5,759.99		$5,759.99
1/28/2022	$36,507.63		$36,507.63
1/28/2022	$8,135.69		$8,135.69
1/28/2022	$42,041.04		$42,041.04
1/31/2022	$3,638.53		$3,638.53
1/31/2022	$1,640.33		$1,640.33
1/31/2022	$42,212.04		$42,212.04
1/31/2022	$50,736.80		$50,736.80
1/31/2022	$2,327.06		$2,327.06
1/31/2022	$1,852.42		$1,852.42
1/31/2022	$920.07		$920.07
1/31/2022	$3,859.50		$3,859.50
1/31/2022	$6,240.80		$6,240.80
1/31/2022	$10,186.93		$10,186.93
1/31/2022	$13,472.14		$13,472.14
1/31/2022	$951.56		$951.56
1/31/2022	$3,552.05		$3,552.05
1/31/2022	$47,901.00		$47,901.00
1/31/2022	$17,395.31		$17,395.31
1/31/2022	$10,047.47		$10,047.47
1/31/2022	$355,434.79		$355,434.79
1/31/2022	$9,573.58		$9,573.58
1/31/2022	$6,767.70		$6,767.70
1/31/2022	$7,442.93		$7,442.93

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
1/31/2022	$8,904.61		$8,904.61
1/31/2022	$664.08		$664.08
1/31/2022	$31,809.54		$31,809.54
1/31/2022	$14,339.90		$14,339.90
1/31/2022	$938.91		$938.91
1/31/2022	$3,244.21		$3,244.21
1/31/2022	$877.55		$877.55
1/31/2022	$333,406.74		$333,406.74
1/31/2022	$347,529.18		$347,529.18
1/31/2022	$20,586.43		$20,586.43
1/31/2022	$1,149,839.36		$1,149,839.36
1/31/2022	$1,225,935.44		$1,225,935.44
2/1/2022	$1,352.21		$1,352.21
2/1/2022	$1,109.30		$1,109.30
2/1/2022	$49,750.00		$49,750.00
2/1/2022	$2,223.28		$2,223.28
2/1/2022	$4,318.26		$4,318.26
2/1/2022	$46,440.51		$46,440.51
2/1/2022	$6,615.42		$6,615.42
2/1/2022	$4,856.69		$4,856.69
2/1/2022	$34,368.44		$34,368.44
2/1/2022	$5,114.91		$5,114.91
2/1/2022	$2,385.91		$2,385.91
2/1/2022	$7,957.34		$7,957.34
2/1/2022	$412,946.74		$412,946.74
2/1/2022	$85,969.56		$85,969.56
2/1/2022	$1,900.48		$1,900.48
2/1/2022	$5,043.60		$5,043.60
2/1/2022	$46,911.53		$46,911.53
2/1/2022	$7,022.71		$7,022.71
2/1/2022	$2,940.02		$2,940.02
2/1/2022	$384,607.82		$384,607.82
2/1/2022	$4,093.05		$4,093.05
2/1/2022	$7,710.57		$7,710.57
2/1/2022	$12,474.08		$12,474.08
2/1/2022	$714.07		$714.07
2/1/2022	$28,584.21		$28,584.21
2/1/2022	$2,430.57		$2,430.57
2/1/2022	$36,027.14		$36,027.14
2/1/2022	$9,490.95		$9,490.95
2/1/2022	$55,540.80		$55,540.80
2/1/2022	$763.16		$763.16
2/1/2022	$1,150.45		$1,150.45
2/1/2022	$258,520.31		$258,520.31
2/1/2022	$5,934.90		$5,934.90
2/1/2022	$18,191.18		$18,191.18
2/1/2022	$1,482.95		$1,482.95
2/1/2022	$111,409.84		$111,409.84
2/1/2022	$4,491.31		$4,491.31
2/1/2022	$6,366.64		$6,366.64
2/2/2022	$19,248.03		$19,248.03
2/2/2022	$39,576.83		$39,576.83
2/2/2022	$1,317.53		$1,317.53
2/2/2022	$916.91		$916.91
2/2/2022	$2,029.26		$2,029.26
2/2/2022	$2,255.72		$2,255.72
2/2/2022	$1,278.49		$1,278.49
2/2/2022	$1,040.12		$1,040.12
2/2/2022	$6,100.33		$6,100.33
2/2/2022	$1,305.70		$1,305.70
2/2/2022	$18,084.44		$18,084.44
2/2/2022	$38,642.18		$38,642.18
2/2/2022	$4,591.92		$4,591.92
2/2/2022	$9,170.70		$9,170.70
2/2/2022	$3,625.20		$3,625.20
2/2/2022	$25,000.00		$25,000.00
2/2/2022	$1,665.87		$1,665.87
2/3/2022	$8,430.06		$8,430.06
2/3/2022	$2,016.74		$2,016.74
2/3/2022	$2,846.06		$2,846.06
2/3/2022	$703,421.11		$703,421.11
2/3/2022	$2,220.26		$2,220.26
2/3/2022	$6,981.17		$6,981.17
2/4/2022	$11,420.96		$11,420.96
2/4/2022	$13,096.89		$13,096.89
2/4/2022	$15,625.04		$15,625.04
2/4/2022	$1,591.76		$1,591.76
2/4/2022	$7,399.82		$7,399.82
2/4/2022	$4,768.64		$4,768.64
2/4/2022	$3,748.25		$3,748.25
2/4/2022	$30,367.30		$30,367.30
2/4/2022	$4,631.94		$4,631.94
2/7/2022	$445.60		$445.60
2/7/2022	$1,177.18		$1,177.18
2/7/2022	$573.42		$573.42
2/7/2022	$7,836.24		$7,836.24
2/8/2022	$9,358.90		$9,358.90
2/8/2022	$2,521.76		$2,521.76
2/8/2022	$31.87		$31.87
2/8/2022	$0.00	$2,675,000.00	$2,675,000.00
2/8/2022	$1,136.85		$1,136.85
2/8/2022	$459.95		$459.95
2/8/2022	$101,231.06		$101,231.06
2/8/2022	$101,231.06		$101,231.06
2/8/2022	$15,000.00		$15,000.00
2/8/2022	$27,098.54		$27,098.54
2/8/2022	$1,896.53		$1,896.53
2/9/2022	$2,871.70		$2,871.70
2/9/2022	$890.74		$890.74
2/9/2022	$4,868.98		$4,868.98
2/9/2022	$15,706.07		$15,706.07
2/9/2022	$233.89		$233.89
2/9/2022	$3,082.51		$3,082.51
2/9/2022	$2,869.00		$2,869.00
2/9/2022	$1,616.61		$1,616.61
2/9/2022	$704.61		$704.61
2/10/2022	$2,810.66		$2,810.66
2/10/2022	$2,316.56		$2,316.56
2/10/2022	$268.22		$268.22
2/10/2022	$135,544.64		$135,544.64
2/10/2022	$1,062.37		$1,062.37
2/10/2022	$19,650.02		$19,650.02
2/10/2022	$2,063.07		$2,063.07
2/11/2022	$991.77		$991.77
2/11/2022	$4,887.11		$4,887.11
2/11/2022	$1,182.88		$1,182.88
2/11/2022	$1,352.01		$1,352.01
2/11/2022	$2,086.69		$2,086.69
2/11/2022	$691.75		$691.75
2/14/2022	$2,201.42		$2,201.42

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
2/14/2022	$4,254.38		$4,254.38
2/14/2022	$503.45		$503.45
2/14/2022	$2,836.68		$2,836.68
2/14/2022	$1,500.50		$1,500.50
2/14/2022	$6,577.54		$6,577.54
2/14/2022	$52,705.32		$52,705.32
2/14/2022	$12,477.57		$12,477.57
2/14/2022	$4,671.09		$4,671.09
2/14/2022	$2,988.45		$2,988.45
2/14/2022	$1,556.27		$1,556.27
2/14/2022	$18,602.10		$18,602.10
2/14/2022	$4,772.25		$4,772.25
2/14/2022	$7,164.41		$7,164.41
2/15/2022	$3,589.88		$3,589.88
2/15/2022	$24,372.08		$24,372.08
2/15/2022	$20,111.27		$20,111.27
2/15/2022	$2,370.49		$2,370.49
2/15/2022	$697.59		$697.59
2/15/2022	$3,000.00		$3,000.00
2/15/2022	$6,366.64		$6,366.64
2/15/2022	$857.50		$857.50
2/15/2022	$3,832.85		$3,832.85
2/16/2022	$2,781.92		$2,781.92
2/16/2022	$949.61		$949.61
2/16/2022	$4,670.80		$4,670.80
2/18/2022	$27,795.20		$27,795.20
2/18/2022	$36,204.80		$36,204.80
2/18/2022	$19,557.47		$19,557.47
2/18/2022	$38,930.71		$38,930.71
2/18/2022	$3,486.55		$3,486.55
2/18/2022	$3,915.46		$3,915.46
2/18/2022	$0.00	$207,472.52	$207,472.52
2/18/2022	$12,501.01		$12,501.01
2/22/2022	$445.60		$445.60
2/22/2022	$8,899.74		$8,899.74
2/22/2022	$11,448.02		$11,448.02
2/22/2022	$3,910.10		$3,910.10
2/22/2022	$31,066.12		$31,066.12
2/22/2022	$2,316.81		$2,316.81
2/22/2022	$3,384.00		$3,384.00
2/22/2022	$691.46		$691.46
2/22/2022	$40,673.97		$40,673.97
2/22/2022	$2,727.29		$2,727.29
2/22/2022	$843.56		$843.56
2/22/2022	$3,571,816.52		$3,571,816.52
2/22/2022	$6,330.61		$6,330.61
2/22/2022	$1,288.63		$1,288.63
2/22/2022	$63,065.91		$63,065.91
2/22/2022	$2,940.02		$2,940.02
2/22/2022	$39,833.71		$39,833.71
2/22/2022	$7,907.33		$7,907.33
2/22/2022	$5,553.16		$5,553.16
2/22/2022	$1,339.10		$1,339.10
2/22/2022	$5,683.80		$5,683.80
2/23/2022	$953.43		$953.43
2/23/2022	$63,363.66		$63,363.66
2/23/2022	$1,928.12		$1,928.12
2/23/2022	$14,486.06		$14,486.06
2/23/2022	$2,652.46		$2,652.46
2/23/2022	$14,216.37		$14,216.37
2/23/2022	$7,446.85		$7,446.85
2/23/2022	$1,418.04		$1,418.04
2/23/2022	$5,934.90		$5,934.90
2/23/2022	$1,790.29		$1,790.29
2/23/2022	$32,205.60		$32,205.60
2/23/2022	$49,976.85		$49,976.85
2/23/2022	$115,835.08		$115,835.08
2/23/2022	$4,704.64		$4,704.64
2/23/2022	$25,872.89		$25,872.89
2/24/2022	$39,576.83		$39,576.83
2/24/2022	$1,349.00		$1,349.00
2/24/2022	$1,126.91		$1,126.91
2/24/2022	$131,940.55		$131,940.55
2/24/2022	$22,838.70		$22,838.70
2/24/2022	$81,137.97		$81,137.97
2/24/2022	$1,123.54		$1,123.54
2/24/2022	$2,327.06		$2,327.06
2/24/2022	$1,852.42		$1,852.42
2/24/2022	$920.07		$920.07
2/24/2022	$4,027.19		$4,027.19
2/24/2022	$10,788.84		$10,788.84
2/24/2022	$38,495.86		$38,495.86
2/24/2022	$3,177.12		$3,177.12
2/24/2022	$7,400.00		$7,400.00
2/24/2022	$4,021.15		$4,021.15
2/24/2022	$7,429.38		$7,429.38
2/24/2022	$4,491.31		$4,491.31
2/24/2022	$7,836.24		$7,836.24
2/25/2022	$3,638.53		$3,638.53
2/25/2022	$630.03		$630.03
2/25/2022	$12,722.59		$12,722.59
2/25/2022	$1,053.45		$1,053.45
2/25/2022	$10,047.47		$10,047.47
2/25/2022	$9,520.50		$9,520.50
2/25/2022	$8,135.69		$8,135.69
2/25/2022	$76,320.61		$76,320.61
2/25/2022	$1,154.77		$1,154.77
2/25/2022	$10,093.59		$10,093.59
2/25/2022	$42,041.04		$42,041.04
2/28/2022	$42,212.04		$42,212.04
2/28/2022	$50,736.80		$50,736.80
2/28/2022	$1,540.76		$1,540.76
2/28/2022	$7,284.73		$7,284.73
2/28/2022	$3,859.50		$3,859.50
2/28/2022	$6,240.80		$6,240.80
2/28/2022	$10,186.93		$10,186.93
2/28/2022	$13,472.14		$13,472.14
2/28/2022	$2,759.03		$2,759.03
2/28/2022	$2,759.03		$2,759.03
2/28/2022	$951.56		$951.56
2/28/2022	$7,772.14		$7,772.14
2/28/2022	$47,901.00		$47,901.00
2/28/2022	$355,434.79		$355,434.79
2/28/2022	$3,625.20		$3,625.20
2/28/2022	$3,591.70		$3,591.70
2/28/2022	$5,749.98		$5,749.98
2/28/2022	$109,399.15		$109,399.15
2/28/2022	$5,759.99		$5,759.99
2/28/2022	$0.00	$377,081.00	$377,081.00
2/28/2022	$36,507.63		$36,507.63

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
2/28/2022	$3,244.21		$3,244.21
2/28/2022	$24,589.74		$24,589.74
2/28/2022	$333,406.74		$333,406.74
2/28/2022	$347,529.18		$347,529.18
2/28/2022	$20,586.43		$20,586.43
2/28/2022	$34,931.65		$34,931.65
2/28/2022	$1,149,839.36		$1,149,839.36
2/28/2022	$1,225,935.44		$1,225,935.44
3/1/2022	$1,352.21		$1,352.21
3/1/2022	$12,675.79		$12,675.79
3/1/2022	$916.91		$916.91
3/1/2022	$2,029.26		$2,029.26
3/1/2022	$1,109.30		$1,109.30
3/1/2022	$30,346.74		$30,346.74
3/1/2022	$49,750.00		$49,750.00
3/1/2022	$29,467.58		$29,467.58
3/1/2022	$1,640.33		$1,640.33
3/1/2022	$2,223.28		$2,223.28
3/1/2022	$4,318.26		$4,318.26
3/1/2022	$6,615.42		$6,615.42
3/1/2022	$13,803.97		$13,803.97
3/1/2022	$4,856.69		$4,856.69
3/1/2022	$34,368.44		$34,368.44
3/1/2022	$5,114.91		$5,114.91
3/1/2022	$7,957.34		$7,957.34
3/1/2022	$1,900.08		$1,900.08
3/1/2022	$412,946.74		$412,946.74
3/1/2022	$85,969.56		$85,969.56
3/1/2022	$1,900.48		$1,900.48
3/1/2022	$46,911.53		$46,911.53
3/1/2022	$384,607.82		$384,607.82
3/1/2022	$17,395.31		$17,395.31
3/1/2022	$4,591.92		$4,591.92
3/1/2022	$6,767.70		$6,767.70
3/1/2022	$7,710.57		$7,710.57
3/1/2022	$12,474.08		$12,474.08
3/1/2022	$3,748.25		$3,748.25
3/1/2022	$4,191.52		$4,191.52
3/1/2022	$28,584.21		$28,584.21
3/1/2022	$36,027.14		$36,027.14
3/1/2022	$31,809.54		$31,809.54
3/1/2022	$9,490.95		$9,490.95
3/1/2022	$55,540.80		$55,540.80
3/1/2022	$763.16		$763.16
3/1/2022	$14,339.90		$14,339.90
3/1/2022	$258,520.31		$258,520.31
3/1/2022	$18,191.18		$18,191.18
3/1/2022	$1,482.95		$1,482.95
3/1/2022	$111,409.84		$111,409.84
3/1/2022	$2,230.30		$2,230.30
3/2/2022	$19,248.03		$19,248.03
3/2/2022	$890.74		$890.74
3/2/2022	$1,278.49		$1,278.49
3/2/2022	$2,016.74		$2,016.74
3/2/2022	$4,205.09		$4,205.09
3/2/2022	$4,837.26		$4,837.26
3/2/2022	$1,040.12		$1,040.12
3/2/2022	$2,385.91		$2,385.91
3/2/2022	$2,823.80		$2,823.80
3/2/2022	$1,591.76		$1,591.76
3/2/2022	$18,084.44		$18,084.44
3/2/2022	$40,721.83		$40,721.83
3/2/2022	$8,904.61		$8,904.61
3/2/2022	$664.08		$664.08
3/2/2022	$2,285.85		$2,285.85
3/2/2022	$938.91		$938.91
3/3/2022	$8,430.06		$8,430.06
3/3/2022	$2,255.72		$2,255.72
3/3/2022	$1,088.50		$1,088.50
3/3/2022	$11,420.96		$11,420.96
3/3/2022	$13,096.89		$13,096.89
3/3/2022	$15,625.04		$15,625.04
3/3/2022	$2,846.06		$2,846.06
3/3/2022	$1,915.51		$1,915.51
3/3/2022	$9,573.58		$9,573.58
3/3/2022	$25,000.00		$25,000.00
3/3/2022	$573.42		$573.42
3/3/2022	$30,367.30		$30,367.30
3/4/2022	$1,162.67		$1,162.67
3/4/2022	$703,421.11		$703,421.11
3/4/2022	$877.55		$877.55
3/7/2022	$1,317.53		$1,317.53
3/7/2022	$3,910.10		$3,910.10
3/7/2022	$2,201.42		$2,201.42
3/7/2022	$1,062.37		$1,062.37
3/7/2022	$19,650.02		$19,650.02
3/7/2022	$7,022.71		$7,022.71
3/7/2022	$459.95		$459.95
3/7/2022	$4,093.05		$4,093.05
3/7/2022	$19,149.16		$19,149.16
3/7/2022	$7,442.93		$7,442.93
3/7/2022	$2,220.26		$2,220.26
3/7/2022	$43,223.19		$43,223.19
3/7/2022	$714.07		$714.07
3/7/2022	$691.75		$691.75
3/7/2022	$15,000.00		$15,000.00
3/7/2022	$27,098.54		$27,098.54
3/7/2022	$4,631.94		$4,631.94
3/8/2022	$15,706.07		$15,706.07
3/8/2022	$2,521.76		$2,521.76
3/8/2022	$13,979.35		$13,979.35
3/8/2022	$1,136.85		$1,136.85
3/8/2022	$1,305.70		$1,305.70
3/8/2022	$7,399.82		$7,399.82
3/8/2022	$2,430.57		$2,430.57
3/8/2022	$1,896.53		$1,896.53
3/8/2022	$1,714.20		$1,714.20
3/9/2022	$15,701.14		$15,701.14
3/9/2022	$2,871.70		$2,871.70
3/9/2022	$2,316.56		$2,316.56
3/9/2022	$1,182.88		$1,182.88
3/9/2022	$233.89		$233.89
3/9/2022	$2,836.68		$2,836.68
3/9/2022	$3,082.51		$3,082.51
3/9/2022	$135,544.64		$135,544.64
3/9/2022	$2,869.00		$2,869.00
3/9/2022	$704.61		$704.61
3/9/2022	$1,352.01		$1,352.01
3/9/2022	$2,086.69		$2,086.69
3/9/2022	$694.55		$694.55

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
3/9/2022	$101,231.06		$101,231.06
3/10/2022	$4,254.38		$4,254.38
3/10/2022	$9,358.90		$9,358.90
3/10/2022	$2,810.66		$2,810.66
3/10/2022	$4,868.98		$4,868.98
3/10/2022	$47.93		$47.93
3/10/2022	$20,111.27		$20,111.27
3/10/2022	$6,981.17		$6,981.17
3/10/2022	$1,177.18		$1,177.18
3/10/2022	$1,177.18		$1,177.18
3/10/2022	$1,556.27		$1,556.27
3/10/2022	$1,791.36		$1,791.36
3/11/2022	$4,887.11		$4,887.11
3/11/2022	$0.01		$0.01
3/11/2022	$5,043.60		$5,043.60
3/14/2022	$2,316.81		$2,316.81
3/14/2022	$3,384.00		$3,384.00
3/14/2022	$7,104.10		$7,104.10
3/14/2022	$1,500.50		$1,500.50
3/14/2022	$1,616.61		$1,616.61
3/14/2022	$52,705.32		$52,705.32
3/14/2022	$2,370.49		$2,370.49
3/14/2022	$4,671.09		$4,671.09
3/14/2022	$1,150.45		$1,150.45
3/14/2022	$2,063.07		$2,063.07
3/14/2022	$4,772.25		$4,772.25
3/14/2022	$7,164.41		$7,164.41
3/15/2022	$991.77		$991.77
3/15/2022	$503.45		$503.45
3/15/2022	$12,200.66		$12,200.66
3/15/2022	$0.01		$0.01
3/15/2022	$6,577.54		$6,577.54
3/15/2022	$949.61		$949.61
3/15/2022	$1,339.10		$1,339.10
3/15/2022	$3,832.85		$3,832.85
3/15/2022	$1,480.64		$1,480.64
3/16/2022	$11,299.29		$11,299.29
3/17/2022	$691.46		$691.46
3/17/2022	$843.56		$843.56
3/17/2022	$2,940.02		$2,940.02
3/17/2022	$9,520.50		$9,520.50
3/17/2022	$0.00	$824,469.93	$824,469.93
3/17/2022	$3,000.00		$3,000.00
3/17/2022	$11,348.72		$11,348.72
3/17/2022	$4,670.80		$4,670.80
3/17/2022	$5,683.80		$5,683.80
3/18/2022	$27,795.20		$27,795.20
3/18/2022	$36,204.80		$36,204.80
3/18/2022	$13,803.97		$13,803.97
3/18/2022	$19,557.47		$19,557.47
3/18/2022	$3,915.46		$3,915.46
3/21/2022	$31,066.12		$31,066.12
3/21/2022	$1,928.12		$1,928.12
3/21/2022	$40,673.97		$40,673.97
3/21/2022	$4,027.19		$4,027.19
3/21/2022	$2,727.29		$2,727.29
3/21/2022	$6,330.61		$6,330.61
3/21/2022	$7,907.33		$7,907.33
3/21/2022	$1,418.04		$1,418.04
3/21/2022	$12,477.57		$12,477.57
3/21/2022	$49,976.85		$49,976.85
3/21/2022	$25,872.89		$25,872.89
3/22/2022	$30,346.74		$30,346.74
3/22/2022	$63,363.66		$63,363.66
3/22/2022	$14,486.06		$14,486.06
3/22/2022	$2,850.12		$2,850.12
3/22/2022	$0.00	$146,131.74	$146,131.74
3/22/2022	$14,216.37		$14,216.37
3/22/2022	$63,065.92		$63,065.92
3/22/2022	$3,177.12		$3,177.12
3/22/2022	$39,833.71		$39,833.71
3/23/2022	$2,327.06		$2,327.06
3/23/2022	$1,852.42		$1,852.42
3/23/2022	$920.07		$920.07
3/23/2022	$2,652.46		$2,652.46
3/23/2022	$7,446.85		$7,446.85
3/23/2022	$5,553.16		$5,553.16
3/23/2022	$2,988.45		$2,988.45
3/23/2022	$24,589.74		$24,589.74
3/23/2022	$32,205.60		$32,205.60
3/24/2022	$445.60		$445.60
3/24/2022	$11,448.02		$11,448.02
3/24/2022	$953.43		$953.43
3/24/2022	$131,940.55		$131,940.55
3/24/2022	$81,137.97		$81,137.97
3/24/2022	$2,823.80		$2,823.80
3/24/2022	$38,495.86		$38,495.86
3/24/2022	$8,904.61		$8,904.61
3/24/2022	$4,021.15		$4,021.15
3/24/2022	$2,285.85		$2,285.85
3/25/2022	$2,781.92		$2,781.92
3/25/2022	$22,838.70		$22,838.70
3/25/2022	$630.03		$630.03
3/25/2022	$1,123.54		$1,123.54
3/25/2022	$38,930.71		$38,930.71
3/25/2022	$1,053.45		$1,053.45
3/25/2022	$15,069.24		$15,069.24
3/25/2022	$19,149.16		$19,149.16
3/25/2022	$7,400.00		$7,400.00
3/25/2022	$8,135.69		$8,135.69
3/25/2022	$1,154.77		$1,154.77
3/25/2022	$1,791.36		$1,791.36
3/25/2022	$7,836.24		$7,836.24
3/28/2022	$8,899.74		$8,899.74
3/28/2022	$12,675.79		$12,675.79
3/28/2022	$4,684.26		$4,684.26
3/28/2022	$7,284.73		$7,284.73
3/28/2022	$7,772.14		$7,772.14
3/28/2022	$6,767.70		$6,767.70
3/28/2022	$3,591.70		$3,591.70
3/28/2022	$5,749.98		$5,749.98
3/28/2022	$5,759.99		$5,759.99
3/28/2022	$76,320.61		$76,320.61
3/28/2022	$2,230.30		$2,230.30
3/28/2022	$3,244.21		$3,244.21
3/28/2022	$6,366.64		$6,366.64
3/29/2022	$1,349.00		$1,349.00
3/29/2022	$7,957.34		$7,957.34
3/29/2022	$3,859.50		$3,859.50
3/29/2022	$6,240.80		$6,240.80

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
3/29/2022	$45,516.90		$45,516.90
3/29/2022	$10,047.47		$10,047.47
3/29/2022	$1,915.51		$1,915.51
3/29/2022	$3,748.25		$3,748.25
3/29/2022	$664.08		$664.08
3/29/2022	$36,507.63		$36,507.63
3/29/2022	$1,482.95		$1,482.95
3/30/2022	$15,701.14		$15,701.14
3/30/2022	$1,126.91		$1,126.91
3/30/2022	$1,088.50		$1,088.50
3/30/2022	$4,205.09		$4,205.09
3/30/2022	$15,625.04		$15,625.04
3/30/2022	$1,900.48		$1,900.48
3/30/2022	$1,288.63		$1,288.63
3/30/2022	$2,846.06		$2,846.06
3/30/2022	$18,084.44		$18,084.44
3/30/2022	$40,721.83		$40,721.83
3/30/2022	$15,463.77		$15,463.77
3/30/2022	$43,223.19		$43,223.19
3/30/2022	$4,191.52		$4,191.52
3/30/2022	$109,399.15		$109,399.15
3/30/2022	$5,934.90		$5,934.90
3/30/2022	$938.91		$938.91
3/30/2022	$7,429.38		$7,429.38
3/30/2022	$10,093.59		$10,093.59
3/30/2022	$42,041.04		$42,041.04
3/30/2022	$1,790.29		$1,790.29
3/30/2022	$1,680.90		$1,680.90
3/30/2022	$115,835.08		$115,835.08
3/31/2022	$39,576.83		$39,576.83
3/31/2022	$3,638.53		$3,638.53
3/31/2022	$29,467.58		$29,467.58
3/31/2022	$42,212.04		$42,212.04
3/31/2022	$50,736.80		$50,736.80
3/31/2022	$12,722.59		$12,722.59
3/31/2022	$1,540.76		$1,540.76
3/31/2022	$1,040.12		$1,040.12
3/31/2022	$951.56		$951.56
3/31/2022	$1,591.76		$1,591.76
3/31/2022	$47,901.00		$47,901.00
3/31/2022	$7,399.82		$7,399.82
3/31/2022	$6,981.17		$6,981.17
3/31/2022	$2,086.69		$2,086.69
3/31/2022	$14,339.90		$14,339.90
3/31/2022	$333,406.74		$333,406.74
3/31/2022	$347,529.18		$347,529.18
3/31/2022	$20,586.43		$20,586.43
3/31/2022	$34,931.65		$34,931.65
3/31/2022	$1,149,839.36		$1,149,839.36
3/31/2022	$1,225,935.44		$1,225,935.44
4/1/2022	$19,248.03		$19,248.03
4/1/2022	$1,109.30		$1,109.30
4/1/2022	$49,750.00		$49,750.00
4/1/2022	$4,318.26		$4,318.26
4/1/2022	$4,856.69		$4,856.69
4/1/2022	$34,368.44		$34,368.44
4/1/2022	$5,114.91		$5,114.91
4/1/2022	$85,969.56		$85,969.56
4/1/2022	$5,043.60		$5,043.60
4/1/2022	$46,911.53		$46,911.53
4/1/2022	$1,305.70		$1,305.70
4/1/2022	$384,607.82		$384,607.82
4/1/2022	$17,395.31		$17,395.31
4/1/2022	$9,573.58		$9,573.58
4/1/2022	$4,591.92		$4,591.92
4/1/2022	$40,721.83		$40,721.83
4/1/2022	$79,028.51		$79,028.51
4/1/2022	$7,710.57		$7,710.57
4/1/2022	$12,474.08		$12,474.08
4/1/2022	$28,584.21		$28,584.21
4/1/2022	$36,027.14		$36,027.14
4/1/2022	$31,809.54		$31,809.54
4/1/2022	$763.16		$763.16
4/1/2022	$258,520.31		$258,520.31
4/1/2022	$11,299.29		$11,299.29
4/1/2022	$18,191.18		$18,191.18
4/1/2022	$111,409.84		$111,409.84
4/4/2022	$13,936.44		$13,936.44
4/4/2022	$2,223.28		$2,223.28
4/4/2022	$1,278.49		$1,278.49
4/4/2022	$2,016.74		$2,016.74
4/4/2022	$10,186.93		$10,186.93
4/4/2022	$13,472.14		$13,472.14
4/4/2022	$412,946.74		$412,946.74
4/4/2022	$2,759.03		$2,759.03
4/4/2022	$2,869.00		$2,869.00
4/4/2022	$704.61		$704.61
4/4/2022	$4,093.05		$4,093.05
4/4/2022	$9,490.95		$9,490.95
4/4/2022	$55,540.80		$55,540.80
4/4/2022	$3,005.00		$3,005.00
4/4/2022	$2,988.45		$2,988.45
4/4/2022	$1,665.87		$1,665.87
4/5/2022	$1,352.21		$1,352.21
4/5/2022	$8,430.06		$8,430.06
4/5/2022	$1,317.53		$1,317.53
4/5/2022	$3,910.10		$3,910.10
4/5/2022	$1,640.33		$1,640.33
4/5/2022	$92,881.02		$92,881.02
4/5/2022	$6,615.42		$6,615.42
4/5/2022	$2,521.76		$2,521.76
4/5/2022	$2,385.91		$2,385.91
4/5/2022	$6,100.33		$6,100.33
4/5/2022	$1,162.67		$1,162.67
4/5/2022	$7,022.71		$7,022.71
4/5/2022	$1,352.01		$1,352.01
4/5/2022	$714.07		$714.07
4/5/2022	$2,430.57		$2,430.57
4/5/2022	$12,501.01		$12,501.01
4/5/2022	$30,367.30		$30,367.30
4/5/2022	$27,098.54		$27,098.54
4/5/2022	$4,491.31		$4,491.31
4/5/2022	$1,480.64		$1,480.64
4/6/2022	$459.95		$459.95
4/6/2022	$1,480.64		$1,480.64
4/7/2022	$2,810.66		$2,810.66
4/7/2022	$890.74		$890.74
4/7/2022	$2,255.72		$2,255.72
4/7/2022	$15,706.07		$15,706.07
4/7/2022	$3,082.51		$3,082.51

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
4/7/2022	$135,544.64		$135,544.64
4/7/2022	$19,650.02		$19,650.02
4/7/2022	$7,442.93		$7,442.93
4/7/2022	$28,040.13		$28,040.13
4/7/2022	$694.55		$694.55
4/7/2022	$691.75		$691.75
4/7/2022	$1,150.45		$1,150.45
4/7/2022	$573.42		$573.42
4/7/2022	$877.55		$877.55
4/7/2022	$4,631.94		$4,631.94
4/8/2022	$2,871.70		$2,871.70
4/8/2022	$9,358.90		$9,358.90
4/8/2022	$4,868.98		$4,868.98
4/8/2022	$503.45		$503.45
4/8/2022	$11,420.96		$11,420.96
4/8/2022	$13,096.89		$13,096.89
4/8/2022	$49,895.00		$49,895.00
4/8/2022	$4,768.64		$4,768.64
4/11/2022	$991.77		$991.77
4/11/2022	$2,201.42		$2,201.42
4/11/2022	$1,136.85		$1,136.85
4/11/2022	$1,500.50		$1,500.50
4/11/2022	$703,421.11		$703,421.11
4/11/2022	$25,000.00		$25,000.00
4/11/2022	$2,370.49		$2,370.49
4/11/2022	$15,000.00		$15,000.00
4/12/2022	$4,887.11		$4,887.11
4/12/2022	$65.10		$65.10
4/12/2022	$2,836.68		$2,836.68
4/12/2022	$1,062.37		$1,062.37
4/12/2022	$2,220.26		$2,220.26
4/12/2022	$101,231.06		$101,231.06
4/13/2022	$4,254.38		$4,254.38
4/13/2022	$1,928.12		$1,928.12
4/13/2022	$233.89		$233.89
4/13/2022	$1,418.04		$1,418.04
4/13/2022	$949.61		$949.61
4/13/2022	$9,301.05		$9,301.05
4/13/2022	$1,339.10		$1,339.10
4/13/2022	$4,772.25		$4,772.25
4/13/2022	$7,164.41		$7,164.41
4/14/2022	$2,781.92		$2,781.92
4/14/2022	$3,589.88		$3,589.88
4/14/2022	$2,316.81		$2,316.81
4/14/2022	$3,384.00		$3,384.00
4/14/2022	$2,823.80		$2,823.80
4/14/2022	$2,940.02		$2,940.02
4/14/2022	$6,577.54		$6,577.54
4/14/2022	$52,705.32		$52,705.32
4/14/2022	$20,111.27		$20,111.27
4/14/2022	$12,477.57		$12,477.57
4/14/2022	$4,671.09		$4,671.09
4/14/2022	$32,205.60		$32,205.60
4/14/2022	$49,976.85		$49,976.85
4/14/2022	$1,714.20		$1,714.20
4/15/2022	$8,978.81		$8,978.81
4/15/2022	$20,066.35		$20,066.35
4/15/2022	$20,674.00		$20,674.00
4/15/2022	$6,330.61		$6,330.61
4/15/2022	$6,973.10		$6,973.10
4/15/2022	$3,625.20		$3,625.20
4/15/2022	$3,832.85		$3,832.85
4/18/2022	$445.60		$445.60
4/18/2022	$2,316.56		$2,316.56
4/18/2022	$3,915.46		$3,915.46
4/18/2022	$5,553.16		$5,553.16
4/18/2022	$24,589.74		$24,589.74
4/18/2022	$4,670.80		$4,670.80
4/18/2022	$2,063.07		$2,063.07
4/19/2022	$953.43		$953.43
4/19/2022	$63,065.91		$63,065.91
4/19/2022	$1,556.27		$1,556.27
4/19/2022	$1,178.05		$1,178.05
4/20/2022	$31,066.12		$31,066.12
4/20/2022	$40,673.97		$40,673.97
4/20/2022	$27,795.20		$27,795.20
4/20/2022	$36,204.80		$36,204.80
4/20/2022	$843.56		$843.56
4/20/2022	$14,216.37		$14,216.37
4/20/2022	$2,285.85		$2,285.85
4/20/2022	$5,934.90		$5,934.90
4/21/2022	$13,936.44		$13,936.44
4/21/2022	$691.46		$691.46
4/21/2022	$46,440.51		$46,440.51
4/21/2022	$0.00	$59,996.40	$59,996.40
4/21/2022	$39,833.71		$39,833.71
4/21/2022	$7,907.33		$7,907.33
4/21/2022	$3,591.70		$3,591.70
4/21/2022	$3,000.00		$3,000.00
4/21/2022	$1,896.53		$1,896.53
4/21/2022	$1,896.53		$1,896.53
4/21/2022	$5,683.80		$5,683.80
4/22/2022	$8,899.74		$8,899.74
4/22/2022	$63,363.66		$63,363.66
4/22/2022	$13,803.97		$13,803.97
4/22/2022	$19,557.47		$19,557.47
4/22/2022	$4,027.19		$4,027.19
4/22/2022	$14,486.06		$14,486.06
4/22/2022	$38,930.71		$38,930.71
4/22/2022	$1,631.15		$1,631.15
4/22/2022	$7,446.85		$7,446.85
4/22/2022	$25,872.89		$25,872.89
4/25/2022	$131,940.55		$131,940.55
4/25/2022	$81,137.97		$81,137.97
4/25/2022	$4,684.26		$4,684.26
4/25/2022	$38,495.86		$38,495.86
4/25/2022	$4,768.64		$4,768.64
4/25/2022	$9,573.58		$9,573.58
4/25/2022	$4,021.15		$4,021.15
4/25/2022	$1,154.77		$1,154.77
4/25/2022	$3,244.21		$3,244.21
4/26/2022	$1,352.21		$1,352.21
4/26/2022	$12,675.79		$12,675.79
4/26/2022	$30,346.74		$30,346.74
4/26/2022	$4,205.09		$4,205.09
4/26/2022	$2,727.29		$2,727.29
4/26/2022	$2,652.46		$2,652.46
4/26/2022	$0.00	$400,000.00	$400,000.00
4/26/2022	$1,915.51		$1,915.51
4/26/2022	$3,177.12		$3,177.12

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
4/26/2022	$3,748.25		$3,748.25
4/26/2022	$4,191.52		$4,191.52
4/26/2022	$7,400.00		$7,400.00
4/26/2022	$1,482.95		$1,482.95
4/26/2022	$2,230.30		$2,230.30
4/26/2022	$1,791.36		$1,791.36
4/27/2022	$11,448.02		$11,448.02
4/27/2022	$630.03		$630.03
4/27/2022	$10,047.47		$10,047.47
4/27/2022	$16,163.00		$16,163.00
4/27/2022	$5,749.98		$5,749.98
4/27/2022	$43,223.19		$43,223.19
4/27/2022	$76,320.61		$76,320.61
4/27/2022	$938.91		$938.91
4/27/2022	$1,790.29		$1,790.29
4/27/2022	$115,835.08		$115,835.08
4/27/2022	$34,931.65		$34,931.65
4/28/2022	$3,638.53		$3,638.53
4/28/2022	$1,349.00		$1,349.00
4/28/2022	$29,467.58		$29,467.58
4/28/2022	$22,838.70		$22,838.70
4/28/2022	$177.98		$177.98
4/28/2022	$7,284.73		$7,284.73
4/28/2022	$15,625.04		$15,625.04
4/28/2022	$3,552.05		$3,552.05
4/28/2022	$40,721.83		$40,721.83
4/28/2022	$2,220.26		$2,220.26
4/28/2022	$109,399.15		$109,399.15
4/28/2022	$5,759.99		$5,759.99
4/28/2022	$9,520.50		$9,520.50
4/28/2022	$10,093.59		$10,093.59
4/28/2022	$42,041.04		$42,041.04
4/28/2022	$4,491.31		$4,491.31
4/28/2022	$7,836.24		$7,836.24
4/28/2022	$1,480.64		$1,480.64
4/29/2022	$1,109.30		$1,109.30
4/29/2022	$42,212.04		$42,212.04
4/29/2022	$50,736.80		$50,736.80
4/29/2022	$12,722.59		$12,722.59
4/29/2022	$1,540.76		$1,540.76
4/29/2022	$3,859.50		$3,859.50
4/29/2022	$6,240.80		$6,240.80
4/29/2022	$412,946.74		$412,946.74
4/29/2022	$951.56		$951.56
4/29/2022	$1,900.48		$1,900.48
4/29/2022	$5,043.60		$5,043.60
4/29/2022	$1,162.67		$1,162.67
4/29/2022	$46,911.53		$46,911.53
4/29/2022	$1,591.76		$1,591.76
4/29/2022	$7,772.14		$7,772.14
4/29/2022	$1,053.45		$1,053.45
4/29/2022	$15,069.24		$15,069.24
4/29/2022	$17,395.31		$17,395.31
4/29/2022	$3,625.20		$3,625.20
4/29/2022	$7,710.57		$7,710.57
4/29/2022	$12,474.08		$12,474.08
4/29/2022	$28,584.21		$28,584.21
4/29/2022	$36,507.63		$36,507.63
4/29/2022	$31,809.54		$31,809.54
4/29/2022	$763.16		$763.16
4/29/2022	$258,520.31		$258,520.31
4/29/2022	$11,299.29		$11,299.29
4/29/2022	$333,406.74		$333,406.74
4/29/2022	$347,529.18		$347,529.18
4/29/2022	$1,149,839.36		$1,149,839.36
4/29/2022	$1,225,935.44		$1,225,935.44
4/29/2022		$7,548,228.72	$7,548,228.72
5/2/2022	$1,126.91		$1,126.91
5/2/2022	$1,640.33		$1,640.33
5/2/2022	$4,318.26		$4,318.26
5/2/2022	$1,123.54		$1,123.54
5/2/2022	$4,856.69		$4,856.69
5/2/2022	$34,368.44		$34,368.44
5/2/2022	$5,114.91		$5,114.91
5/2/2022	$10,186.93		$10,186.93
5/2/2022	$13,472.14		$13,472.14
5/2/2022	$85,969.56		$85,969.56
5/2/2022	$2,759.03		$2,759.03
5/2/2022	$47,901.00		$47,901.00
5/2/2022	$384,607.82		$384,607.82
5/2/2022	$4,093.05		$4,093.05
5/2/2022	$84,911.22		$84,911.22
5/2/2022	$4,591.92		$4,591.92
5/2/2022	$6,767.70		$6,767.70
5/2/2022	$79,028.51		$79,028.51
5/2/2022	$40,721.83		$40,721.83
5/2/2022	$19,149.16		$19,149.16
5/2/2022	$25,000.00		$25,000.00
5/2/2022	$664.08		$664.08
5/2/2022	$36,027.14		$36,027.14
5/2/2022	$14,339.90		$14,339.90
5/2/2022	$111,409.84		$111,409.84
5/2/2022	$877.55		$877.55
5/2/2022	$20,586.43		$20,586.43
5/2/2022	$6,366.64		$6,366.64
5/3/2022	$19,248.03		$19,248.03
5/3/2022	$3,910.10		$3,910.10
5/3/2022	$6,615.42		$6,615.42
5/3/2022	$1,278.49		$1,278.49
5/3/2022	$2,016.74		$2,016.74
5/3/2022	$7,957.34		$7,957.34
5/3/2022	$7,022.71		$7,022.71
5/3/2022	$703,421.11		$703,421.11
5/3/2022	$0.00	$265,000.00	$265,000.00
5/3/2022	$704.61		$704.61
5/3/2022	$8,904.61		$8,904.61
5/3/2022	$9,490.95		$9,490.95
5/3/2022	$55,540.80		$55,540.80
5/3/2022	$18,191.18		$18,191.18
5/3/2022	$30,367.30		$30,367.30
5/4/2022	$8,430.06		$8,430.06
5/4/2022	$39,576.83		$39,576.83
5/4/2022	$1,317.53		$1,317.53
5/4/2022	$2,846.06		$2,846.06
5/4/2022	$1,305.70		$1,305.70
5/4/2022	$18,084.44		$18,084.44
5/4/2022	$1,352.01		$1,352.01
5/4/2022	$2,430.57		$2,430.57
5/4/2022	$4,631.94		$4,631.94
5/5/2022	$49,750.00		$49,750.00

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
5/5/2022	$2,255.72		$2,255.72
5/5/2022	$2,223.28		$2,223.28
5/5/2022	$11,420.96		$11,420.96
5/5/2022	$13,096.89		$13,096.89
5/5/2022	$1,040.12		$1,040.12
5/5/2022	$2,385.91		$2,385.91
5/5/2022	$38,641.44		$38,641.44
5/5/2022	$1,150.45		$1,150.45
5/5/2022	$1,665.87		$1,665.87
5/6/2022	$15,706.07		$15,706.07
5/6/2022	$2,521.76		$2,521.76
5/6/2022	$135,544.64		$135,544.64
5/6/2022	$2,869.00		$2,869.00
5/6/2022	$459.95		$459.95
5/6/2022	$7,442.93		$7,442.93
5/6/2022	$714.07		$714.07
5/6/2022	$5,951.46		$5,951.46
5/9/2022	$15,701.14		$15,701.14
5/9/2022	$9,358.90		$9,358.90
5/9/2022	$2,316.81		$2,316.81
5/9/2022	$3,384.00		$3,384.00
5/9/2022	$4,868.98		$4,868.98
5/9/2022	$3,082.51		$3,082.51
5/9/2022	$19,650.02		$19,650.02
5/9/2022	$1,500.50		$1,500.50
5/9/2022	$32,500.00		$32,500.00
5/9/2022	$573.42		$573.42
5/10/2022	$991.77		$991.77
5/10/2022	$2,871.70		$2,871.70
5/10/2022	$2,201.42		$2,201.42
5/10/2022	$2,810.66		$2,810.66
5/10/2022	$1,928.12		$1,928.12
5/10/2022	$2,836.68		$2,836.68
5/10/2022	$1,136.85		$1,136.85
5/10/2022	$1,062.37		$1,062.37
5/10/2022	$2,940.02		$2,940.02
5/10/2022	$20,111.27		$20,111.27
5/10/2022	$1,418.04		$1,418.04
5/10/2022	$6,981.17		$6,981.17
5/10/2022	$694.55		$694.55
5/10/2022	$691.75		$691.75
5/10/2022	$27,098.54		$27,098.54
5/10/2022	$2,571.30		$2,571.30
5/11/2022	$890.74		$890.74
5/11/2022	$6,100.33		$6,100.33
5/11/2022	$2,316.56		$2,316.56
5/11/2022	$949.61		$949.61
5/11/2022	$4,671.09		$4,671.09
5/12/2022	$503.45		$503.45
5/12/2022	$4,887.11		$4,887.11
5/12/2022	$133.20		$133.20
5/12/2022	$0.00	$425,000.00	$425,000.00
5/12/2022	$1,288.63		$1,288.63
5/12/2022	$7,399.82		$7,399.82
5/12/2022	$6,577.54		$6,577.54
5/12/2022	$9,301.05		$9,301.05
5/12/2022	$32,205.60		$32,205.60
5/12/2022	$49,976.85		$49,976.85
5/13/2022	$4,254.38		$4,254.38
5/13/2022	$52,705.32		$52,705.32
5/13/2022	$2,063.07		$2,063.07
5/16/2022	$9,154.91		$9,154.91
5/16/2022	$20,066.35		$20,066.35
5/16/2022	$20,674.00		$20,674.00
5/16/2022	$2,370.49		$2,370.49
5/16/2022	$101,231.06		$101,231.06
5/16/2022	$1,556.27		$1,556.27
5/16/2022	$24,589.74		$24,589.74
5/16/2022	$4,772.25		$4,772.25
5/16/2022	$7,164.41		$7,164.41
5/16/2022	$3,832.85		$3,832.85
5/17/2022	$233.89		$233.89
5/17/2022	$3,000.00		$3,000.00
5/17/2022	$25,002.02		$25,002.02
5/17/2022	$7,429.38		$7,429.38
5/17/2022	$5,683.80		$5,683.80
5/18/2022	$3,915.46		$3,915.46
5/19/2022	$2,781.92		$2,781.92
5/19/2022	$2,823.80		$2,823.80
5/19/2022	$0.00	$535,168.25	$535,168.25
5/20/2022	$31,066.12		$31,066.12
5/20/2022	$40,673.97		$40,673.97
5/20/2022	$27,795.20		$27,795.20
5/20/2022	$36,204.80		$36,204.80
5/20/2022	$13,803.97		$13,803.97
5/20/2022	$19,557.47		$19,557.47
5/20/2022	$14,216.37		$14,216.37
5/20/2022	$63,065.91		$63,065.91
5/20/2022	$5,553.16		$5,553.16
5/23/2022	$63,363.66		$63,363.66
5/23/2022	$1,123.54		$1,123.54
5/23/2022	$2,727.29		$2,727.29
5/23/2022	$843.56		$843.56
5/23/2022	$39,833.71		$39,833.71
5/23/2022	$7,907.33		$7,907.33
5/23/2022	$1,339.10		$1,339.10
5/23/2022	$6,366.64		$6,366.64
5/23/2022	$25,872.89		$25,872.89
5/23/2022	$4,670.80		$4,670.80
5/23/2022	$7,836.24		$7,836.24
5/24/2022	$30,346.74		$30,346.74
5/24/2022	$131,940.55		$131,940.55
5/24/2022	$46,440.51		$46,440.51
5/24/2022	$4,205.09		$4,205.09
5/24/2022	$14,486.06		$14,486.06
5/24/2022	$12,477.57		$12,477.57
5/24/2022	$4,021.15		$4,021.15
5/24/2022	$1,482.95		$1,482.95
5/24/2022	$1,590.16		$1,590.16
5/25/2022	$4,654.12		$4,654.12
5/25/2022	$3,704.84		$3,704.84
5/25/2022	$1,840.14		$1,840.14
5/25/2022	$4,027.19		$4,027.19
5/25/2022	$38,930.71		$38,930.71
5/25/2022	$38,495.86		$38,495.86
5/25/2022	$15,069.24		$15,069.24
5/25/2022	$7,446.85		$7,446.85
5/25/2022	$1,154.77		$1,154.77
5/25/2022	$115,835.08		$115,835.08
5/26/2022	$445.60		$445.60

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
5/26/2022	$13,936.44		$13,936.44
5/26/2022	$1,349.00		$1,349.00
5/26/2022	$953.43		$953.43
5/26/2022	$81,137.97		$81,137.97
5/26/2022	$2,652.46		$2,652.46
5/26/2022	$2,089.47		$2,089.47
5/26/2022	$3,177.12		$3,177.12
5/26/2022	$2,877.02		$2,877.02
5/26/2022	$43,223.19		$43,223.19
5/26/2022	$4,191.52		$4,191.52
5/26/2022	$31,809.54		$31,809.54
5/26/2022	$2,285.85		$2,285.85
5/26/2022	$5,934.90		$5,934.90
5/26/2022	$76,320.61		$76,320.61
5/26/2022	$1,791.36		$1,791.36
5/26/2022	$3,244.21		$3,244.21
5/26/2022	$10,093.59		$10,093.59
5/27/2022	$1,352.21		$1,352.21
5/27/2022	$12,675.79		$12,675.79
5/27/2022	$11,448.02		$11,448.02
5/27/2022	$29,467.58		$29,467.58
5/27/2022	$2,223.28		$2,223.28
5/27/2022	$22,838.70		$22,838.70
5/27/2022	$630.03		$630.03
5/27/2022	$7,284.73		$7,284.73
5/27/2022	$1,288.63		$1,288.63
5/27/2022	$3,552.05		$3,552.05
5/27/2022	$7,772.14		$7,772.14
5/27/2022	$1,053.45		$1,053.45
5/27/2022	$4,768.64		$4,768.64
5/27/2022	$2,333.32		$2,333.32
5/27/2022	$10,047.47		$10,047.47
5/27/2022	$3,591.70		$3,591.70
5/27/2022	$8,904.61		$8,904.61
5/27/2022	$5,759.99		$5,759.99
5/27/2022	$7,400.00		$7,400.00
5/27/2022	$36,507.63		$36,507.63
5/27/2022	$42,041.04		$42,041.04
5/27/2022	$1,790.29		$1,790.29
5/31/2022	$8,899.74		$8,899.74
5/31/2022	$42,212.04		$42,212.04
5/31/2022	$50,736.80		$50,736.80
5/31/2022	$12,722.59		$12,722.59
5/31/2022	$4,684.26		$4,684.26
5/31/2022	$1,540.76		$1,540.76
5/31/2022	$3,859.50		$3,859.50
5/31/2022	$6,240.80		$6,240.80
5/31/2022	$10,186.93		$10,186.93
5/31/2022	$13,472.14		$13,472.14
5/31/2022	$85,969.56		$85,969.56
5/31/2022	$3,240.66		$3,240.66
5/31/2022	$47,901.00		$47,901.00
5/31/2022	$9,573.58		$9,573.58
5/31/2022	$6,767.70		$6,767.70
5/31/2022	$16,163.00		$16,163.00
5/31/2022	$19,149.16		$19,149.16
5/31/2022	$25,000.00		$25,000.00
5/31/2022	$5,749.98		$5,749.98
5/31/2022	$109,399.15		$109,399.15
5/31/2022	$9,520.50		$9,520.50
5/31/2022	$664.08		$664.08
5/31/2022	$14,339.90		$14,339.90
5/31/2022	$2,230.30		$2,230.30
5/31/2022	$333,406.74		$333,406.74
5/31/2022	$347,529.18		$347,529.18
5/31/2022	$20,586.43		$20,586.43
5/31/2022	$34,931.65		$34,931.65
5/31/2022	$1,149,839.36		$1,149,839.36
5/31/2022	$1,225,935.44		$1,225,935.44
6/1/2022	$19,248.03		$19,248.03
6/1/2022	$15,701.14		$15,701.14
6/1/2022	$3,638.53		$3,638.53
6/1/2022	$1,109.30		$1,109.30
6/1/2022	$4,318.26		$4,318.26
6/1/2022	$4,856.69		$4,856.69
6/1/2022	$34,368.44		$34,368.44
6/1/2022	$5,114.91		$5,114.91
6/1/2022	$951.56		$951.56
6/1/2022	$1,162.67		$1,162.67
6/1/2022	$46,911.53		$46,911.53
6/1/2022	$1,591.76		$1,591.76
6/1/2022	$384,607.82		$384,607.82
6/1/2022	$17,395.31		$17,395.31
6/1/2022	$336,397.00		$336,397.00
6/1/2022	$4,591.92		$4,591.92
6/1/2022	$40,721.83		$40,721.83
6/1/2022	$7,710.57		$7,710.57
6/1/2022	$12,474.08		$12,474.08
6/1/2022	$28,584.21		$28,584.21
6/1/2022	$1,177.18		$1,177.18
6/1/2022	$1,203.53		$1,203.53
6/1/2022	$4,183.81		$4,183.81
6/1/2022	$36,027.14		$36,027.14
6/1/2022	$763.16		$763.16
6/1/2022	$258,520.31		$258,520.31
6/1/2022	$11,299.29		$11,299.29
6/1/2022	$18,191.18		$18,191.18
6/1/2022	$111,409.84		$111,409.84
6/1/2022	$938.91		$938.91
6/1/2022	$115,835.08		$115,835.08
6/2/2022	$49,750.00		$49,750.00
6/2/2022	$6,615.42		$6,615.42
6/2/2022	$1,278.49		$1,278.49
6/2/2022	$877.59		$877.59
6/2/2022	$1,040.12		$1,040.12
6/2/2022	$2,385.91		$2,385.91
6/2/2022	$7,957.34		$7,957.34
6/2/2022	$2,869.00		$2,869.00
6/2/2022	$0.00	$90,000.00	$90,000.00
6/2/2022	$7,022.71		$7,022.71
6/2/2022	$6,237.56		$6,237.56
6/2/2022	$3,550.31		$3,550.31
6/2/2022	$18,084.44		$18,084.44
6/2/2022	$40,721.83		$40,721.83
6/2/2022	$79,028.51		$79,028.51
6/2/2022	$2,220.26		$2,220.26
6/2/2022	$3,748.25		$3,748.25
6/2/2022	$30,367.30		$30,367.30
6/2/2022	$1,665.87		$1,665.87
6/3/2022	$8,430.06		$8,430.06

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
6/3/2022	$39,576.83		$39,576.83
6/3/2022	$1,317.53		$1,317.53
6/3/2022	$2,016.74		$2,016.74
6/3/2022	$15,625.04		$15,625.04
6/3/2022	$2,759.03		$2,759.03
6/3/2022	$2,846.06		$2,846.06
6/3/2022	$1,305.70		$1,305.70
6/3/2022	$703,421.11		$703,421.11
6/3/2022	$4,093.05		$4,093.05
6/3/2022	$1,352.01		$1,352.01
6/3/2022	$7,442.93		$7,442.93
6/3/2022	$7,836.24		$7,836.24
6/6/2022	$3,910.10		$3,910.10
6/6/2022	$1,640.33		$1,640.33
6/6/2022	$53.40		$53.40
6/6/2022	$11,420.96		$11,420.96
6/6/2022	$14,188.26		$14,188.26
6/6/2022	$15,279.18		$15,279.18
6/6/2022	$704.61		$704.61
6/6/2022	$714.07		$714.07
6/6/2022	$6,981.17		$6,981.17
6/6/2022	$5,951.46		$5,951.46
6/6/2022	$9,490.95		$9,490.95
6/6/2022	$55,540.80		$55,540.80
6/6/2022	$691.75		$691.75
6/6/2022	$877.55		$877.55
6/6/2022	$3,793.06		$3,793.06
6/6/2022	$4,631.94		$4,631.94
6/7/2022	$691.46		$691.46
6/7/2022	$15,706.07		$15,706.07
6/7/2022	$1,900.08		$1,900.08
6/7/2022	$13,979.35		$13,979.35
6/7/2022	$19,650.02		$19,650.02
6/7/2022	$7,399.82		$7,399.82
6/7/2022	$459.95		$459.95
6/7/2022	$32,500.00		$32,500.00
6/7/2022	$573.42		$573.42
6/8/2022	$9,358.90		$9,358.90
6/8/2022	$2,255.72		$2,255.72
6/8/2022	$3,082.51		$3,082.51
6/8/2022	$949.61		$949.61
6/9/2022	$2,871.70		$2,871.70
6/9/2022	$2,201.42		$2,201.42
6/9/2022	$890.74		$890.74
6/9/2022	$4,868.98		$4,868.98
6/9/2022	$135,544.64		$135,544.64
6/9/2022	$1,062.37		$1,062.37
6/9/2022	$2,940.02		$2,940.02
6/9/2022	$1,500.50		$1,500.50
6/9/2022	$2,370.49		$2,370.49
6/9/2022	$2,430.57		$2,430.57
6/9/2022	$694.55		$694.55
6/9/2022	$1,150.45		$1,150.45
6/9/2022	$101,231.06		$101,231.06
6/9/2022	$2,571.30		$2,571.30
6/10/2022	$233.89		$233.89
6/10/2022	$1,136.85		$1,136.85
6/10/2022	$0.00	$735,000.00	$735,000.00
6/10/2022	$5,043.60		$5,043.60
6/10/2022	$2,063.07		$2,063.07
6/13/2022	$991.77		$991.77
6/13/2022	$4,254.38		$4,254.38
6/13/2022	$503.45		$503.45
6/13/2022	$6,100.33		$6,100.33
6/13/2022	$2,836.68		$2,836.68
6/13/2022	$4,671.09		$4,671.09
6/13/2022	$27,098.54		$27,098.54
6/13/2022	$1,480.64		$1,480.64
6/14/2022	$1,928.12		$1,928.12
6/14/2022	$691.46		$691.46
6/14/2022	$0.00	$159,714.73	$159,714.73
6/14/2022	$52,705.32		$52,705.32
6/14/2022	$20,111.27		$20,111.27
6/14/2022	$128,576.22		$128,576.22
6/14/2022	$1,418.04		$1,418.04
6/14/2022	$5,553.16		$5,553.16
6/14/2022	$4,491.31		$4,491.31
6/14/2022	$25,872.89		$25,872.89
6/15/2022	$9,066.86		$9,066.86
6/15/2022	$20,066.35		$20,066.35
6/15/2022	$20,674.00		$20,674.00
6/15/2022	$2,316.56		$2,316.56
6/15/2022	$2,823.80		$2,823.80
6/15/2022	$2,877.02		$2,877.02
6/15/2022	$4,191.52		$4,191.52
6/15/2022	$3,832.85		$3,832.85
6/16/2022	$18,602.10		$18,602.10
6/16/2022	$24,589.74		$24,589.74
6/16/2022	$32,205.60		$32,205.60
6/16/2022	$49,976.85		$49,976.85
6/17/2022	$1,126.91		$1,126.91
6/17/2022	$2,316.81		$2,316.81
6/17/2022	$3,384.00		$3,384.00
6/17/2022	$13,803.97		$13,803.97
6/17/2022	$19,557.47		$19,557.47
6/17/2022	$4,027.19		$4,027.19
6/17/2022	$45,516.90		$45,516.90
6/17/2022	$6,577.54		$6,577.54
6/17/2022	$12,477.57		$12,477.57
6/17/2022	$1,556.27		$1,556.27
6/21/2022	$31,066.12		$31,066.12
6/21/2022	$40,673.97		$40,673.97
6/21/2022	$27,795.20		$27,795.20
6/21/2022	$36,204.80		$36,204.80
6/21/2022	$2,521.76		$2,521.76
6/21/2022	$4,887.11		$4,887.11
6/21/2022	$2,727.29		$2,727.29
6/21/2022	$412,946.74		$412,946.74
6/21/2022	$3,915.46		$3,915.46
6/21/2022	$63,065.91		$63,065.91
6/21/2022	$39,833.71		$39,833.71
6/21/2022	$3,625.20		$3,625.20
6/21/2022	$7,907.33		$7,907.33
6/21/2022	$2,988.45		$2,988.45
6/21/2022	$2,988.45		$2,988.45
6/21/2022	$35,000.00		$35,000.00
6/21/2022	$4,670.80		$4,670.80
6/21/2022	$4,772.25		$4,772.25
6/21/2022	$7,164.41		$7,164.41
6/21/2022	$5,683.80		$5,683.80

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
6/22/2022	$63,363.66		$63,363.66
6/22/2022	$14,486.06		$14,486.06
6/22/2022	$1,425.48		$1,425.48
6/22/2022	$843.56		$843.56
6/22/2022	$14,216.37		$14,216.37
6/22/2022	$38,930.71		$38,930.71
6/22/2022	$3,486.55		$3,486.55
6/22/2022	$7,446.85		$7,446.85
6/22/2022	$2,285.85		$2,285.85
6/22/2022	$12,501.01		$12,501.01
6/23/2022	$0.00	$36,712.10	$36,712.10
6/23/2022	$2,781.92		$2,781.92
6/23/2022	$13,936.44		$13,936.44
6/23/2022	$29,467.58		$29,467.58
6/23/2022	$46,440.51		$46,440.51
6/23/2022	$81,137.97		$81,137.97
6/23/2022	$2,652.46		$2,652.46
6/23/2022	$6,330.61		$6,330.61
6/23/2022	$38,495.86		$38,495.86
6/23/2022	$3,177.12		$3,177.12
6/23/2022	$3,000.00		$3,000.00
6/23/2022	$5,934.90		$5,934.90
6/24/2022	$445.60		$445.60
6/24/2022	$131,940.55		$131,940.55
6/24/2022	$22,838.70		$22,838.70
6/24/2022	$4,684.26		$4,684.26
6/24/2022	$1,053.45		$1,053.45
6/24/2022	$4,021.15		$4,021.15
6/24/2022	$7,429.38		$7,429.38
6/27/2022	$11,448.02		$11,448.02
6/27/2022	$630.03		$630.03
6/27/2022	$1,123.54		$1,123.54
6/27/2022	$15,625.04		$15,625.04
6/27/2022	$3,503.98		$3,503.98
6/27/2022	$6,767.70		$6,767.70
6/27/2022	$1,154.77		$1,154.77
6/27/2022	$10,093.59		$10,093.59
6/28/2022	$12,675.79		$12,675.79
6/28/2022	$4,205.09		$4,205.09
6/28/2022	$7,284.73		$7,284.73
6/28/2022	$15,069.24		$15,069.24
6/28/2022	$2,333.32		$2,333.32
6/28/2022	$704.61		$704.61
6/28/2022	$19,149.16		$19,149.16
6/28/2022	$3,591.70		$3,591.70
6/28/2022	$5,749.98		$5,749.98
6/28/2022	$3,748.25		$3,748.25
6/28/2022	$5,759.99		$5,759.99
6/28/2022	$7,400.00		$7,400.00
6/28/2022	$31,809.54		$31,809.54
6/28/2022	$1,482.95		$1,482.95
6/28/2022	$2,230.30		$2,230.30
6/28/2022	$3,244.21		$3,244.21
6/29/2022	$953.43		$953.43
6/29/2022	$2,327.06		$2,327.06
6/29/2022	$1,852.42		$1,852.42
6/29/2022	$920.07		$920.07
6/29/2022	$3,859.50		$3,859.50
6/29/2022	$6,240.80		$6,240.80
6/29/2022	$412,946.74		$412,946.74
6/29/2022	$1,900.48		$1,900.48
6/29/2022	$47,901.00		$47,901.00
6/29/2022	$17,395.31		$17,395.31
6/29/2022	$10,047.47		$10,047.47
6/29/2022	$16,163.00		$16,163.00
6/29/2022	$6,981.17		$6,981.17
6/29/2022	$36,507.63		$36,507.63
6/29/2022	$42,041.04		$42,041.04
6/29/2022	$115,835.08		$115,835.08
6/29/2022	$6,366.64		$6,366.64
6/30/2022	$19,248.03		$19,248.03
6/30/2022	$39,576.83		$39,576.83
6/30/2022	$6,615.42		$6,615.42
6/30/2022	$42,212.04		$42,212.04
6/30/2022	$50,736.80		$50,736.80
6/30/2022	$12,722.59		$12,722.59
6/30/2022	$1,540.76		$1,540.76
6/30/2022	$10,186.93		$10,186.93
6/30/2022	$13,472.14		$13,472.14
6/30/2022	$950.04		$950.04
6/30/2022	$7,772.14		$7,772.14
6/30/2022	$6,237.56		$6,237.56
6/30/2022	$3,550.31		$3,550.31
6/30/2022	$18,084.44		$18,084.44
6/30/2022	$40,721.83		$40,721.83
6/30/2022	$43,223.19		$43,223.19
6/30/2022	$109,399.15		$109,399.15
6/30/2022	$8,904.61		$8,904.61
6/30/2022	$9,520.50		$9,520.50
6/30/2022	$664.08		$664.08
6/30/2022	$333,406.74		$333,406.74
6/30/2022	$347,529.18		$347,529.18
6/30/2022	$1,790.29		$1,790.29
6/30/2022	$20,586.43		$20,586.43
6/30/2022	$4,491.31		$4,491.31
6/30/2022	$34,931.65		$34,931.65
6/30/2022	$1,149,839.36		$1,149,839.36
6/30/2022	$1,225,935.44		$1,225,935.44
6/30/2022	$5,390.52		$5,390.52
7/1/2022	$1,109.30		$1,109.30
7/1/2022	$49,750.00		$49,750.00
7/1/2022	$4,318.26		$4,318.26
7/1/2022	$4,856.69		$4,856.69
7/1/2022	$34,368.44		$34,368.44
7/1/2022	$877.59		$877.59
7/1/2022	$85,969.56		$85,969.56
7/1/2022	$951.56		$951.56
7/1/2022	$5,043.60		$5,043.60
7/1/2022	$46,911.53		$46,911.53
7/1/2022	$3,552.05		$3,552.05
7/1/2022	$2,846.06		$2,846.06
7/1/2022	$384,607.82		$384,607.82
7/1/2022	$336,397.00		$336,397.00
7/1/2022	$4,591.92		$4,591.92
7/1/2022	$7,710.57		$7,710.57
7/1/2022	$12,474.08		$12,474.08
7/1/2022	$25,000.00		$25,000.00
7/1/2022	$28,584.21		$28,584.21
7/1/2022	$36,027.14		$36,027.14
7/1/2022	$763.16		$763.16

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
7/1/2022	$14,339.90		$14,339.90
7/1/2022	$258,520.31		$258,520.31
7/1/2022	$11,299.29		$11,299.29
7/1/2022	$18,191.18		$18,191.18
7/1/2022	$111,409.84		$111,409.84
7/1/2022	$938.91		$938.91
7/5/2022	$15,701.14		$15,701.14
7/5/2022	$30,346.74		$30,346.74
7/5/2022	$1,126.91		$1,126.91
7/5/2022	$1,640.33		$1,640.33
7/5/2022	$2,223.28		$2,223.28
7/5/2022	$2,016.74		$2,016.74
7/5/2022	$5,114.91		$5,114.91
7/5/2022	$7,957.34		$7,957.34
7/5/2022	$1,162.67		$1,162.67
7/5/2022	$1,591.76		$1,591.76
7/5/2022	$1,305.70		$1,305.70
7/5/2022	$1,500.50		$1,500.50
7/5/2022	$703,421.11		$703,421.11
7/5/2022	$2,089.47		$2,089.47
7/5/2022	$9,573.58		$9,573.58
7/5/2022	$7,442.93		$7,442.93
7/5/2022	$2,430.57		$2,430.57
7/5/2022	$76,320.61		$76,320.61
7/5/2022	$30,367.30		$30,367.30
7/5/2022	$877.55		$877.55
7/6/2022	$8,430.06		$8,430.06
7/6/2022	$1,317.53		$1,317.53
7/6/2022	$3,638.53		$3,638.53
7/6/2022	$1,349.00		$1,349.00
7/6/2022	$3,589.88		$3,589.88
7/6/2022	$1,278.49		$1,278.49
7/6/2022	$3,146.88		$3,146.88
7/6/2022	$14,188.26		$14,188.26
7/6/2022	$1,842.34		$1,842.34
7/6/2022	$2,759.03		$2,759.03
7/6/2022	$1,288.63		$1,288.63
7/6/2022	$7,022.71		$7,022.71
7/6/2022	$119,750.34		$119,750.34
7/6/2022	$714.07		$714.07
7/6/2022	$1,177.18		$1,177.18
7/7/2022	$2,871.70		$2,871.70
7/7/2022	$3,910.10		$3,910.10
7/7/2022	$2,255.72		$2,255.72
7/7/2022	$135,544.64		$135,544.64
7/7/2022	$2,383.97		$2,383.97
7/7/2022	$101,231.06		$101,231.06
7/7/2022	$32,500.00		$32,500.00
7/7/2022	$573.42		$573.42
7/8/2022	$890.74		$890.74
7/8/2022	$15,706.07		$15,706.07
7/8/2022	$6,100.33		$6,100.33
7/8/2022	$233.89		$233.89
7/8/2022	$1,062.37		$1,062.37
7/8/2022	$459.95		$459.95
7/8/2022	$25,787.69		$25,787.69
7/8/2022	$1,352.01		$1,352.01
7/8/2022	$2,370.49		$2,370.49
7/8/2022	$2,086.69		$2,086.69
7/8/2022	$1,150.45		$1,150.45
7/8/2022	$1,791.36		$1,791.36
7/8/2022	$7,429.38		$7,429.38
7/8/2022	$27,098.54		$27,098.54
7/8/2022	$1,665.87		$1,665.87
7/8/2022	$4,631.94		$4,631.94
7/11/2022	$2,201.42		$2,201.42
7/11/2022	$9,358.90		$9,358.90
7/11/2022	$4,868.98		$4,868.98
7/11/2022	$503.45		$503.45
7/11/2022	$1,040.12		$1,040.12
7/11/2022	$2,385.91		$2,385.91
7/11/2022	$19,650.02		$19,650.02
7/11/2022	$2,089.47		$2,089.47
7/11/2022	$2,220.26		$2,220.26
7/11/2022	$9,490.95		$9,490.95
7/11/2022	$55,540.80		$55,540.80
7/11/2022	$691.75		$691.75
7/12/2022	$2,836.68		$2,836.68
7/12/2022	$2,823.80		$2,823.80
7/12/2022	$2,940.02		$2,940.02
7/12/2022	$7,399.82		$7,399.82
7/12/2022	$20,111.27		$20,111.27
7/12/2022	$3,000.00		$3,000.00
7/12/2022	$1,339.10		$1,339.10
7/12/2022	$2,571.30		$2,571.30
7/14/2022	$991.77		$991.77
7/14/2022	$4,254.38		$4,254.38
7/14/2022	$2,810.66		$2,810.66
7/14/2022	$2,810.66		$2,810.66
7/14/2022	$4,887.11		$4,887.11
7/14/2022	$2,316.56		$2,316.56
7/14/2022	$1,616.61		$1,616.61
7/14/2022	$4,768.64		$4,768.64
7/14/2022	$52,705.32		$52,705.32
7/14/2022	$694.55		$694.55
7/14/2022	$9,301.05		$9,301.05
7/14/2022	$4,772.25		$4,772.25
7/14/2022	$7,164.41		$7,164.41
7/15/2022	$8,899.74		$8,899.74
7/15/2022	$9,066.86		$9,066.86
7/15/2022	$20,066.35		$20,066.35
7/15/2022	$20,674.00		$20,674.00
7/15/2022	$3,082.51		$3,082.51
7/15/2022	$2,869.00		$2,869.00
7/15/2022	$3,625.20		$3,625.20
7/15/2022	$2,877.02		$2,877.02
7/15/2022	$12,477.57		$12,477.57
7/15/2022	$4,671.09		$4,671.09
7/15/2022	$1,556.27		$1,556.27
7/15/2022	$1,339.10		$1,339.10
7/15/2022	$12,501.01		$12,501.01
7/15/2022	$24,589.74		$24,589.74
7/15/2022	$32,205.60		$32,205.60
7/15/2022	$49,976.85		$49,976.85
7/15/2022	$4,670.80		$4,670.80
7/15/2022	$2,063.07		$2,063.07
7/15/2022	$3,832.85		$3,832.85
7/15/2022	$7,836.24		$7,836.24
7/18/2022	$1,928.12		$1,928.12
7/18/2022	$1,136.85		$1,136.85

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
7/18/2022	$3,915.46		$3,915.46
7/18/2022	$6,577.54		$6,577.54
7/18/2022	$1,418.04		$1,418.04
7/18/2022	$5,553.16		$5,553.16
7/18/2022	$41,165.82		$41,165.82
7/18/2022	$133,834.18		$133,834.18
7/19/2022	$2,316.81		$2,316.81
7/19/2022	$3,384.00		$3,384.00
7/19/2022	$691.46		$691.46
7/19/2022	$6,394.07		$6,394.07
7/19/2022	$14,216.37		$14,216.37
7/19/2022	$63,065.91		$63,065.91
7/19/2022	$3,177.12		$3,177.12
7/19/2022	$25,872.89		$25,872.89
7/20/2022	$31,066.12		$31,066.12
7/20/2022	$40,673.97		$40,673.97
7/20/2022	$27,795.20		$27,795.20
7/20/2022	$36,204.80		$36,204.80
7/21/2022	$13,936.44		$13,936.44
7/21/2022	$630.03		$630.03
7/21/2022	$46,440.51		$46,440.51
7/21/2022	$81,137.97		$81,137.97
7/21/2022	$843.56		$843.56
7/21/2022	$39,833.71		$39,833.71
7/21/2022	$7,907.33		$7,907.33
7/21/2022	$5,683.80		$5,683.80
7/22/2022	$63,363.66		$63,363.66
7/22/2022	$13,803.97		$13,803.97
7/22/2022	$19,557.47		$19,557.47
7/22/2022	$4,027.19		$4,027.19
7/22/2022	$14,486.06		$14,486.06
7/22/2022	$38,930.71		$38,930.71
7/22/2022	$4,768.64		$4,768.64
7/22/2022	$7,446.85		$7,446.85
7/25/2022	$445.60		$445.60
7/25/2022	$1,349.00		$1,349.00
7/25/2022	$2,223.28		$2,223.28
7/25/2022	$131,940.55		$131,940.55
7/25/2022	$4,205.09		$4,205.09
7/25/2022	$2,652.46		$2,652.46
7/25/2022	$1,288.63		$1,288.63
7/25/2022	$38,495.86		$38,495.86
7/25/2022	$3,591.70		$3,591.70
7/25/2022	$949.61		$949.61
7/25/2022	$7,400.00		$7,400.00
7/25/2022	$4,021.15		$4,021.15
7/25/2022	$1,154.77		$1,154.77
7/26/2022	$12,722.59		$12,722.59
7/26/2022	$0.00	$1,300,000.00	$1,300,000.00
7/26/2022	$950.04		$950.04
7/26/2022	$15,069.24		$15,069.24
7/26/2022	$1,915.51		$1,915.51
7/26/2022	$1,915.51		$1,915.51
7/26/2022	$1,915.51		$1,915.51
7/27/2022	$12,675.79		$12,675.79
7/27/2022	$4,684.26		$4,684.26
7/27/2022	$16,163.00		$16,163.00
7/27/2022	$4,191.52		$4,191.52
7/27/2022	$10,093.59		$10,093.59
7/27/2022	$115,835.08		$115,835.08
7/28/2022	$30,346.74		$30,346.74
7/28/2022	$29,467.58		$29,467.58
7/28/2022	$22,838.70		$22,838.70
7/28/2022	$2,327.06		$2,327.06
7/28/2022	$1,852.42		$1,852.42
7/28/2022	$920.07		$920.07
7/28/2022	$1,540.76		$1,540.76
7/28/2022	$7,284.73		$7,284.73
7/28/2022	$7,957.34		$7,957.34
7/28/2022	$412,946.74		$412,946.74
7/28/2022	$1,900.48		$1,900.48
7/28/2022	$10,047.47		$10,047.47
7/28/2022	$40,721.83		$40,721.83
7/28/2022	$5,749.98		$5,749.98
7/28/2022	$5,759.99		$5,759.99
7/28/2022	$31,809.54		$31,809.54
7/28/2022	$2,285.85		$2,285.85
7/28/2022	$5,934.90		$5,934.90
7/28/2022	$1,482.95		$1,482.95
7/28/2022	$76,320.61		$76,320.61
7/28/2022	$2,230.30		$2,230.30
7/28/2022	$3,244.21		$3,244.21
7/28/2022	$42,041.04		$42,041.04
7/28/2022	$6,366.64		$6,366.64
7/29/2022	$19,248.03		$19,248.03
7/29/2022	$3,638.53		$3,638.53
7/29/2022	$42,212.04		$42,212.04
7/29/2022	$50,736.80		$50,736.80
7/29/2022	$2,727.29		$2,727.29
7/29/2022	$3,859.50		$3,859.50
7/29/2022	$6,240.80		$6,240.80
7/29/2022	$15,625.04		$15,625.04
7/29/2022	$951.56		$951.56
7/29/2022	$6,330.61		$6,330.61
7/29/2022	$1,591.76		$1,591.76
7/29/2022	$1,062.37		$1,062.37
7/29/2022	$7,772.14		$7,772.14
7/29/2022	$2,333.32		$2,333.32
7/29/2022	$17,395.31		$17,395.31
7/29/2022	$9,573.58		$9,573.58
7/29/2022	$7,442.93		$7,442.93
7/29/2022	$3,625.20		$3,625.20
7/29/2022	$25,000.00		$25,000.00
7/29/2022	$109,399.15		$109,399.15
7/29/2022	$36,507.63		$36,507.63
7/29/2022	$350,000.00		$350,000.00
7/29/2022	$333,406.74		$333,406.74
7/29/2022	$347,529.18		$347,529.18
7/29/2022	$1,790.29		$1,790.29
7/29/2022	$34,931.65		$34,931.65
7/29/2022	$1,149,839.36		$1,149,839.36
7/29/2022	$1,225,935.44		$1,225,935.44
7/29/2022	$1,480.64		$1,480.64
8/1/2022	$11,448.02		$11,448.02
8/1/2022	$2,781.92		$2,781.92
8/1/2022	$15,701.14		$15,701.14
8/1/2022	$1,109.30		$1,109.30
8/1/2022	$953.43		$953.43
8/1/2022	$1,640.33		$1,640.33
8/1/2022	$4,318.26		$4,318.26

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
8/1/2022	$1,123.54		$1,123.54
8/1/2022	$4,856.69		$4,856.69
8/1/2022	$34,368.44		$34,368.44
8/1/2022	$14,188.26		$14,188.26
8/1/2022	$5,114.91		$5,114.91
8/1/2022	$10,186.93		$10,186.93
8/1/2022	$13,472.14		$13,472.14
8/1/2022	$85,969.56		$85,969.56
8/1/2022	$5,043.60		$5,043.60
8/1/2022	$1,162.67		$1,162.67
8/1/2022	$46,911.53		$46,911.53
8/1/2022	$3,552.05		$3,552.05
8/1/2022	$2,846.06		$2,846.06
8/1/2022	$7,022.71		$7,022.71
8/1/2022	$1,053.45		$1,053.45
8/1/2022	$2,089.47		$2,089.47
8/1/2022	$704.61		$704.61
8/1/2022	$384,607.82		$384,607.82
8/1/2022	$336,397.00		$336,397.00
8/1/2022	$4,591.92		$4,591.92
8/1/2022	$6,767.70		$6,767.70
8/1/2022	$119,750.34		$119,750.34
8/1/2022	$19,149.16		$19,149.16
8/1/2022	$2,430.39		$2,430.39
8/1/2022	$28,584.21		$28,584.21
8/1/2022	$9,520.50		$9,520.50
8/1/2022	$2,086.69		$2,086.69
8/1/2022	$664.08		$664.08
8/1/2022	$36,027.14		$36,027.14
8/1/2022	$763.16		$763.16
8/1/2022	$14,339.90		$14,339.90
8/1/2022	$258,520.31		$258,520.31
8/1/2022	$11,299.29		$11,299.29
8/1/2022	$18,191.18		$18,191.18
8/1/2022	$111,409.84		$111,409.84
8/1/2022	$938.91		$938.91
8/1/2022	$20,586.43		$20,586.43
8/2/2022	$1,317.53		$1,317.53
8/2/2022	$1,126.91		$1,126.91
8/2/2022	$49,750.00		$49,750.00
8/2/2022	$2,255.72		$2,255.72
8/2/2022	$6,615.42		$6,615.42
8/2/2022	$1,278.49		$1,278.49
8/2/2022	$2,016.74		$2,016.74
8/2/2022	$49,895.00		$49,895.00
8/2/2022	$703,421.11		$703,421.11
8/2/2022	$47,901.00		$47,901.00
8/2/2022	$640.88		$640.88
8/2/2022	$7,710.57		$7,710.57
8/2/2022	$12,474.08		$12,474.08
8/2/2022	$3,748.25		$3,748.25
8/2/2022	$8,904.61		$8,904.61
8/2/2022	$30,367.30		$30,367.30
8/2/2022	$4,491.31		$4,491.31
8/2/2022	$4,631.94		$4,631.94
8/3/2022	$8,430.06		$8,430.06
8/3/2022	$2,385.91		$2,385.91
8/3/2022	$3,486.55		$3,486.55
8/3/2022	$1,305.70		$1,305.70
8/3/2022	$6,237.56		$6,237.56
8/3/2022	$3,550.31		$3,550.31
8/3/2022	$18,084.44		$18,084.44
8/3/2022	$43,223.19		$43,223.19
8/3/2022	$1,177.18		$1,177.18
8/3/2022	$9,490.95		$9,490.95
8/3/2022	$55,540.80		$55,540.80
8/3/2022	$1,896.53		$1,896.53
8/4/2022	$39,576.83		$39,576.83
8/4/2022	$7,399.82		$7,399.82
8/4/2022	$2,220.26		$2,220.26
8/4/2022	$714.07		$714.07
8/4/2022	$2,430.57		$2,430.57
8/4/2022	$573.42		$573.42
8/4/2022	$7,429.38		$7,429.38
8/4/2022	$1,480.64		$1,480.64
8/5/2022	$9,358.90		$9,358.90
8/5/2022	$503.45		$503.45
8/5/2022	$15,706.07		$15,706.07
8/5/2022	$877.59		$877.59
8/5/2022	$2,759.03		$2,759.03
8/5/2022	$101,231.06		$101,231.06
8/5/2022	$1,791.36		$1,791.36
8/8/2022	$8,899.74		$8,899.74
8/8/2022	$991.77		$991.77
8/8/2022	$2,871.70		$2,871.70
8/8/2022	$2,201.42		$2,201.42
8/8/2022	$890.74		$890.74
8/8/2022	$4,868.98		$4,868.98
8/8/2022	$1,040.12		$1,040.12
8/8/2022	$135,544.64		$135,544.64
8/8/2022	$19,650.02		$19,650.02
8/8/2022	$1,500.50		$1,500.50
8/8/2022	$459.95		$459.95
8/8/2022	$1,352.01		$1,352.01
8/8/2022	$6,981.17		$6,981.17
8/8/2022	$691.75		$691.75
8/8/2022	$32,500.00		$32,500.00
8/8/2022	$1,556.27		$1,556.27
8/8/2022	$877.55		$877.55
8/8/2022	$27,098.54		$27,098.54
8/8/2022	$1,665.87		$1,665.87
8/9/2022	$1,928.12		$1,928.12
8/9/2022	$4,887.11		$4,887.11
8/9/2022	$709.17		$709.17
8/9/2022	$2,836.68		$2,836.68
8/9/2022	$1,136.85		$1,136.85
8/9/2022	$2,940.02		$2,940.02
8/9/2022	$20,111.27		$20,111.27
8/9/2022	$1,418.04		$1,418.04
8/9/2022	$1,339.10		$1,339.10
8/10/2022	$31,066.12		$31,066.12
8/10/2022	$2,810.66		$2,810.66
8/10/2022	$233.89		$233.89
8/10/2022	$4,671.09		$4,671.09
8/10/2022	$694.55		$694.55
8/10/2022	$32,205.60		$32,205.60
8/10/2022	$49,976.85		$49,976.85
8/11/2022	$2,869.00		$2,869.00
8/11/2022	$1,150.45		$1,150.45
8/12/2022	$4,254.38		$4,254.38

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
8/12/2022	$6,100.33		$6,100.33
8/12/2022	$2,316.56		$2,316.56
8/12/2022	$3,082.51		$3,082.51
8/12/2022	$6,577.54		$6,577.54
8/12/2022	$52,705.32		$52,705.32
8/12/2022	$949.61		$949.61
8/12/2022	$2,063.07		$2,063.07
8/12/2022	$4,772.25		$4,772.25
8/12/2022	$7,164.41		$7,164.41
8/12/2022	$5,683.80		$5,683.80
8/15/2022	$9,066.86		$9,066.86
8/15/2022	$20,066.35		$20,066.35
8/15/2022	$20,674.00		$20,674.00
8/15/2022	$24,589.74		$24,589.74
8/15/2022	$2,330.60		$2,330.60
8/15/2022	$3,832.85		$3,832.85
8/16/2022	$691.46		$691.46
8/16/2022	$843.56		$843.56
8/16/2022	$1,616.61		$1,616.61
8/16/2022	$3,177.12		$3,177.12
8/16/2022	$3,000.00		$3,000.00
8/16/2022	$25,872.89		$25,872.89
8/16/2022	$4,670.80		$4,670.80
8/16/2022	$2,571.30		$2,571.30
8/17/2022	$2,877.02		$2,877.02
8/18/2022	$3,915.46		$3,915.46
8/18/2022	$12,477.57		$12,477.57
8/18/2022	$5,553.16		$5,553.16
8/19/2022	$27,795.20		$27,795.20
8/19/2022	$36,204.80		$36,204.80
8/19/2022	$13,803.97		$13,803.97
8/19/2022	$19,557.47		$19,557.47
8/19/2022	$14,216.37		$14,216.37
8/19/2022	$63,065.91		$63,065.91
8/19/2022	$2,988.45		$2,988.45
8/19/2022	$2,988.45		$2,988.45
8/22/2022	$11,448.02		$11,448.02
8/22/2022	$63,363.66		$63,363.66
8/22/2022	$40,673.97		$40,673.97
8/22/2022	$2,727.29		$2,727.29
8/22/2022	$1,288.63		$1,288.63
8/22/2022	$4,768.64		$4,768.64
8/22/2022	$39,833.71		$39,833.71
8/22/2022	$7,907.33		$7,907.33
8/22/2022	$4,191.52		$4,191.52
8/22/2022	$9,520.50		$9,520.50
8/22/2022	$1,791.36		$1,791.36
8/22/2022	$1,790.29		$1,790.29
8/23/2022	$14,486.06		$14,486.06
8/23/2022	$2,652.46		$2,652.46
8/23/2022	$2,285.85		$2,285.85
8/23/2022	$1,482.95		$1,482.95
8/24/2022	$445.60		$445.60
8/24/2022	$8,899.74		$8,899.74
8/24/2022	$12,675.79		$12,675.79
8/24/2022	$131,940.55		$131,940.55
8/24/2022	$4,205.09		$4,205.09
8/24/2022	$4,027.19		$4,027.19
8/24/2022	$15,625.04		$15,625.04
8/24/2022	$38,930.71		$38,930.71
8/24/2022	$7,446.85		$7,446.85
8/24/2022	$5,749.98		$5,749.98
8/24/2022	$4,021.15		$4,021.15
8/24/2022	$2,827.38		$2,827.38
8/24/2022	$9,301.05		$9,301.05
8/24/2022	$76,320.61		$76,320.61
8/25/2022	$30,346.74		$30,346.74
8/25/2022	$29,467.58		$29,467.58
8/25/2022	$22,838.70		$22,838.70
8/25/2022	$46,440.51		$46,440.51
8/25/2022	$81,137.97		$81,137.97
8/25/2022	$4,684.26		$4,684.26
8/25/2022	$1,162.67		$1,162.67
8/25/2022	$38,495.86		$38,495.86
8/25/2022	$3,591.70		$3,591.70
8/25/2022	$7,400.00		$7,400.00
8/25/2022	$1,154.77		$1,154.77
8/25/2022	$10,093.59		$10,093.59
8/26/2022	$7,284.73		$7,284.73
8/26/2022	$6,330.61		$6,330.61
8/26/2022	$30,344.60		$30,344.60
8/26/2022	$1,053.45		$1,053.45
8/26/2022	$5,759.99		$5,759.99
8/26/2022	$12,501.01		$12,501.01
8/26/2022	$3,244.21		$3,244.21
8/26/2022	$7,836.24		$7,836.24
8/29/2022	$1,126.91		$1,126.91
8/29/2022	$1,640.33		$1,640.33
8/29/2022	$24.18		$24.18
8/29/2022	$2,316.81		$2,316.81
8/29/2022	$3,384.00		$3,384.00
8/29/2022	$14,188.26		$14,188.26
8/29/2022	$2,327.06		$2,327.06
8/29/2022	$1,852.42		$1,852.42
8/29/2022	$920.07		$920.07
8/29/2022	$3,859.50		$3,859.50
8/29/2022	$6,240.80		$6,240.80
8/29/2022	$1,900.48		$1,900.48
8/29/2022	$3,552.05		$3,552.05
8/29/2022	$6,767.70		$6,767.70
8/29/2022	$664.08		$664.08
8/29/2022	$36,507.63		$36,507.63
8/29/2022	$31,809.54		$31,809.54
8/29/2022	$7,429.38		$7,429.38
8/29/2022	$1,896.53		$1,896.53
8/30/2022	$3,638.53		$3,638.53
8/30/2022	$953.43		$953.43
8/30/2022	$630.03		$630.03
8/30/2022	$12,722.59		$12,722.59
8/30/2022	$1,591.76		$1,591.76
8/30/2022	$7,772.14		$7,772.14
8/30/2022	$2,089.47		$2,089.47
8/30/2022	$47,901.00		$47,901.00
8/30/2022	$1,946.71		$1,946.71
8/30/2022	$19,149.16		$19,149.16
8/30/2022	$109,399.15		$109,399.15
8/30/2022	$2,230.30		$2,230.30
8/30/2022	$42,041.04		$42,041.04
8/31/2022	$15,701.14		$15,701.14
8/31/2022	$3,910.10		$3,910.10

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
8/31/2022	$1,349.00		$1,349.00
8/31/2022	$890.74		$890.74
8/31/2022	$42,212.04		$42,212.04
8/31/2022	$50,736.80		$50,736.80
8/31/2022	$1,540.76		$1,540.76
8/31/2022	$412,946.74		$412,946.74
8/31/2022	$2,759.03		$2,759.03
8/31/2022	$951.56		$951.56
8/31/2022	$1,305.70		$1,305.70
8/31/2022	$18,084.44		$18,084.44
8/31/2022	$2,333.32		$2,333.32
8/31/2022	$704.61		$704.61
8/31/2022	$17,395.31		$17,395.31
8/31/2022	$10,047.47		$10,047.47
8/31/2022	$9,573.58		$9,573.58
8/31/2022	$40,721.83		$40,721.83
8/31/2022	$16,163.00		$16,163.00
8/31/2022	$43,223.19		$43,223.19
8/31/2022	$14,339.90		$14,339.90
8/31/2022	$5,934.90		$5,934.90
8/31/2022	$938.91		$938.91
8/31/2022	$877.55		$877.55
8/31/2022	$333,406.74		$333,406.74
8/31/2022	$347,529.18		$347,529.18
8/31/2022	$20,586.43		$20,586.43
8/31/2022	$115,835.08		$115,835.08
8/31/2022	$32,948.05		$32,948.05
8/31/2022	$1,149,839.36		$1,149,839.36
8/31/2022	$1,225,935.44		$1,225,935.44
9/1/2022	$39,576.83		$39,576.83
9/1/2022	$1,317.53		$1,317.53
9/1/2022	$1,109.30		$1,109.30
9/1/2022	$3,910.10		$3,910.10
9/1/2022	$4,318.26		$4,318.26
9/1/2022	$4,856.69		$4,856.69
9/1/2022	$34,368.44		$34,368.44
9/1/2022	$5,114.91		$5,114.91
9/1/2022	$1,040.12		$1,040.12
9/1/2022	$2,385.91		$2,385.91
9/1/2022	$7,957.34		$7,957.34
9/1/2022	$85,969.56		$85,969.56
9/1/2022	$2,823.80		$2,823.80
9/1/2022	$1,900.48		$1,900.48
9/1/2022	$5,043.60		$5,043.60
9/1/2022	$46,911.53		$46,911.53
9/1/2022	$2,846.06		$2,846.06
9/1/2022	$7,022.71		$7,022.71
9/1/2022	$15,069.24		$15,069.24
9/1/2022	$7,399.82		$7,399.82
9/1/2022	$384,607.82		$384,607.82
9/1/2022	$336,397.00		$336,397.00
9/1/2022	$4,591.92		$4,591.92
9/1/2022	$7,710.57		$7,710.57
9/1/2022	$12,474.08		$12,474.08
9/1/2022	$25,000.00		$25,000.00
9/1/2022	$3,748.25		$3,748.25
9/1/2022	$6,981.17		$6,981.17
9/1/2022	$28,584.21		$28,584.21
9/1/2022	$36,027.14		$36,027.14
9/1/2022	$9,490.95		$9,490.95
9/1/2022	$55,540.80		$55,540.80
9/1/2022	$763.16		$763.16
9/1/2022	$3,000.00		$3,000.00
9/1/2022	$258,520.31		$258,520.31
9/1/2022	$11,299.29		$11,299.29
9/1/2022	$18,191.18		$18,191.18
9/1/2022	$111,409.84		$111,409.84
9/1/2022	$4,491.31		$4,491.31
9/1/2022	$4,631.94		$4,631.94
9/2/2022	$19,248.03		$19,248.03
9/2/2022	$2,255.72		$2,255.72
9/2/2022	$1,278.49		$1,278.49
9/2/2022	$2,016.74		$2,016.74
9/2/2022	$877.59		$877.59
9/2/2022	$7,442.93		$7,442.93
9/2/2022	$2,220.26		$2,220.26
9/6/2022	$8,430.06		$8,430.06
9/6/2022	$2,223.28		$2,223.28
9/6/2022	$10,186.90		$10,186.90
9/6/2022	$0.03		$0.03
9/6/2022	$0.02		$0.02
9/6/2022	$13,472.12		$13,472.12
9/6/2022	$6,237.56		$6,237.56
9/6/2022	$3,550.31		$3,550.31
9/6/2022	$714.07		$714.07
9/6/2022	$691.75		$691.75
9/6/2022	$101,231.06		$101,231.06
9/6/2022	$573.42		$573.42
9/6/2022	$27,098.54		$27,098.54
9/6/2022	$1,665.87		$1,665.87
9/7/2022	$49,750.00		$49,750.00
9/7/2022	$9,510.58		$9,510.58
9/7/2022	$2,869.00		$2,869.00
9/7/2022	$703,421.11		$703,421.11
9/7/2022	$459.95		$459.95
9/7/2022	$2,430.57		$2,430.57
9/7/2022	$1,150.45		$1,150.45
9/8/2022	$2,871.70		$2,871.70
9/8/2022	$6,615.42		$6,615.42
9/8/2022	$15,706.07		$15,706.07
9/8/2022	$950.04		$950.04
9/8/2022	$3,082.51		$3,082.51
9/8/2022	$135,544.64		$135,544.64
9/8/2022	$1,062.37		$1,062.37
9/8/2022	$3,486.55		$3,486.55
9/8/2022	$19,650.02		$19,650.02
9/8/2022	$2,940.02		$2,940.02
9/8/2022	$8,904.61		$8,904.61
9/8/2022	$30,367.30		$30,367.30
9/9/2022	$1,123.54		$1,123.54
9/9/2022	$5,951.46		$5,951.46
9/12/2022	$4,868.98		$4,868.98
9/12/2022	$233.89		$233.89
9/12/2022	$2,836.68		$2,836.68
9/12/2022	$1,500.50		$1,500.50
9/12/2022	$2,370.49		$2,370.49
9/12/2022	$2,086.69		$2,086.69
9/12/2022	$697.59		$697.59
9/12/2022	$6,366.64		$6,366.64
9/12/2022	$2,063.07		$2,063.07

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
9/13/2022	$991.77		$991.77
9/13/2022	$2,316.56		$2,316.56
9/13/2022	$203.17		$203.17
9/13/2022	$13,979.35		$13,979.35
9/13/2022	$25,761.26		$25,761.26
9/13/2022	$3,177.12		$3,177.12
9/13/2022	$4,671.09		$4,671.09
9/13/2022	$4,772.25		$4,772.25
9/13/2022	$7,164.41		$7,164.41
9/14/2022	$2,201.42		$2,201.42
9/14/2022	$52,705.32		$52,705.32
9/14/2022	$5,683.80		$5,683.80
9/15/2022	$4,254.38		$4,254.38
9/15/2022	$691.46		$691.46
9/15/2022	$1,136.85		$1,136.85
9/15/2022	$20,111.27		$20,111.27
9/15/2022	$1,556.27		$1,556.27
9/15/2022	$3,832.85		$3,832.85
9/16/2022	$1,928.12		$1,928.12
9/16/2022	$6,577.54		$6,577.54
9/16/2022	$3,625.20		$3,625.20
9/16/2022	$1,418.04		$1,418.04
9/16/2022	$24,589.74		$24,589.74
9/19/2022	$9,066.86		$9,066.86
9/19/2022	$20,066.35		$20,066.35
9/19/2022	$20,674.00		$20,674.00
9/19/2022	$2,727.29		$2,727.29
9/19/2022	$843.56		$843.56
9/19/2022	$2,823.80		$2,823.80
9/19/2022	$14,216.37		$14,216.37
9/19/2022	$1,288.63		$1,288.63
9/19/2022	$3,915.46		$3,915.46
9/19/2022	$1,352.01		$1,352.01
9/19/2022	$949.61		$949.61
9/19/2022	$5,553.16		$5,553.16
9/19/2022	$32,205.60		$32,205.60
9/19/2022	$49,976.85		$49,976.85
9/19/2022	$25,872.89		$25,872.89
9/19/2022	$1,480.64		$1,480.64
9/20/2022	$40,673.97		$40,673.97
9/20/2022	$27,795.20		$27,795.20
9/20/2022	$36,204.80		$36,204.80
9/20/2022	$2,652.46		$2,652.46
9/20/2022	$63,065.91		$63,065.91
9/20/2022	$1,616.61		$1,616.61
9/20/2022	$3,591.70		$3,591.70
9/21/2022	$445.60		$445.60
9/21/2022	$2,810.66		$2,810.66
9/21/2022	$29,467.58		$29,467.58
9/21/2022	$3,486.55		$3,486.55
9/21/2022	$4,768.64		$4,768.64
9/21/2022	$39,833.71		$39,833.71
9/21/2022	$7,907.33		$7,907.33
9/21/2022	$9,520.50		$9,520.50
9/21/2022	$2,285.85		$2,285.85
9/21/2022	$9,301.05		$9,301.05
9/21/2022	$4,670.80		$4,670.80
9/22/2022	$11,448.02		$11,448.02
9/22/2022	$63,363.66		$63,363.66
9/22/2022	$14,486.06		$14,486.06
9/22/2022	$12,477.57		$12,477.57
9/22/2022	$76,320.61		$76,320.61
9/22/2022	$1,714.20		$1,714.20
9/23/2022	$1,349.00		$1,349.00
9/23/2022	$13,803.97		$13,803.97
9/23/2022	$19,557.47		$19,557.47
9/23/2022	$6,330.61		$6,330.61
9/23/2022	$38,930.71		$38,930.71
9/23/2022	$38,495.86		$38,495.86
9/23/2022	$7,446.85		$7,446.85
9/23/2022	$2,877.02		$2,877.02
9/23/2022	$7,836.24		$7,836.24
9/26/2022	$12,675.79		$12,675.79
9/26/2022	$14,023.54		$14,023.54
9/26/2022	$13,936.44		$13,936.44
9/26/2022	$131,940.55		$131,940.55
9/26/2022	$511.34		$511.34
9/26/2022	$81,137.97		$81,137.97
9/26/2022	$4,205.09		$4,205.09
9/26/2022	$4,027.19		$4,027.19
9/26/2022	$145.60		$145.60
9/26/2022	$5,749.98		$5,749.98
9/26/2022	$4,021.15		$4,021.15
9/26/2022	$32,500.00		$32,500.00
9/26/2022	$1,154.77		$1,154.77
9/26/2022	$1,339.10		$1,339.10
9/26/2022	$2,230.30		$2,230.30
9/27/2022	$30,346.74		$30,346.74
9/27/2022	$3,589.88		$3,589.88
9/27/2022	$2,316.81		$2,316.81
9/27/2022	$3,384.00		$3,384.00
9/27/2022	$46,440.51		$46,440.51
9/27/2022	$14,188.26		$14,188.26
9/27/2022	$4,887.11		$4,887.11
9/27/2022	$1,900.48		$1,900.48
9/27/2022	$704.61		$704.61
9/27/2022	$43,223.19		$43,223.19
9/27/2022	$7,400.00		$7,400.00
9/27/2022	$1,482.95		$1,482.95
9/27/2022	$3,244.21		$3,244.21
9/27/2022	$1,790.29		$1,790.29
9/27/2022	$1,896.53		$1,896.53
9/28/2022	$8,899.74		$8,899.74
9/28/2022	$3,638.53		$3,638.53
9/28/2022	$953.43		$953.43
9/28/2022	$503.45		$503.45
9/28/2022	$630.03		$630.03
9/28/2022	$7,284.73		$7,284.73
9/28/2022	$412,946.74		$412,946.74
9/28/2022	$49,895.00		$49,895.00
9/28/2022	$17,395.31		$17,395.31
9/28/2022	$40,721.83		$40,721.83
9/28/2022	$16,163.00		$16,163.00
9/28/2022	$8,904.61		$8,904.61
9/28/2022	$0.00	$389,044.08	$389,044.08
9/28/2022	$31,809.54		$31,809.54
9/28/2022	$5,934.90		$5,934.90
9/28/2022	$938.91		$938.91
9/28/2022	$7,429.38		$7,429.38
9/28/2022	$10,093.59		$10,093.59

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
9/28/2022	$115,835.08		$115,835.08
9/29/2022	$39,576.83		$39,576.83
9/29/2022	$15,701.14		$15,701.14
9/29/2022	$22,838.70		$22,838.70
9/29/2022	$1,123.54		$1,123.54
9/29/2022	$2,327.06		$2,327.06
9/29/2022	$1,852.42		$1,852.42
9/29/2022	$920.07		$920.07
9/29/2022	$1,540.76		$1,540.76
9/29/2022	$7,957.34		$7,957.34
9/29/2022	$3,859.50		$3,859.50
9/29/2022	$6,240.80		$6,240.80
9/29/2022	$10,186.93		$10,186.93
9/29/2022	$13,472.14		$13,472.14
9/29/2022	$1,591.76		$1,591.76
9/29/2022	$6,237.56		$6,237.56
9/29/2022	$3,550.31		$3,550.31
9/29/2022	$15,069.24		$15,069.24
9/29/2022	$47,901.00		$47,901.00
9/29/2022	$10,047.47		$10,047.47
9/29/2022	$36,507.63		$36,507.63
9/29/2022	$42,041.04		$42,041.04
9/29/2022	$4,491.31		$4,491.31
9/30/2022	$5,563.84		$5,563.84
9/30/2022	$1,109.30		$1,109.30
9/30/2022	$31,066.12		$31,066.12
9/30/2022	$42,212.04		$42,212.04
9/30/2022	$50,736.80		$50,736.80
9/30/2022	$4,538.66		$4,538.66
9/30/2022	$951.56		$951.56
9/30/2022	$5,043.60		$5,043.60
9/30/2022	$46,911.53		$46,911.53
9/30/2022	$7,772.14		$7,772.14
9/30/2022	$1,305.70		$1,305.70
9/30/2022	$1,053.45		$1,053.45
9/30/2022	$2,089.47		$2,089.47
9/30/2022	$2,333.32		$2,333.32
9/30/2022	$9,573.58		$9,573.58
9/30/2022	$240,249.12		$240,249.12
9/30/2022	$25,000.00		$25,000.00
9/30/2022	$2,220.26		$2,220.26
9/30/2022	$109,399.15		$109,399.15
9/30/2022	$28,584.21		$28,584.21
9/30/2022	$1,185.04		$1,185.04
9/30/2022	$1,177.18		$1,177.18
9/30/2022	$763.16		$763.16
9/30/2022	$258,520.31		$258,520.31
9/30/2022	$11,299.29		$11,299.29
9/30/2022	$333,406.74		$333,406.74
9/30/2022	$347,529.18		$347,529.18
9/30/2022	$20,586.43		$20,586.43
9/30/2022	$34,931.65		$34,931.65
9/30/2022	$1,149,839.36		$1,149,839.36
9/30/2022	$1,225,935.44		$1,225,935.44
9/30/2022		$726,595.56	$726,595.56
10/3/2022	$1,317.53		$1,317.53
10/3/2022	$3,910.10		$3,910.10
10/3/2022	$49,750.00		$49,750.00
10/3/2022	$1,640.33		$1,640.33
10/3/2022	$2,223.28		$2,223.28
10/3/2022	$4,318.26		$4,318.26
10/3/2022	$4,856.69		$4,856.69
10/3/2022	$34,368.44		$34,368.44
10/3/2022	$12,722.59		$12,722.59
10/3/2022	$5,114.91		$5,114.91
10/3/2022	$15,625.04		$15,625.04
10/3/2022	$7,022.71		$7,022.71
10/3/2022	$384,607.82		$384,607.82
10/3/2022	$336,397.00		$336,397.00
10/3/2022	$1,915.51		$1,915.51
10/3/2022	$4,591.92		$4,591.92
10/3/2022	$6,767.70		$6,767.70
10/3/2022	$19,149.16		$19,149.16
10/3/2022	$7,710.57		$7,710.57
10/3/2022	$12,474.08		$12,474.08
10/3/2022	$2,086.69		$2,086.69
10/3/2022	$664.08		$664.08
10/3/2022	$36,027.14		$36,027.14
10/3/2022	$14,339.90		$14,339.90
10/3/2022	$18,191.18		$18,191.18
10/3/2022	$111,409.84		$111,409.84
10/4/2022	$19,248.03		$19,248.03
10/4/2022	$2,255.72		$2,255.72
10/4/2022	$158.33		$158.33
10/4/2022	$9,733.83		$9,733.83
10/4/2022	$6,615.42		$6,615.42
10/4/2022	$1,278.49		$1,278.49
10/4/2022	$2,016.74		$2,016.74
10/4/2022	$1,040.12		$1,040.12
10/4/2022	$85,969.56		$85,969.56
10/4/2022	$2,759.03		$2,759.03
10/4/2022	$2,940.02		$2,940.02
10/4/2022	$3,625.20		$3,625.20
10/4/2022	$3,748.25		$3,748.25
10/4/2022	$2,430.57		$2,430.57
10/4/2022	$9,490.95		$9,490.95
10/4/2022	$55,540.80		$55,540.80
10/4/2022	$1,150.45		$1,150.45
10/4/2022	$3,000.00		$3,000.00
10/4/2022	$101,231.06		$101,231.06
10/4/2022	$30,367.30		$30,367.30
10/4/2022	$1,665.87		$1,665.87
10/4/2022	$4,631.94		$4,631.94
10/5/2022	$8,430.06		$8,430.06
10/5/2022	$2,385.91		$2,385.91
10/5/2022	$2,869.00		$2,869.00
10/5/2022	$703,421.11		$703,421.11
10/5/2022	$18,084.44		$18,084.44
10/5/2022	$691.75		$691.75
10/5/2022	$32,500.00		$32,500.00
10/5/2022	$573.42		$573.42
10/6/2022	$9,358.90		$9,358.90
10/6/2022	$2,846.06		$2,846.06
10/6/2022	$1,352.01		$1,352.01
10/6/2022	$7,442.93		$7,442.93
10/6/2022	$2,370.49		$2,370.49
10/6/2022	$4,191.52		$4,191.52
10/6/2022	$1,791.36		$1,791.36
10/6/2022	$6,366.64		$6,366.64
10/7/2022	$15,706.07		$15,706.07

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
10/7/2022	$877.59		$877.59
10/7/2022	$135,544.64		$135,544.64
10/7/2022	$714.07		$714.07
10/7/2022	$6,981.17		$6,981.17
10/11/2022	$991.77		$991.77
10/11/2022	$2,871.70		$2,871.70
10/11/2022	$2,201.42		$2,201.42
10/11/2022	$1,126.91		$1,126.91
10/11/2022	$1,928.12		$1,928.12
10/11/2022	$890.74		$890.74
10/11/2022	$4,868.98		$4,868.98
10/11/2022	$2,316.56		$2,316.56
10/11/2022	$233.89		$233.89
10/11/2022	$2,836.68		$2,836.68
10/11/2022	$1,136.85		$1,136.85
10/11/2022	$1,162.67		$1,162.67
10/11/2022	$1,062.37		$1,062.37
10/11/2022	$19,650.02		$19,650.02
10/11/2022	$1,500.50		$1,500.50
10/11/2022	$459.95		$459.95
10/11/2022	$1,418.04		$1,418.04
10/11/2022	$4,671.09		$4,671.09
10/11/2022	$694.55		$694.55
10/11/2022	$12,501.01		$12,501.01
10/11/2022	$877.55		$877.55
10/11/2022	$27,098.54		$27,098.54
10/12/2022	$203.17		$203.17
10/12/2022	$6,577.54		$6,577.54
10/12/2022	$9,301.05		$9,301.05
10/13/2022	$4,254.38		$4,254.38
10/13/2022	$2,316.81		$2,316.81
10/13/2022	$1,114.96		$1,114.96
10/13/2022	$15,172.30		$15,172.30
10/13/2022	$7,399.82		$7,399.82
10/13/2022	$4,772.25		$4,772.25
10/13/2022	$7,164.41		$7,164.41
10/14/2022	$4,887.11		$4,887.11
10/14/2022	$52,705.32		$52,705.32
10/14/2022	$2,877.02		$2,877.02
10/14/2022	$24,589.74		$24,589.74
10/17/2022	$949.61		$949.61
10/17/2022	$12,477.57		$12,477.57
10/17/2022	$25,872.89		$25,872.89
10/17/2022	$3,832.85		$3,832.85
10/18/2022	$9,066.86		$9,066.86
10/18/2022	$20,066.35		$20,066.35
10/18/2022	$20,674.00		$20,674.00
10/18/2022	$691.46		$691.46
10/18/2022	$3,915.46		$3,915.46
10/18/2022	$22,285.71		$22,285.71
10/18/2022	$20,111.27		$20,111.27
10/18/2022	$2,063.07		$2,063.07
10/18/2022	$1,714.20		$1,714.20
10/19/2022	$29,468.58		$29,468.58
10/19/2022	$843.56		$843.56
10/19/2022	$14,216.37		$14,216.37
10/19/2022	$4,768.64		$4,768.64
10/19/2022	$5,553.16		$5,553.16
10/19/2022	$4,670.80		$4,670.80
10/20/2022	$11,448.02		$11,448.02
10/20/2022	$31,066.12		$31,066.12
10/20/2022	$46,440.51		$46,440.51
10/20/2022	$40,673.97		$40,673.97
10/20/2022	$27,795.20		$27,795.20
10/20/2022	$36,204.80		$36,204.80
10/20/2022	$2,727.29		$2,727.29
10/20/2022	$2,823.80		$2,823.80
10/20/2022	$3,177.12		$3,177.12
10/20/2022	$5,683.80		$5,683.80
10/21/2022	$2,810.66		$2,810.66
10/21/2022	$13,803.97		$13,803.97
10/21/2022	$19,557.47		$19,557.47
10/21/2022	$6,330.61		$6,330.61
10/21/2022	$1,288.63		$1,288.63
10/21/2022	$63,065.91		$63,065.91
10/21/2022	$7,907.33		$7,907.33
10/21/2022	$3,591.70		$3,591.70
10/21/2022	$3,039.64		$3,039.64
10/21/2022	$2,988.45		$2,988.45
10/21/2022	$1,556.27		$1,556.27
10/21/2022	$12,501.01		$12,501.01
10/21/2022	$32,205.60		$32,205.60
10/21/2022	$49,976.85		$49,976.85
10/24/2022	$63,363.66		$63,363.66
10/24/2022	$131,940.55		$131,940.55
10/24/2022	$81,137.97		$81,137.97
10/24/2022	$14,486.06		$14,486.06
10/24/2022	$2,652.46		$2,652.46
10/24/2022	$39,833.71		$39,833.71
10/24/2022	$7,446.85		$7,446.85
10/24/2022	$4,021.15		$4,021.15
10/24/2022	$10,093.59		$10,093.59
10/25/2022	$445.60		$445.60
10/25/2022	$1,349.00		$1,349.00
10/25/2022	$4,205.09		$4,205.09
10/25/2022	$38,495.86		$38,495.86
10/25/2022	$704.61		$704.61
10/25/2022	$2,285.85		$2,285.85
10/25/2022	$1,482.95		$1,482.95
10/25/2022	$1,154.77		$1,154.77
10/25/2022	$3,244.21		$3,244.21
10/26/2022	$953.43		$953.43
10/26/2022	$4,027.19		$4,027.19
10/26/2022	$412,946.74		$412,946.74
10/26/2022	$38,930.71		$38,930.71
10/26/2022	$15,069.24		$15,069.24
10/26/2022	$2,333.32		$2,333.32
10/26/2022	$16,163.00		$16,163.00
10/26/2022	$43,223.19		$43,223.19
10/26/2022	$7,400.00		$7,400.00
10/26/2022	$5,934.90		$5,934.90
10/26/2022	$76,320.61		$76,320.61
10/26/2022	$1,790.29		$1,790.29
10/27/2022	$12,675.79		$12,675.79
10/27/2022	$2,781.92		$2,781.92
10/27/2022	$30,346.74		$30,346.74
10/27/2022	$158.33		$158.33
10/27/2022	$2,327.06		$2,327.06
10/27/2022	$1,852.42		$1,852.42
10/27/2022	$920.07		$920.07

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
10/27/2022	$5,749.98		$5,749.98
10/27/2022	$8,904.61		$8,904.61
10/28/2022	$22,838.70		$22,838.70
10/28/2022	$630.03		$630.03
10/28/2022	$1,540.76		$1,540.76
10/28/2022	$7,284.73		$7,284.73
10/28/2022	$7,772.14		$7,772.14
10/28/2022	$1,656.18		$1,656.18
10/28/2022	$1,616.61		$1,616.61
10/28/2022	$1,053.45		$1,053.45
10/28/2022	$2,220.26		$2,220.26
10/28/2022	$6,981.17		$6,981.17
10/28/2022	$36,507.63		$36,507.63
10/28/2022	$31,809.54		$31,809.54
10/28/2022	$7,429.38		$7,429.38
10/28/2022	$42,041.04		$42,041.04
10/28/2022	$34,931.65		$34,931.65
10/28/2022	$7,836.24		$7,836.24
10/28/2022	$1,480.64		$1,480.64
10/31/2022	$42,212.04		$42,212.04
10/31/2022	$50,736.80		$50,736.80
10/31/2022	$877.59		$877.59
10/31/2022	$3,859.50		$3,859.50
10/31/2022	$6,240.80		$6,240.80
10/31/2022	$10,186.93		$10,186.93
10/31/2022	$13,472.14		$13,472.14
10/31/2022	$951.56		$951.56
10/31/2022	$15,172.30		$15,172.30
10/31/2022	$1,162.67		$1,162.67
10/31/2022	$47,901.00		$47,901.00
10/31/2022	$17,395.31		$17,395.31
10/31/2022	$10,047.47		$10,047.47
10/31/2022	$1,915.51		$1,915.51
10/31/2022	$9,573.58		$9,573.58
10/31/2022	$6,767.70		$6,767.70
10/31/2022	$109,399.15		$109,399.15
10/31/2022	$28,584.21		$28,584.21
10/31/2022	$664.08		$664.08
10/31/2022	$14,339.90		$14,339.90
10/31/2022	$333,406.74		$333,406.74
10/31/2022	$347,529.18		$347,529.18
10/31/2022	$20,586.43		$20,586.43
10/31/2022	$1,149,839.36		$1,149,839.36
10/31/2022	$1,225,935.44		$1,225,935.44
11/1/2022	$15,701.14		$15,701.14
11/1/2022	$3,638.53		$3,638.53
11/1/2022	$1,109.30		$1,109.30
11/1/2022	$1,640.33		$1,640.33
11/1/2022	$4,318.26		$4,318.26
11/1/2022	$1,382.92		$1,382.92
11/1/2022	$4,856.69		$4,856.69
11/1/2022	$34,368.44		$34,368.44
11/1/2022	$12,722.59		$12,722.59
11/1/2022	$14,188.26		$14,188.26
11/1/2022	$5,114.91		$5,114.91
11/1/2022	$3,750,000.00		$3,750,000.00
11/1/2022	$7,957.34		$7,957.34
11/1/2022	$1,900.08		$1,900.08
11/1/2022	$85,969.56		$85,969.56
11/1/2022	$1,900.48		$1,900.48
11/1/2022	$5,043.60		$5,043.60
11/1/2022	$46,911.53		$46,911.53
11/1/2022	$6,237.56		$6,237.56
11/1/2022	$3,550.31		$3,550.31
11/1/2022	$703,421.11		$703,421.11
11/1/2022	$2,089.47		$2,089.47
11/1/2022	$7,399.82		$7,399.82
11/1/2022	$384,607.82		$384,607.82
11/1/2022	$336,397.00		$336,397.00
11/1/2022	$4,591.92		$4,591.92
11/1/2022	$22,285.71		$22,285.71
11/1/2022	$40,721.83		$40,721.83
11/1/2022	$119,750.34		$119,750.34
11/1/2022	$19,149.16		$19,149.16
11/1/2022	$3,625.20		$3,625.20
11/1/2022	$7,710.57		$7,710.57
11/1/2022	$12,474.08		$12,474.08
11/1/2022	$25,000.00		$25,000.00
11/1/2022	$36,027.14		$36,027.14
11/1/2022	$763.16		$763.16
11/1/2022	$258,520.31		$258,520.31
11/1/2022	$11,299.29		$11,299.29
11/1/2022	$18,191.18		$18,191.18
11/1/2022	$111,409.84		$111,409.84
11/1/2022	$938.91		$938.91
11/1/2022	$4,491.31		$4,491.31
11/1/2022	$4,631.94		$4,631.94
11/2/2022	$19,248.03		$19,248.03
11/2/2022	$1,317.53		$1,317.53
11/2/2022	$3,910.10		$3,910.10
11/2/2022	$1,278.49		$1,278.49
11/2/2022	$2,016.74		$2,016.74
11/2/2022	$4,684.26		$4,684.26
11/2/2022	$1,305.70		$1,305.70
11/2/2022	$7,022.71		$7,022.71
11/2/2022	$877.55		$877.55
11/3/2022	$8,430.06		$8,430.06
11/3/2022	$890.74		$890.74
11/3/2022	$2,223.28		$2,223.28
11/3/2022	$18,084.44		$18,084.44
11/3/2022	$1,352.01		$1,352.01
11/3/2022	$3,748.25		$3,748.25
11/3/2022	$9,490.95		$9,490.95
11/3/2022	$55,540.80		$55,540.80
11/3/2022	$30,367.30		$30,367.30
11/3/2022	$1,791.36		$1,791.36
11/3/2022	$6,366.64		$6,366.64
11/4/2022	$39,576.83		$39,576.83
11/4/2022	$1,126.91		$1,126.91
11/4/2022	$1,123.54		$1,123.54
11/4/2022	$2,759.03		$2,759.03
11/4/2022	$2,869.00		$2,869.00
11/4/2022	$7,442.93		$7,442.93
11/4/2022	$2,230.30		$2,230.30
11/4/2022	$1,665.87		$1,665.87
11/7/2022	$8,899.74		$8,899.74
11/7/2022	$49,750.00		$49,750.00
11/7/2022	$15,706.07		$15,706.07
11/7/2022	$1,040.12		$1,040.12
11/7/2022	$2,385.91		$2,385.91

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
11/7/2022	$15,625.04		$15,625.04
11/7/2022	$3,486.55		$3,486.55
11/7/2022	$2,846.06		$2,846.06
11/7/2022	$2,370.49		$2,370.49
11/7/2022	$2,430.57		$2,430.57
11/7/2022	$1,150.45		$1,150.45
11/7/2022	$573.42		$573.42
11/7/2022	$27,098.54		$27,098.54
11/8/2022	$2,871.70		$2,871.70
11/8/2022	$2,255.72		$2,255.72
11/8/2022	$1,136.85		$1,136.85
11/8/2022	$135,544.64		$135,544.64
11/8/2022	$1,062.37		$1,062.37
11/8/2022	$19,650.02		$19,650.02
11/8/2022	$1,500.50		$1,500.50
11/8/2022	$459.95		$459.95
11/8/2022	$714.07		$714.07
11/8/2022	$694.55		$694.55
11/8/2022	$32,500.00		$32,500.00
11/8/2022	$1,339.10		$1,339.10
11/9/2022	$9,066.86		$9,066.86
11/9/2022	$20,066.35		$20,066.35
11/9/2022	$20,674.00		$20,674.00
11/9/2022	$3,910.10		$3,910.10
11/9/2022	$2,201.42		$2,201.42
11/9/2022	$9,358.90		$9,358.90
11/9/2022	$2,316.56		$2,316.56
11/9/2022	$233.89		$233.89
11/9/2022	$1,018.12		$1,018.12
11/9/2022	$12,477.57		$12,477.57
11/10/2022	$991.77		$991.77
11/10/2022	$4,254.38		$4,254.38
11/10/2022	$4,868.98		$4,868.98
11/10/2022	$6,615.42		$6,615.42
11/10/2022	$2,836.68		$2,836.68
11/10/2022	$1,102.09		$1,102.09
11/10/2022	$38.41		$38.41
11/10/2022	$6,186.21		$6,186.21
11/10/2022	$2,823.80		$2,823.80
11/10/2022	$4,671.09		$4,671.09
11/10/2022	$101,231.06		$101,231.06
11/10/2022	$857.50		$857.50
11/14/2022	$1,928.12		$1,928.12
11/14/2022	$1,591.76		$1,591.76
11/14/2022	$6,577.54		$6,577.54
11/14/2022	$52,705.32		$52,705.32
11/14/2022	$1,418.04		$1,418.04
11/14/2022	$2,063.07		$2,063.07
11/14/2022	$5,683.80		$5,683.80
11/15/2022	$20,111.27		$20,111.27
11/15/2022	$2,877.02		$2,877.02
11/15/2022	$32,205.60		$32,205.60
11/15/2022	$49,976.85		$49,976.85
11/15/2022	$25,872.89		$25,872.89
11/15/2022	$4,772.25		$4,772.25
11/15/2022	$7,164.41		$7,164.41
11/16/2022	$29,467.58		$29,467.58
11/16/2022	$1,288.63		$1,288.63
11/16/2022	$3,591.70		$3,591.70
11/16/2022	$2,086.69		$2,086.69
11/16/2022	$1,556.27		$1,556.27
11/17/2022	$13,936.44		$13,936.44
11/17/2022	$0.00	$120,295.77	$120,295.77
11/17/2022	$3,177.12		$3,177.12
11/18/2022	$445.60		$445.60
11/18/2022	$27,795.20		$27,795.20
11/18/2022	$36,204.80		$36,204.80
11/18/2022	$13,803.97		$13,803.97
11/18/2022	$19,557.47		$19,557.47
11/18/2022	$14,216.37		$14,216.37
11/18/2022	$1,162.67		$1,162.67
11/18/2022	$3,915.46		$3,915.46
11/18/2022	$5,553.16		$5,553.16
11/18/2022	$7,836.24		$7,836.24
11/21/2022	$2,316.81		$2,316.81
11/21/2022	$40,673.97		$40,673.97
11/21/2022	$2,727.29		$2,727.29
11/21/2022	$843.56		$843.56
11/21/2022	$2,333.32		$2,333.32
11/21/2022	$25,825.27		$25,825.27
11/21/2022	$39,833.71		$39,833.71
11/21/2022	$7,907.33		$7,907.33
11/21/2022	$1,339.10		$1,339.10
11/21/2022	$4,670.80		$4,670.80
11/22/2022	$2,781.92		$2,781.92
11/22/2022	$63,363.66		$63,363.66
11/22/2022	$13,218.03		$13,218.03
11/22/2022	$46,440.51		$46,440.51
11/22/2022	$14,486.06		$14,486.06
11/22/2022	$152.08		$152.08
11/22/2022	$2,652.46		$2,652.46
11/22/2022	$63,065.91		$63,065.91
11/22/2022	$3,000.00		$3,000.00
11/22/2022	$1,482.95		$1,482.95
11/23/2022	$11,448.02		$11,448.02
11/23/2022	$1,349.00		$1,349.00
11/23/2022	$2,810.66		$2,810.66
11/23/2022	$3,589.88		$3,589.88
11/23/2022	$1,123.54		$1,123.54
11/23/2022	$7,445.85		$7,445.85
11/23/2022	$1.00		$1.00
11/23/2022	$2,285.85		$2,285.85
11/23/2022	$5,934.90		$5,934.90
11/23/2022	$9,301.05		$9,301.05
11/23/2022	$76,320.61		$76,320.61
11/23/2022	$7,429.38		$7,429.38
11/23/2022	$115,835.08		$115,835.08
11/25/2022	$13,936.44		$13,936.44
11/25/2022	$81,137.97		$81,137.97
11/25/2022	$4,887.11		$4,887.11
11/25/2022	$38,930.71		$38,930.71
11/25/2022	$38,495.86		$38,495.86
11/25/2022	$1,053.45		$1,053.45
11/25/2022	$6,767.70		$6,767.70
11/25/2022	$4,021.15		$4,021.15
11/25/2022	$1,154.77		$1,154.77
11/25/2022	$10,093.59		$10,093.59
11/28/2022	$12,675.79		$12,675.79
11/28/2022	$3,638.53		$3,638.53
11/28/2022	$1,126.91		$1,126.91

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
11/28/2022	$953.43		$953.43
11/28/2022	$131,940.55		$131,940.55
11/28/2022	$507.23		$507.23
11/28/2022	$12,722.59		$12,722.59
11/28/2022	$4,205.09		$4,205.09
11/28/2022	$7,284.73		$7,284.73
11/28/2022	$1,616.61		$1,616.61
11/28/2022	$19,149.16		$19,149.16
11/28/2022	$5,749.98		$5,749.98
11/28/2022	$43,223.19		$43,223.19
11/28/2022	$6,981.17		$6,981.17
11/28/2022	$7,400.00		$7,400.00
11/28/2022	$31,809.54		$31,809.54
11/28/2022	$2,230.30		$2,230.30
11/28/2022	$3,244.21		$3,244.21
11/28/2022	$1,896.53		$1,896.53
11/28/2022	$1,896.53		$1,896.53
11/28/2022	$6,366.64		$6,366.64
11/28/2022	$1,480.64		$1,480.64
11/29/2022	$30,346.74		$30,346.74
11/29/2022	$630.03		$630.03
11/29/2022	$158.33		$158.33
11/29/2022	$6,615.42		$6,615.42
11/29/2022	$4,027.19		$4,027.19
11/29/2022	$3,859.50		$3,859.50
11/29/2022	$6,240.80		$6,240.80
11/29/2022	$950.04		$950.04
11/29/2022	$1,900.48		$1,900.48
11/29/2022	$1,591.76		$1,591.76
11/29/2022	$2,846.06		$2,846.06
11/29/2022	$1,305.70		$1,305.70
11/29/2022	$6,237.56		$6,237.56
11/29/2022	$3,550.31		$3,550.31
11/29/2022	$15,069.24		$15,069.24
11/29/2022	$2,089.47		$2,089.47
11/29/2022	$17,395.31		$17,395.31
11/29/2022	$40,721.83		$40,721.83
11/29/2022	$16,163.00		$16,163.00
11/29/2022	$7,442.93		$7,442.93
11/29/2022	$2,220.26		$2,220.26
11/29/2022	$3,748.25		$3,748.25
11/29/2022	$2,086.69		$2,086.69
11/29/2022	$36,507.63		$36,507.63
11/29/2022	$2,168.30		$2,168.30
11/29/2022	$938.91		$938.91
11/29/2022	$1,790.29		$1,790.29
11/30/2022	$42,212.04		$42,212.04
11/30/2022	$50,736.80		$50,736.80
11/30/2022	$877.59		$877.59
11/30/2022	$2,327.06		$2,327.06
11/30/2022	$1,852.42		$1,852.42
11/30/2022	$920.07		$920.07
11/30/2022	$1,540.76		$1,540.76
11/30/2022	$412,946.74		$412,946.74
11/30/2022	$951.56		$951.56
11/30/2022	$116,667.66		$116,667.66
11/30/2022	$7,772.14		$7,772.14
11/30/2022	$18,084.44		$18,084.44
11/30/2022	$47,901.00		$47,901.00
11/30/2022	$10,047.47		$10,047.47
11/30/2022	$109,399.15		$109,399.15
11/30/2022	$8,904.61		$8,904.61
11/30/2022	$333,406.74		$333,406.74
11/30/2022	$347,529.18		$347,529.18
11/30/2022	$20,586.43		$20,586.43
11/30/2022	$34,931.65		$34,931.65
11/30/2022	$1,149,839.36		$1,149,839.36
11/30/2022	$1,225,935.44		$1,225,935.44
12/1/2022	$1,109.30		$1,109.30
12/1/2022	$22,838.70		$22,838.70
12/1/2022	$4,318.26		$4,318.26
12/1/2022	$4,856.69		$4,856.69
12/1/2022	$34,368.44		$34,368.44
12/1/2022	$5,114.91		$5,114.91
12/1/2022	$7,332.76		$7,332.76
12/1/2022	$10,186.93		$10,186.93
12/1/2022	$13,472.14		$13,472.14
12/1/2022	$85,969.56		$85,969.56
12/1/2022	$0.00	$272,409.70	$272,409.70
12/1/2022	$5,043.60		$5,043.60
12/1/2022	$46,911.53		$46,911.53
12/1/2022	$2,940.02		$2,940.02
12/1/2022	$703,421.11		$703,421.11
12/1/2022	$4,768.64		$4,768.64
12/1/2022	$384,607.82		$384,607.82
12/1/2022	$18,040.24		$18,040.24
12/1/2022	$336,397.00		$336,397.00
12/1/2022	$4,591.92		$4,591.92
12/1/2022	$22,285.71		$22,285.71
12/1/2022	$119,750.34		$119,750.34
12/1/2022	$7,710.57		$7,710.57
12/1/2022	$12,474.08		$12,474.08
12/1/2022	$25,000.00		$25,000.00
12/1/2022	$28,584.21		$28,584.21
12/1/2022	$664.08		$664.08
12/1/2022	$36,027.14		$36,027.14
12/1/2022	$9,490.95		$9,490.95
12/1/2022	$55,540.80		$55,540.80
12/1/2022	$763.16		$763.16
12/1/2022	$14,339.90		$14,339.90
12/1/2022	$3,000.00		$3,000.00
12/1/2022	$258,520.31		$258,520.31
12/1/2022	$11,299.29		$11,299.29
12/1/2022	$18,191.18		$18,191.18
12/1/2022	$111,409.84		$111,409.84
12/1/2022	$42,041.04		$42,041.04
12/1/2022	$4,491.31		$4,491.31
12/1/2022	$4,631.94		$4,631.94
12/2/2022	$19,248.03		$19,248.03
12/2/2022	$39,576.83		$39,576.83
12/2/2022	$15,701.14		$15,701.14
12/2/2022	$29,467.58		$29,467.58
12/2/2022	$1,640.33		$1,640.33
12/2/2022	$1,278.49		$1,278.49
12/2/2022	$2,016.74		$2,016.74
12/2/2022	$15,625.04		$15,625.04
12/2/2022	$704.61		$704.61
12/2/2022	$3,625.20		$3,625.20
12/2/2022	$714.07		$714.07
12/2/2022	$2,430.57		$2,430.57

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
12/2/2022	$12,501.01		$12,501.01
12/2/2022	$877.55		$877.55
12/2/2022	$27,098.54		$27,098.54
12/2/2022	$2,330.60		$2,330.60
12/5/2022	$8,430.06		$8,430.06
12/5/2022	$1,317.53		$1,317.53
12/5/2022	$890.74		$890.74
12/5/2022	$4,684.26		$4,684.26
12/5/2022	$1,490.79		$1,490.79
12/5/2022	$9,573.58		$9,573.58
12/5/2022	$8,383.04		$8,383.04
12/6/2022	$49,750.00		$49,750.00
12/6/2022	$2,255.72		$2,255.72
12/6/2022	$2,223.28		$2,223.28
12/6/2022	$4,868.98		$4,868.98
12/6/2022	$1,040.12		$1,040.12
12/6/2022	$0.00	$13,845.75	$13,845.75
12/6/2022	$3,082.51		$3,082.51
12/6/2022	$2,869.00		$2,869.00
12/6/2022	$19,650.02		$19,650.02
12/6/2022	$7,022.71		$7,022.71
12/6/2022	$7,399.82		$7,399.82
12/6/2022	$459.95		$459.95
12/6/2022	$1,150.45		$1,150.45
12/6/2022	$101,231.06		$101,231.06
12/6/2022	$32,500.00		$32,500.00
12/6/2022	$573.42		$573.42
12/6/2022	$30,367.30		$30,367.30
12/6/2022	$1,665.87		$1,665.87
12/6/2022	$3,832.85		$3,832.85
12/7/2022	$15,706.07		$15,706.07
12/7/2022	$1,136.85		$1,136.85
12/7/2022	$2,370.49		$2,370.49
12/8/2022	$2,871.70		$2,871.70
12/8/2022	$9,358.90		$9,358.90
12/8/2022	$503.45		$503.45
12/8/2022	$14,188.26		$14,188.26
12/8/2022	$135,544.64		$135,544.64
12/8/2022	$1,062.37		$1,062.37
12/8/2022	$1,500.50		$1,500.50
12/8/2022	$1,352.01		$1,352.01
12/8/2022	$1,388.69		$1,388.69
12/8/2022	$5,683.80		$5,683.80
12/9/2022	$2,316.81		$2,316.81
12/9/2022	$2,836.65		$2,836.65
12/9/2022	$2,823.80		$2,823.80
12/9/2022	$694.55		$694.55
12/12/2022	$2,201.42		$2,201.42
12/12/2022	$4,254.38		$4,254.38
12/12/2022	$1,928.12		$1,928.12
12/12/2022	$2,727.29		$2,727.29
12/12/2022	$1,418.04		$1,418.04
12/13/2022	$991.77		$991.77
12/13/2022	$14,837.03		$14,837.03
12/13/2022	$20,111.27		$20,111.27
12/13/2022	$4,671.09		$4,671.09
12/13/2022	$3,039.64		$3,039.64
12/13/2022	$1,556.27		$1,556.27
12/13/2022	$4,772.25		$4,772.25
12/13/2022	$7,164.41		$7,164.41
12/14/2022	$2,316.56		$2,316.56
12/14/2022	$233.89		$233.89
12/14/2022	$1,288.63		$1,288.63
12/14/2022	$1,062.37		$1,062.37
12/14/2022	$52,705.32		$52,705.32
12/14/2022	$949.61		$949.61
12/14/2022	$32,205.60		$32,205.60
12/14/2022	$49,976.85		$49,976.85
12/15/2022	$9,066.86		$9,066.86
12/15/2022	$20,066.35		$20,066.35
12/15/2022	$20,674.00		$20,674.00
12/15/2022	$13,936.44		$13,936.44
12/15/2022	$4,887.11		$4,887.11
12/15/2022	$6,100.33		$6,100.33
12/15/2022	$3,177.12		$3,177.12
12/15/2022	$2,877.02		$2,877.02
12/15/2022	$857.50		$857.50
12/15/2022	$3,832.85		$3,832.85
12/16/2022	$13,803.97		$13,803.97
12/16/2022	$9,301.05		$9,301.05
12/16/2022	$12,501.01		$12,501.01
12/16/2022	$25,872.89		$25,872.89
12/16/2022	$7,836.24		$7,836.24
12/19/2022	$445.60		$445.60
12/19/2022	$3,910.10		$3,910.10
12/19/2022	$2,327.06		$2,327.06
12/19/2022	$1,852.42		$1,852.42
12/19/2022	$920.07		$920.07
12/19/2022	$14,216.37		$14,216.37
12/19/2022	$3,915.46		$3,915.46
12/19/2022	$6,577.54		$6,577.54
12/19/2022	$12,477.57		$12,477.57
12/19/2022	$2,363.19		$2,363.19
12/19/2022	$5,553.16		$5,553.16
12/19/2022	$2,063.07		$2,063.07
12/20/2022	$62,132.24		$62,132.24
12/20/2022	$40,673.97		$40,673.97
12/20/2022	$27,795.20		$27,795.20
12/20/2022	$36,204.80		$36,204.80
12/20/2022	$4,027.19		$4,027.19
12/20/2022	$843.56		$843.56
12/20/2022	$6,237.56		$6,237.56
12/20/2022	$3,550.31		$3,550.31
12/20/2022	$2,940.02		$2,940.02
12/20/2022	$2,333.32		$2,333.32
12/20/2022	$18,040.24		$18,040.24
12/20/2022	$10,047.47		$10,047.47
12/20/2022	$8,904.61		$8,904.61
12/20/2022	$4,670.80		$4,670.80
12/21/2022	$2,810.66		$2,810.66
12/21/2022	$13,218.03		$13,218.03
12/21/2022	$1,123.54		$1,123.54
12/21/2022	$4,205.09		$4,205.09
12/21/2022	$6,384.84		$6,384.84
12/21/2022	$15,172.30		$15,172.30
12/21/2022	$39,833.71		$39,833.71
12/21/2022	$7,907.33		$7,907.33
12/21/2022	$7,446.85		$7,446.85
12/21/2022	$5,934.90		$5,934.90
12/21/2022	$7,429.38		$7,429.38

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
12/21/2022	$24,589.74		$24,589.74
12/21/2022	$1,665.87		$1,665.87
12/21/2022	$1,480.64		$1,480.64
12/22/2022	$11,448.02		$11,448.02
12/22/2022	$2,781.92		$2,781.92
12/22/2022	$63,363.66		$63,363.66
12/22/2022	$81,137.97		$81,137.97
12/22/2022	$14,486.06		$14,486.06
12/22/2022	$2,652.46		$2,652.46
12/22/2022	$6,973.10		$6,973.10
12/22/2022	$19,149.16		$19,149.16
12/22/2022	$3,591.70		$3,591.70
12/22/2022	$25,000.00		$25,000.00
12/22/2022	$76,320.61		$76,320.61
12/23/2022	$19,557.47		$19,557.47
12/23/2022	$15,172.30		$15,172.30
12/23/2022	$38,930.71		$38,930.71
12/23/2022	$63,065.91		$63,065.91
12/23/2022	$38,495.86		$38,495.86
12/23/2022	$10,093.59		$10,093.59
12/27/2022	$12,675.79		$12,675.79
12/27/2022	$2,223.28		$2,223.28
12/27/2022	$131,940.55		$131,940.55
12/27/2022	$158.33		$158.33
12/27/2022	$1,162.67		$1,162.67
12/27/2022	$17,395.31		$17,395.31
12/27/2022	$5,749.98		$5,749.98
12/27/2022	$4,021.15		$4,021.15
12/27/2022	$2,285.85		$2,285.85
12/27/2022	$1,154.77		$1,154.77
12/27/2022	$1,339.10		$1,339.10
12/27/2022	$2,230.30		$2,230.30
12/27/2022	$3,244.21		$3,244.21
12/28/2022	$15,701.14		$15,701.14
12/28/2022	$3,638.53		$3,638.53
12/28/2022	$30,346.74		$30,346.74
12/28/2022	$1,349.00		$1,349.00
12/28/2022	$1,126.91		$1,126.91
12/28/2022	$22,838.70		$22,838.70
12/28/2022	$46,440.51		$46,440.51
12/28/2022	$7,284.73		$7,284.73
12/28/2022	$412,946.74		$412,946.74
12/28/2022	$1,900.48		$1,900.48
12/28/2022	$1,591.76		$1,591.76
12/28/2022	$704.61		$704.61
12/28/2022	$22,285.71		$22,285.71
12/28/2022	$40,721.83		$40,721.83
12/28/2022	$43,223.19		$43,223.19
12/28/2022	$7,400.00		$7,400.00
12/28/2022	$31,809.54		$31,809.54
12/28/2022	$1,482.95		$1,482.95
12/28/2022	$938.91		$938.91
12/28/2022	$6,366.64		$6,366.64
12/29/2022	$630.03		$630.03
12/29/2022	$1,040.12		$1,040.12
12/29/2022	$3,859.50		$3,859.50
12/29/2022	$6,240.80		$6,240.80
12/29/2022	$1,305.70		$1,305.70
12/29/2022	$2,089.47		$2,089.47
12/29/2022	$1,490.79		$1,490.79
12/29/2022	$1,915.51		$1,915.51
12/29/2022	$15.36		$15.36
12/29/2022	$1,915.51		$1,915.51
12/29/2022	$4,191.52		$4,191.52
12/29/2022	$109,399.15		$109,399.15
12/29/2022	$36,507.63		$36,507.63
12/29/2022	$1,791.36		$1,791.36
12/29/2022	$877.55		$877.55
12/29/2022	$42,041.04		$42,041.04
12/29/2022	$1,790.29		$1,790.29
12/29/2022	$1,896.53		$1,896.53
12/29/2022	$115,835.08		$115,835.08
12/30/2022	$17,799.48		$17,799.48
12/30/2022	$42,212.04		$42,212.04
12/30/2022	$50,736.80		$50,736.80
12/30/2022	$12,722.59		$12,722.59
12/30/2022	$877.59		$877.59
12/30/2022	$1,540.76		$1,540.76
12/30/2022	$951.56		$951.56
12/30/2022	$6,330.61		$6,330.61
12/30/2022	$5,043.60		$5,043.60
12/30/2022	$14,837.03		$14,837.03
12/30/2022	$46,911.53		$46,911.53
12/30/2022	$7,772.14		$7,772.14
12/30/2022	$1,053.45		$1,053.45
12/30/2022	$47,901.00		$47,901.00
12/30/2022	$6,767.70		$6,767.70
12/30/2022	$25,000.00		$25,000.00
12/30/2022	$28,584.21		$28,584.21
12/30/2022	$333,406.74		$333,406.74
12/30/2022	$347,529.18		$347,529.18
12/30/2022	$34,931.65		$34,931.65
12/30/2022	$0.00	$2,604,406.08	$2,604,406.08
12/30/2022	$1,709.28		$1,709.28
12/30/2022	$1,149,839.36		$1,149,839.36
12/30/2022	$1,225,935.44		$1,225,935.44

Periodic: **$112,826,286.81**

Lump Sum: **$20,598,438.71**

Total: **$133,424,725.52**

Note: W/L reported on Schedule H totaled $133,424,871.12, the $145.60 was due to an erroneous transaction. Amount is immaterial.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A This return/report is for:
- [X] 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. ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1955

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND

C/O CENTRAL STATES FUNDS
8647 WEST HIGGINS ROAD

CHICAGO IL 60631-2803

2b Employer Identification Number (EIN) 36-6044243

2c Plan Sponsor's telephone number (847)518-9800

2d Business code (see instructions) 484120

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

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

SIGN HERE	[signature]	9-12-23	GARY F. CALDWELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	9/12/23	CHARLES A. WHOBREY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	357,056
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	50,096
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	48,538
b	Retired or separated participants receiving benefits	**6b**	154,140
c	Other retired or separated participants entitled to future benefits	**6c**	113,964
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	316,642
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	33,087
f	Total. Add lines **6d** and **6e**	**6f**	349,729
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	963

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B 1E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
INTEREST-BEARING CASH
DECEMBER 31, 2022

NOTES	IDENTITY OF ISSUE	INTEREST RATE	PRINCIPAL	COST	CURRENT VALUE
	DOMESTIC				
	BNY MELLON CASH RESERVE	4.392 %	$ 5,038	$ 5,038	$ 5,038
	CREDIT SUISSE CERTIFICATE OF DEPOSIT	1.100	2,000,000	2,000,000	2,000,000
	TOTAL DOMESTIC INTEREST-BEARING CASH			2,005,038	2,005,038
	FOREIGN				
	CURRENCY	VARIOUS	N/A	249	250
	TOTAL FOREIGN INTEREST-BEARING CASH			249	250
	TOTAL INTEREST-BEARING CASH			$ 2,005,287	$ 2,005,288

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
U.S. GOVERNMENT SECURITIES
DECEMBER 31, 2022

IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL	COST	CURRENT VALUE
FEDERAL FARM CREDIT BANK	02/01/2023	3.973 %	$ 10,000,000	$ 9,953,647	$ 9,953,647
FEDERAL FARM CREDIT BANK	04/01/2025	0.710	25,000,000	22,756,000	22,830,750
FEDERAL HOME LOAN BANK	01/05/2023	3.800	10,000,000	9,916,611	9,916,611
FEDERAL HOME LOAN BANK	01/10/2023	3.810	10,000,000	9,905,808	9,905,808
FEDERAL HOME LOAN BANK	01/12/2023	3.890	10,000,000	9,913,978	9,913,978
FEDERAL HOME LOAN BANK	01/18/2023	3.945	10,000,000	9,912,003	9,912,003
FEDERAL HOME LOAN BANK	01/27/2023	4.001	10,000,000	9,898,131	9,898,131
FEDERAL HOME LOAN BANK	02/06/2023	4.060	10,000,000	9,883,839	9,883,839
FEDERAL HOME LOAN BANK	02/13/2023	4.265	10,000,000	9,938,394	9,938,394
FEDERAL HOME LOAN BANK	02/17/2023	4.170	10,000,000	9,932,784	9,932,784
FEDERAL HOME LOAN BANK	02/22/2023	4.260	10,000,000	9,891,053	9,891,053
FEDERAL HOME LOAN BANK	02/13/2024	2.500	5,000,000	5,022,750	4,878,600
FEDERAL HOME LOAN BANK	08/15/2024	1.500	5,000,000	4,899,200	4,751,750
FEDERAL HOME LOAN BANK	09/13/2024	2.875	7,500,000	8,017,425	7,284,075
FEDERAL HOME LOAN BANK	12/20/2024	1.000	5,000,000	4,804,550	4,671,050
FEDERAL HOME LOAN BANK	VARIOUS	4.020	20,000,000	19,809,050	19,809,050
FEDERAL HOME LOAN MORTGAGE CORPORATION	02/12/2025	1.500	7,000,000	6,687,590	6,600,580
FEDERAL HOME LOAN MORTGAGE CORPORATION	09/24/2025	0.570	19,000,000	16,927,100	17,034,640
FEDERAL HOME LOAN MORTGAGE CORPORATION	09/30/2025	0.600	13,000,000	11,584,690	11,710,530
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	0.375	8,000,000	7,132,120	7,220,660
FEDERAL NATIONAL MORTGAGE ASSOCIATION	01/19/2023	2.375	20,560,000	20,404,893	20,542,524
FEDERAL NATIONAL MORTGAGE ASSOCIATION	01/07/2025	1.625	5,000,000	4,830,250	4,727,200
FEDERAL NATIONAL MORTGAGE ASSOCIATION	04/22/2025	0.625	5,925,000	5,542,722	5,447,741
U.S. TREASURY BOND	11/15/2024	7.500	1,060,000	1,126,585	1,118,056
U.S. TREASURY BOND	02/15/2025	7.625	1,645,000	1,771,976	1,750,642
U.S. TREASURY BOND	08/15/2025	6.875	5,000,000	5,466,618	5,314,050
U.S. TREASURY NOTES	01/31/2024	0.875	13,325,000	12,733,317	12,787,336
U.S. TREASURY NOTES	08/31/2024	1.250	5,860,000	5,522,154	5,550,533
U.S. TREASURY NOTES	08/31/2024	1.875	2,960,000	2,823,110	2,832,690
U.S. TREASURY NOTES	08/31/2024	3.250	13,545,000	13,484,199	13,268,276
U.S. TREASURY NOTES	10/15/2024	0.625	17,855,000	17,680,576	16,683,891
U.S. TREASURY NOTES	10/31/2024	4.375	11,670,000	11,649,385	11,642,225
U.S. TREASURY NOTES	11/15/2024	0.750	14,115,000	13,110,435	13,182,140
U.S. TREASURY NOTES	01/31/2025	1.375	12,850,000	12,511,156	12,083,498
U.S. TREASURY NOTES	08/15/2025	3.125	139,975,000	135,714,753	136,005,309
U.S. TREASURY NOTES	09/15/2025	3.500	106,000,000	103,730,362	103,966,920
U.S. TREASURY NOTES	11/15/2025	4.500	17,000,000	17,198,612	17,116,960
U.S. TREASURY NOTES	12/15/2025	4.000	5,000,000	4,977,165	4,972,650
U.S. TREASURY NOTES	VARIOUS	0.125	18,115,000	17,156,589	17,215,750
U.S. TREASURY NOTES	VARIOUS	0.250	174,060,100	162,243,176	161,182,644
U.S. TREASURY NOTES	VARIOUS	0.375	112,715,000	105,623,312	104,445,535
U.S. TREASURY NOTES	VARIOUS	1.125	311,455,000	307,126,873	290,985,790
U.S. TREASURY NOTES	VARIOUS	1.500	60,290,000	59,297,376	57,359,502
U.S. TREASURY NOTES	VARIOUS	1.750	50,105,000	48,744,003	47,665,084
U.S. TREASURY NOTES	VARIOUS	2.000	68,985,000	67,647,608	65,864,362
U.S. TREASURY NOTES	VARIOUS	2.125	59,000,000	58,378,671	56,571,339
U.S. TREASURY NOTES	VARIOUS	2.250	71,975,000	70,532,275	69,162,267
U.S. TREASURY NOTES	VARIOUS	2.375	19,520,000	19,007,173	18,955,293
U.S. TREASURY NOTES	VARIOUS	2.500	93,975,000	91,328,992	90,863,431
U.S. TREASURY NOTES	VARIOUS	2.625	399,190,000	389,601,733	382,591,060
U.S. TREASURY NOTES	VARIOUS	2.750	138,170,000	134,224,207	133,480,132
U.S. TREASURY NOTES	VARIOUS	2.875	98,445,000	96,259,019	95,174,132
U.S. TREASURY NOTES	VARIOUS	3.000	108,285,000	105,967,637	105,154,893
U.S. TREASURY NOTES	VARIOUS	4.250	105,835,000	105,463,096	105,641,157
TOTAL U.S. GOVERNMENT SECURITIES				$ 2,435,666,731	$ 2,397,242,945

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2022

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	3M COMPANY	02/14/2025	2.000 %	USD	$ 750,000	$ 746,415	$ 710,813
	3M COMPANY	04/15/2025	2.650	USD	1,250,000	1,236,688	1,195,088
	ABBOTT LABORATORIES	11/30/2023	3.400	USD	20,613,000	22,260,442	20,393,472
	ABBOTT LABORATORIES	09/15/2025	3.875	USD	3,324,000	3,246,783	3,260,678
	ABBVIE INC.	06/15/2024	3.850	USD	7,325,000	7,185,312	7,206,628
	ABBVIE INC.	11/21/2024	2.600	USD	17,110,000	16,680,202	16,376,494
	ABBVIE INC.	03/15/2025	3.800	USD	6,000,000	5,954,340	5,852,520
	ABBVIE INC.	05/14/2025	3.600	USD	4,600,000	4,548,958	4,461,632
	ADOBE INC.	02/01/2025	3.250	USD	2,000,000	2,058,720	1,944,880
	AERCAP IRELAND CAPITAL D.A.C.	02/15/2024	3.150	USD	500,000	525,025	483,485
	AERCAP IRELAND CAPITAL D.A.C.	10/29/2024	1.650	USD	20,405,000	19,020,895	18,828,918
	AERCAP IRELAND CAPITAL D.A.C.	10/29/2024	1.750	USD	1,000,000	973,410	920,780
	AERCAP IRELAND CAPITAL D.A.C.	01/15/2025	3.500	USD	3,000,000	2,852,315	2,858,040
	AERCAP IRELAND CAPITAL D.A.C.	07/15/2025	6.500	USD	3,000,000	3,084,930	3,042,300
	AETNA INC.	06/15/2023	2.800	USD	11,609,000	11,433,198	11,486,641
	AETNA INC.	11/15/2024	3.500	USD	1,000,000	1,056,010	972,560
	AIR LEASE CORPORATION	02/15/2024	0.700	USD	14,375,000	14,261,925	13,575,319
	AIR LEASE CORPORATION	08/18/2024	0.800	USD	1,000,000	994,340	921,290
	AIR LEASE CORPORATION	02/01/2025	2.300	USD	500,000	492,725	465,720
	AIR LEASE CORPORATION	03/01/2025	3.250	USD	3,120,000	2,916,170	2,958,634
	AIR LEASE CORPORATION	07/01/2025	3.375	USD	8,000,000	7,494,640	7,575,760
*	AIR PRODUCTS AND CHEMICALS INC.	10/15/2025	1.500	USD	7,480,000	7,534,713	6,877,262
	ALLY AUTO RECEIVABLES TRUST 2019-3	05/15/2024	1.930	USD	382,459	382,448	381,996
	ALLY FINANCIAL INC.	05/21/2024	3.875	USD	500,000	542,130	486,880
	ALLY FINANCIAL INC.	05/01/2025	5.800	USD	500,000	520,650	497,745
	ALPHABET HOLDING COMPANY, INC.	08/15/2025	0.450	USD	5,430,000	5,384,564	4,898,566
	ALTRIA GROUP, INC.	05/06/2025	2.350	USD	9,500,000	9,378,770	8,938,550
	AMAZON.COM, INC.	06/03/2023	0.400	USD	4,000,000	3,994,400	3,927,080
	AMAZON.COM, INC.	08/22/2024	2.800	USD	2,000,000	2,070,410	1,938,820
	AMAZON.COM, INC.	04/13/2025	3.000	USD	15,910,000	15,683,666	15,363,810
	AMAZON.COM, INC.	06/03/2025	0.800	USD	3,000,000	2,730,570	2,741,520
	AMCOR FLEXIBLES NORTH AMERICA, INC.	05/17/2025	4.000	USD	1,000,000	1,008,350	974,180
	AMEREN CORPORATION	09/15/2024	2.500	USD	1,000,000	1,025,720	956,900
	AMERICAN ELECTRIC POWER COMPANY, INC.	03/15/2024	2.031	USD	500,000	501,620	482,250
	AMERICAN EXPRESS COMPANY	02/22/2024	3.400	USD	11,930,000	12,145,337	11,722,299
	AMERICAN EXPRESS COMPANY	10/30/2024	3.000	USD	5,000,000	5,170,000	4,838,050
	AMERICAN EXPRESS COMPANY	03/04/2025	2.250	USD	7,250,000	7,066,919	6,846,465
	AMERICAN EXPRESS COMPANY	08/01/2025	3.950	USD	4,000,000	3,870,920	3,921,680
	AMERICAN HONDA FINANCE CORPORATION	07/12/2024	0.550	USD	1,000,000	998,040	934,060
	AMERICAN HONDA FINANCE CORPORATION	09/10/2024	2.150	USD	2,000,000	2,081,040	1,909,740
	AMERICAN HONDA FINANCE CORPORATION	01/13/2025	1.500	USD	12,600,000	11,824,148	11,790,072
	AMERICAN INTERNATIONAL GROUP, INC.	06/30/2025	2.500	USD	2,000,000	1,916,760	1,884,320
	AMERICAN TOWER CORPORATION	01/15/2024	0.600	USD	1,000,000	1,001,700	953,470
	AMERICAN TOWER CORPORATION	02/15/2024	5.000	USD	3,000,000	3,364,220	2,989,830
	AMERICAN TOWER CORPORATION	05/15/2024	3.375	USD	7,000,000	6,802,320	6,814,220
	AMERICAN TOWER CORPORATION	01/15/2025	2.950	USD	500,000	513,005	477,235
	AMERICAN TOWER CORPORATION	03/15/2025	2.400	USD	1,869,000	1,734,376	1,758,692
	AMERIPRISE FINANCIAL, INC.	10/15/2024	3.700	USD	500,000	540,550	487,605
	AMERISOURCEBERGEN CORPORATION	03/01/2025	3.250	USD	5,902,000	5,893,437	5,687,698
	AMGEN INC.	05/22/2024	3.625	USD	3,000,000	3,163,980	2,941,830
	AMGEN INC.	05/01/2025	3.125	USD	2,000,000	1,995,700	1,920,720
	AMPHENOL CORPORATION	04/01/2024	3.200	USD	500,000	533,900	489,000
	ANALOG DEVICES, INC.	04/01/2025	2.950	USD	1,000,000	993,940	960,880
	ANZ NEW ZEALAND INTERNATIONAL LIMITED	02/18/2025	2.166	USD	4,760,000	4,443,174	4,468,926
	AON GLOBAL LIMITED	06/14/2024	3.500	USD	4,022,000	3,924,708	3,926,960
	APPALACHIAN POWER COMPANY	06/01/2025	3.400	USD	3,120,000	2,984,311	3,008,803
	APPLE INC.	05/11/2023	0.750	USD	6,830,000	6,811,422	6,731,511
	APPLE INC.	09/11/2024	1.800	USD	17,600,000	17,633,812	16,761,536
	APPLE INC.	01/13/2025	2.750	USD	4,000,000	4,053,849	3,854,200
	APPLE INC.	02/09/2025	2.500	USD	4,000,000	4,007,800	3,827,040
	APPLE INC.	08/20/2025	0.550	USD	4,000,000	3,665,080	3,607,920
	ARES CAPITAL CORPORATION	06/10/2024	4.200	USD	1,500,000	1,565,085	1,448,595
	ARES CAPITAL CORPORATION	07/15/2025	3.250	USD	3,000,000	2,804,970	2,762,730
	ASTRAZENECA FINANCE LLC	05/28/2024	0.700	USD	2,000,000	1,943,980	1,885,720
	ASTRAZENECA PLC	11/16/2025	3.375	USD	3,000,000	2,872,640	2,897,700
	AT&T INC.	03/25/2024	0.900	USD	28,210,000	27,578,602	26,797,243
	ATMOS ENERGY CORPORATION	03/09/2023	0.625	USD	7,570,000	7,459,781	7,514,285
	AUTOMATIC DATA PROCESSING, INC.	09/15/2025	3.375	USD	2,000,000	1,946,220	1,938,660
	AVALONBAY COMMUNITIES, INC.	06/01/2025	3.450	USD	1,000,000	982,380	963,730
	AVANGRID, INC.	12/01/2024	3.150	USD	500,000	524,120	478,130
	AVANGRID, INC.	04/15/2025	3.200	USD	1,000,000	990,380	956,150
	AVERY DENNISON CORPORATION	08/15/2024	0.850	USD	1,000,000	999,890	933,440
	B.A.T. CAPITAL CORPORATION	08/15/2024	3.222	USD	2,000,000	2,066,906	1,926,520
	B.A.T. CAPITAL CORPORATION	09/06/2024	2.789	USD	2,000,000	2,102,000	1,914,640
	BANCO BILBAO VIZCAYA ARGENTARIA, S.A.	09/14/2026	5.862	USD	2,000,000	1,961,600	1,998,300
	BANCO SANTANDER S.A.	06/27/2024	2.706	USD	15,000,000	14,773,390	14,399,100
	BANCO SANTANDER S.A.	06/30/2024	0.701	USD	1,200,000	1,153,896	1,167,000
	BANCO SANTANDER S.A.	08/18/2025	5.147	USD	4,000,000	3,997,280	3,961,240
	BANK OF AMERICA CORPORATION	01/11/2023	3.300	USD	19,583,000	19,654,186	19,576,342
	BANK OF AMERICA CORPORATION	03/05/2024	3.550	USD	13,125,000	13,020,000	13,078,275
	BANK OF AMERICA CORPORATION	08/26/2024	4.200	USD	4,000,000	3,917,440	3,940,200
	BANK OF AMERICA CORPORATION	10/24/2024	0.810	USD	2,055,000	1,954,367	1,972,368
	BANK OF AMERICA CORPORATION	01/22/2025	4.000	USD	4,000,000	4,218,280	3,917,280
	BANK OF AMERICA CORPORATION	02/04/2025	1.843	USD	4,300,000	4,077,690	4,120,303
	BANK OF AMERICA CORPORATION	03/15/2025	3.458	USD	23,910,000	23,363,452	23,299,100
	BANK OF AMERICA CORPORATION	09/25/2025	0.981	USD	5,000,000	4,996,950	4,603,500
	BANK OF AMERICA CORPORATION	10/22/2025	2.456	USD	4,000,000	4,138,920	3,781,240
	BANK OF AMERICA CORPORATION	12/06/2025	1.530	USD	2,020,000	1,848,684	1,864,218
	BANK OF AMERICA CORPORATION	01/23/2026	3.366	USD	4,000,000	4,145,960	3,822,840
	BANK OF AMERICA CORPORATION	02/13/2026	2.015	USD	2,000,000	1,958,840	1,855,180
	BANK OF AMERICA CORPORATION	04/02/2026	3.384	USD	2,435,000	2,392,628	2,327,349
	BANK OF AMERICA CORPORATION	06/19/2026	1.319	USD	5,000,000	4,540,400	4,511,700
	BANK OF AMERICA CORPORATION	07/22/2026	4.827	USD	2,000,000	2,016,340	1,976,240
	BANK OF MONTREAL	02/05/2024	3.300	USD	2,000,000	2,163,360	1,963,100
	BANK OF MONTREAL	03/08/2024	2.150	USD	3,000,000	2,964,270	2,903,310
	BANK OF MONTREAL	07/09/2024	0.625	USD	3,000,000	2,999,460	2,804,790
	BANK OF MONTREAL	01/10/2025	1.500	USD	6,000,000	5,981,500	5,594,700
	BANK OF MONTREAL	05/01/2025	1.850	USD	12,000,000	11,990,880	11,199,960
	BANK OF MONTREAL	06/07/2025	3.700	USD	7,000,000	6,770,520	6,797,840
	BANK OF NOVA SCOTIA	02/11/2024	3.400	USD	15,000,000	16,332,600	14,756,100
	BANK OF NOVA SCOTIA	04/15/2024	0.700	USD	3,000,000	3,002,280	2,836,080
	BANK OF NOVA SCOTIA	07/31/2024	0.650	USD	2,000,000	1,999,020	1,865,340

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2022

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	BANK OF NOVA SCOTIA	01/10/2025	1.450 %	USD	$ 2,000,000	$ 1,980,360	$ 1,861,280
	BANK OF NOVA SCOTIA	04/11/2025	3.450	USD	4,000,000	3,941,720	3,852,280
	BANQUE FEDERATIVE DU CREDIT MUTUEL	02/27/2024	0.650	USD	7,175,000	6,741,917	6,794,653
	BARCLAYS PLC	09/11/2024	4.375	USD	3,000,000	3,255,590	2,931,720
	BARCLAYS PLC	12/10/2024	1.007	USD	2,120,000	1,993,733	2,018,579
	BARCLAYS PLC	05/07/2025	3.932	USD	2,000,000	2,170,380	1,940,180
	BARCLAYS PLC	08/09/2026	5.304	USD	2,500,000	2,452,495	2,483,350
	BARCLAYS PLC	11/02/2026	7.325	USD	1,000,000	1,024,740	1,037,640
	BAXTER INTERNATIONAL INC.	11/29/2024	1.322	USD	4,000,000	3,927,126	3,724,920
	BAYER US FINANCE LLC	10/08/2024	3.375	USD	10,200,000	9,825,048	9,861,054
	BBFI LIQUIDATING TRUST	12/30/2099	0.000	USD	224,389	134,790	224,389
	BECTON, DICKINSON AND COMPANY	06/06/2024	3.363	USD	4,000,000	4,287,400	3,908,960
	BELL CANADA	03/17/2024	0.750	USD	500,000	499,780	474,070
	BERKSHIRE HATHAWAY ENERGY COMPANY	01/15/2023	2.800	USD	4,834,000	4,809,755	4,830,665
	BERKSHIRE HATHAWAY ENERGY COMPANY	04/15/2025	4.050	USD	1,000,000	1,022,640	985,370
	BERKSHIRE HATHAWAY, INC.	03/15/2023	2.750	USD	6,000,000	6,252,580	5,974,320
	BERRY GLOBAL INC.	02/15/2024	0.950	USD	3,000,000	2,998,475	2,842,920
	BGC PARTNERS, INC.	10/01/2024	3.750	USD	500,000	498,725	478,490
	BIOGEN INC.	09/15/2025	4.050	USD	1,420,000	1,377,593	1,381,575
	BLACK HILLS CORPORATION	08/23/2024	1.037	USD	500,000	500,965	466,505
	BLACKSTONE PRIVATE CREDIT FUND	11/22/2024	2.350	USD	4,500,000	4,139,015	4,120,650
	BLACKSTONE PRIVATE CREDIT FUND	01/15/2025	2.700	USD	1,000,000	986,740	924,500
	BMW VEHICLE LEASE TRUST 2021-1	07/25/2024	0.370	USD	12,815,000	12,814,491	12,520,383
	BMW VEHICLE LEASE TRUST 2022-1	05/27/2025	1.230	USD	8,405,000	8,404,460	7,964,494
	BNP PARIBAS S.A.	10/15/2024	4.250	USD	3,000,000	3,266,700	2,934,600
	BORGWARNER INC.	10/01/2025	5.000	USD	4,900,000	4,767,014	4,805,332
	BOSTON PROPERTIES LIMITED PARTNERSHIP	02/01/2024	3.800	USD	2,000,000	2,102,455	1,964,800
	BOSTON PROPERTIES LIMITED PARTNERSHIP	01/15/2025	3.200	USD	2,000,000	2,021,440	1,914,200
	BPCE	04/15/2024	4.000	USD	3,000,000	3,281,490	2,950,320
	BRIXMOR OPERATING PARTNERSHIP L.P.	02/01/2025	3.850	USD	1,500,000	1,522,995	1,440,240
	BROADCOM INC.	10/15/2024	3.625	USD	500,000	535,040	487,050
	BROADCOM INC.	11/15/2025	3.150	USD	10,000,000	9,350,700	9,480,400
	BROADCOM TECHNOLOGIES INC.	01/15/2024	3.625	USD	10,000,000	9,809,100	9,831,300
	BROOKFIELD FINANCE LLC	04/01/2024	4.000	USD	1,250,000	1,355,318	1,230,988
	BUNGE LIMITED FINANCE CORP.	08/17/2025	1.630	USD	500,000	447,885	455,955
	BURLINGTON NORTHERN SANTA FE, LLC	09/01/2024	3.400	USD	1,000,000	1,067,160	975,990
	BURLINGTON NORTHERN SANTA FE, LLC	04/01/2025	3.000	USD	500,000	499,370	481,095
	BURLINGTON NORTHERN SANTA FE, LLC	09/01/2025	3.650	USD	2,475,000	2,517,983	2,403,448
	CAFCO LLC	03/02/2023	4.780	USD	42,000,000	41,319,647	41,319,647
	CAMPBELL SOUP COMPANY	03/15/2025	3.950	USD	1,000,000	1,016,820	976,630
	CANADIAN IMPERIAL BANK OF COMMERCE	10/18/2024	1.000	USD	500,000	498,235	466,535
	CANADIAN IMPERIAL BANK OF COMMERCE	04/07/2025	3.300	USD	1,095,000	1,084,565	1,051,529
	CANADIAN IMPERIAL BANK OF COMMERCE	08/04/2025	3.945	USD	2,000,000	1,984,900	1,954,980
	CANADIAN PACIFIC RAILWAY COMPANY	12/02/2024	1.350	USD	4,000,000	3,976,389	3,731,240
	CANADIAN PACIFIC RAILWAY COMPANY	02/01/2025	2.900	USD	1,000,000	1,018,330	956,050
	CAPITAL ONE FINANCIAL CORPORATION	05/11/2023	2.600	USD	13,700,000	13,694,109	13,588,756
	CAPITAL ONE FINANCIAL CORPORATION	01/29/2024	3.900	USD	3,000,000	3,125,160	2,963,430
	CAPITAL ONE FINANCIAL CORPORATION	12/06/2024	1.343	USD	8,000,000	7,595,600	7,660,720
	CAPITAL ONE FINANCIAL CORPORATION	05/09/2025	4.166	USD	14,075,000	13,640,505	13,753,386
	CAPITAL ONE FINANCIAL CORPORATION	03/03/2026	2.636	USD	3,000,000	2,930,700	2,811,930
	CARGILL, INCORPORATED	07/23/2023	1.375	USD	7,845,000	7,836,841	7,685,040
	CARGILL, INCORPORATED	04/22/2025	3.500	USD	3,235,000	3,118,475	3,130,542
	CARMAX AUTO OWNER TRUST 2021-1	12/15/2025	0.340	USD	9,798,980	9,797,044	9,472,380
	CARMAX AUTO OWNER TRUST 2022-1	02/18/2025	0.910	USD	960,718	960,663	948,344
	CARMAX AUTO OWNER TRUST 2022-3	09/15/2025	3.810	USD	3,433,000	3,407,287	3,402,446
	CARRIER GLOBAL CORPORATION	02/15/2025	2.242	USD	1,029,000	1,002,138	970,090
	CATERPILLAR FINANCIAL SERVICES CORPORATION	09/14/2023	0.450	USD	16,209,000	16,257,951	15,713,491
	CATERPILLAR FINANCIAL SERVICES CORPORATION	12/07/2023	3.650	USD	5,400,000	5,584,059	5,340,168
	CATERPILLAR FINANCIAL SERVICES CORPORATION	05/17/2024	0.450	USD	5,000,000	5,005,580	4,706,650
	CATERPILLAR FINANCIAL SERVICES CORPORATION	05/17/2024	2.850	USD	500,000	535,590	486,260
	CATERPILLAR FINANCIAL SERVICES CORPORATION	09/13/2024	0.600	USD	1,000,000	995,895	933,260
	CATERPILLAR FINANCIAL SERVICES CORPORATION	05/13/2025	3.400	USD	1,015,000	1,022,714	987,473
	CATERPILLAR FINANCIAL SERVICES CORPORATION	05/15/2025	1.450	USD	6,665,000	6,130,867	6,192,585
	CATERPILLAR FINANCIAL SERVICES CORPORATION	08/12/2025	3.650	USD	5,300,000	5,157,894	5,173,648
	CATERPILLAR FINANCIAL SERVICES CORPORATION	11/13/2025	0.800	USD	2,000,000	1,794,060	1,795,620
	CELANESE US HOLDINGS LLC	05/08/2024	3.500	USD	405,000	432,819	391,060
	CELANESE US HOLDINGS LLC	07/05/2024	5.900	USD	4,000,000	4,015,440	4,000,320
	CELANESE US HOLDINGS LLC	03/15/2025	6.050	USD	2,000,000	2,005,800	1,994,680
	CELULOSA ARAUCO Y CONSTITUCION S.A.	08/01/2024	4.500	USD	500,000	542,500	492,280
	CHARTER COMMUNICATIONS OPERATING, LLC	07/23/2025	4.908	USD	4,000,000	4,056,600	3,923,600
	CHEVRON CORPORATION	05/11/2023	1.141	USD	6,000,000	6,000,000	5,922,300
	CHEVRON CORPORATION	05/11/2025	1.554	USD	3,000,000	2,882,040	2,793,360
	CHEVRON U.S.A. INC.	08/12/2025	0.687	USD	500,000	459,025	452,265
	CHUBB INA HOLDINGS INC.	05/15/2024	3.350	USD	1,000,000	1,040,370	979,070
	CIGNA CORPORATION	07/15/2023	3.750	USD	8,144,000	8,737,833	8,090,005
	CIGNA CORPORATION	03/15/2024	0.613	USD	750,000	748,725	711,240
	CIGNA CORPORATION	11/15/2025	4.125	USD	1,000,000	981,350	977,700
	CISCO SYSTEMS, INC.	02/28/2023	2.600	USD	8,900,000	9,332,807	8,871,965
	CISCO SYSTEMS, INC.	09/20/2023	2.200	USD	10,000,000	10,310,022	9,822,600
	CITIGROUP INC.	10/25/2023	3.875	USD	2,245,000	2,243,159	2,225,491
	CITIGROUP INC.	06/01/2024	4.044	USD	22,000,000	21,799,580	21,855,900
	CITIGROUP INC.	10/30/2024	0.776	USD	13,300,000	12,629,813	12,746,321
	CITIGROUP INC.	03/26/2025	3.875	USD	2,000,000	1,980,460	1,946,020
	CITIGROUP INC.	04/24/2025	3.352	USD	5,000,000	5,352,282	4,844,500
	CITIGROUP INC.	04/27/2025	3.300	USD	11,699,000	11,426,261	11,336,214
	CITIGROUP INC.	05/01/2025	0.981	USD	2,050,000	1,899,038	1,918,800
	CITIGROUP INC.	05/24/2025	4.140	USD	5,875,000	5,863,836	5,760,614
	CITIGROUP INC.	06/10/2025	4.400	USD	2,000,000	2,026,880	1,964,660
	CITIGROUP INC.	09/13/2025	5.500	USD	2,000,000	2,005,700	2,013,880
	CITIGROUP INC.	11/03/2025	1.281	USD	2,000,000	1,991,580	1,843,780
	CITIGROUP INC.	03/17/2026	3.290	USD	3,000,000	2,983,560	2,856,750
	CITIZENS BANK, N.A.	04/28/2025	2.250	USD	12,000,000	11,969,640	11,186,760
	CNH EQUIPMENT TRUST 2020-A	06/16/2025	1.160	USD	2,702,117	2,701,587	2,664,828
	CNH EQUIPMENT TRUST 2021-A	12/15/2025	0.400	USD	9,506,119	9,503,896	9,103,535
	CNH INDUSTRIAL CAPITAL LLC	05/23/2025	3.950	USD	1,000,000	1,006,760	970,770
	CNH INDUSTRIAL CAPITAL LLC	10/14/2025	5.450	USD	500,000	495,005	501,535
	COLGATE-PALMOLIVE COMPANY	08/15/2025	3.100	USD	500,000	493,720	484,785
	COMCAST CORPORATION	04/15/2024	3.700	USD	2,000,000	2,182,660	1,970,240
	COMCAST CORPORATION	02/15/2025	3.375	USD	2,000,000	2,062,180	1,940,160
	COMCAST CORPORATION	08/15/2025	3.375	USD	3,000,000	2,965,260	2,896,080
	COMCAST CORPORATION	10/15/2025	3.950	USD	18,360,000	19,115,172	17,996,105
	COMCAST CORPORATION	11/07/2025	5.250	USD	1,000,000	1,014,380	1,014,280

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2022

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	COMMONSPIRIT HEALTH	10/01/2024	2.760 %	USD	$ 500,000	$ 521,720	$ 479,620
*	CONAGRA BRANDS INC.	05/01/2024	4.300	USD	2,000,000	2,210,120	1,973,160
	CONSTELLATION ENERGY GENERATION, LLC	06/01/2025	3.250	USD	10,900,000	10,859,221	10,435,115
	CONSUMERS ENERGY COMPANY	08/15/2023	3.375	USD	2,600,000	2,600,936	2,575,872
	CONTINENTAL RESOURCES, INC.	06/01/2024	3.800	USD	3,000,000	3,123,410	2,918,730
	CREDIT SUISSE AG (NEW YORK BRANCH)	09/09/2024	3.625	USD	2,000,000	2,158,000	1,865,700
	CREDIT SUISSE AG (NEW YORK BRANCH)	02/21/2025	3.700	USD	4,000,000	3,979,680	3,690,880
	CREDIT SUISSE GROUP AG	03/26/2025	3.750	USD	2,000,000	1,972,140	1,801,360
	CROWN CASTLE INC.	07/15/2025	1.350	USD	4,240,000	3,816,886	3,860,435
	CSX CORPORATION	08/01/2024	3.400	USD	1,500,000	1,598,570	1,464,705
*	CVS HEALTH CORPORATION	08/15/2024	2.625	USD	810,000	852,784	778,110
*	CVS HEALTH CORPORATION	07/20/2025	3.875	USD	4,000,000	4,021,560	3,906,240
	DANSKE BANK A/S	09/10/2025	0.976	USD	3,505,000	3,167,504	3,201,502
	DAVID'S BRIDAL INC.	01/18/2024	0.000	USD	119	340	-
	DELL INTERNATIONAL LLC	06/15/2023	5.450	USD	914,000	975,144	914,567
	DELL INTERNATIONAL LLC	07/15/2025	5.850	USD	2,000,000	2,082,640	2,022,820
	DEUTSCHE BANK AG	02/27/2023	3.950	USD	5,000,000	4,957,250	4,982,750
	DEUTSCHE BANK AG	05/28/2024	0.898	USD	4,000,000	4,005,920	3,741,600
	DEUTSCHE BANK AG	04/01/2025	1.447	USD	1,000,000	1,002,050	929,060
	DEUTSCHE BANK AG	07/14/2026	6.119	USD	4,000,000	4,033,920	3,980,440
	DH EUROPE FINANCE II S.A.R.L.	11/15/2024	2.200	USD	7,650,000	7,659,033	7,283,795
	DIAGEO CAPITAL PLC	09/29/2025	1.375	USD	12,650,000	12,636,468	11,610,676
	DIAGEO CAPITAL PLC	10/24/2025	5.200	USD	750,000	750,345	757,860
	DISCOVER BANK	09/12/2024	2.450	USD	1,000,000	981,050	946,320
	DOLLAR TREE, INC.	05/15/2025	4.000	USD	4,000,000	4,048,640	3,907,320
	DOMINION ENERGY, INC.	08/15/2024	3.071	USD	500,000	529,930	482,000
	DOMINION ENERGY, INC.	10/01/2054	5.750	USD	1,750,000	1,917,206	1,640,065
	DR HORTON INC.	10/15/2024	2.500	USD	500,000	521,200	476,335
	DTE ENERGY COMPANY	10/01/2024	2.529	USD	500,000	521,230	478,160
	DTE ENERGY COMPANY	11/01/2024	4.220	USD	2,000,000	1,999,740	1,966,740
	DUKE ENERGY CORPORATION	04/15/2024	3.750	USD	8,000,000	8,128,775	7,860,080
	DUKE ENERGY CORPORATION	09/15/2025	0.900	USD	6,000,000	5,285,220	5,366,280
	DUPONT DE NEMOURS INC.	11/15/2025	4.493	USD	6,200,000	6,083,156	6,102,350
	EASTERN ENERGY GAS HOLDINGS, LLC	11/15/2024	2.500	USD	500,000	510,495	476,520
	EDISON INTERNATIONAL	11/15/2024	3.550	USD	1,000,000	1,049,560	965,960
	ELEVANCE HEALTH, INC.	08/15/2024	3.500	USD	4,000,000	3,897,280	3,903,360
	ELEVANCE HEALTH, INC.	12/01/2024	3.350	USD	1,250,000	1,282,395	1,212,213
	ELEVANCE HEALTH, INC.	01/15/2025	2.375	USD	11,043,000	10,576,303	10,490,519
	EMERSON ELECTRIC COMPANY	06/01/2025	3.150	USD	500,000	492,775	483,045
	ENBRIDGE INC.	02/16/2024	2.150	USD	3,990,000	3,837,103	3,851,308
	ENBRIDGE INC.	06/10/2024	3.500	USD	3,000,000	3,205,954	2,916,630
	ENBRIDGE INC.	01/15/2025	2.500	USD	500,000	488,475	473,345
	ENBRIDGE INC.	02/14/2025	2.500	USD	500,000	500,554	472,110
	ENERGY TRANSFER PARTNERS, L.P.	04/15/2024	4.500	USD	1,250,000	1,361,805	1,232,588
	ENERGY TRANSFER PARTNERS, L.P.	03/15/2025	4.050	USD	12,000,000	11,969,860	11,632,680
	ENTERGY LOUISIANA, LLC	10/01/2024	0.950	USD	4,000,000	3,982,320	3,725,120
	ENTERGY LOUISIANA, LLC	11/01/2024	5.400	USD	750,000	826,028	753,780
	ENTERPRISE PRODUCTS OPERATING, LLC	02/15/2024	3.900	USD	500,000	545,370	492,465
	EQT CORPORATION	10/01/2025	5.678	USD	500,000	496,415	497,910
	EQUIFAX INC.	12/01/2024	2.600	USD	2,750,000	2,832,308	2,627,350
	EQUINIX, INC.	11/18/2024	2.625	USD	2,000,000	2,059,380	1,905,880
	EVERGY, INC.	09/15/2024	2.450	USD	3,000,000	3,120,180	2,849,790
	EVERSOURCE ENERGY	01/15/2025	3.150	USD	3,800,000	3,623,832	3,653,966
	EXPORT DEV CORPORATION	01/19/2023	3.880	USD	5,000,000	4,932,100	4,932,100
	EXXON MOBIL CORPORATION	08/16/2024	2.019	USD	3,000,000	3,096,700	2,870,760
	EXXON MOBIL CORPORATION	03/06/2025	2.709	USD	1,000,000	995,870	956,850
	EXXON MOBIL CORPORATION	03/19/2025	2.992	USD	4,000,000	4,014,440	3,856,760
	FIDELITY NATIONAL INFORMATION SERVICES, INC.	07/15/2025	4.500	USD	3,670,000	3,617,174	3,601,518
	FIFTH THIRD BANCORP	05/05/2023	1.625	USD	6,045,000	6,041,131	5,978,142
	FIFTH THIRD BANCORP	01/25/2024	3.650	USD	5,000,000	4,904,900	4,923,850
	FIFTH THIRD BANK, NATIONAL ASSOCIATION	01/30/2023	1.800	USD	5,650,000	5,645,254	5,637,853
	FISERV, INC.	07/01/2024	2.750	USD	7,497,000	7,448,366	7,220,811
	FISERV, INC.	06/01/2025	3.850	USD	2,000,000	1,971,080	1,941,320
	FLORIDA POWER & LIGHT COMPANY	04/01/2025	2.850	USD	3,000,000	2,985,630	2,874,210
*	FORD CREDIT AUTO LEASE TRUST 2021-B	12/15/2024	0.400	USD	12,710,000	12,707,931	12,182,281
*	FORD CREDIT AUTO LEASE TRUST 2022-A	10/15/2024	2.780	USD	4,617,154	4,572,599	4,567,474
*	FORD CREDIT AUTO OWNER TRUST 2020-A	08/15/2024	1.040	USD	1,553,165	1,552,890	1,538,891
	FORTUNE BRANDS INNOVATIONS	06/15/2025	4.000	USD	500,000	492,030	486,925
	FS KKR CAPITAL CORP	10/12/2024	1.650	USD	1,000,000	974,145	901,950
	FS KKR CAPITAL CORP	02/01/2025	4.125	USD	500,000	505,240	470,375
	GATX CORPORATION	02/15/2024	4.350	USD	5,290,000	5,219,960	5,213,295
	GE HEALTHCARE TECHNOLOGIES INC.	11/15/2025	5.600	USD	1,000,000	1,008,090	1,006,930
	GENERAL DYNAMICS CORPORATION	05/15/2023	3.375	USD	2,678,000	2,741,574	2,663,084
	GENERAL DYNAMICS CORPORATION	11/15/2024	2.375	USD	1,250,000	1,266,720	1,193,688
	GENERAL MILLS, INC.	11/18/2025	5.241	USD	500,000	500,555	501,390
*	GENERAL MOTORS COMPANY	10/02/2023	4.875	USD	15,000,000	14,948,550	14,952,600
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	03/08/2024	1.050	USD	14,110,000	14,103,509	13,403,230
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	10/15/2024	1.200	USD	5,645,000	5,327,459	5,228,455
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	11/07/2024	3.500	USD	7,000,000	6,687,310	6,743,870
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	01/15/2025	4.000	USD	2,000,000	2,099,020	1,941,860
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	04/07/2025	3.800	USD	3,650,000	3,635,875	3,526,010
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	06/20/2025	2.750	USD	2,000,000	1,918,420	1,873,680
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	10/10/2025	6.050	USD	3,000,000	2,989,080	3,049,620
	GENPACT LUXEMBOURG S.A R.L.	12/01/2024	3.375	USD	1,250,000	1,305,100	1,196,250
	GENUINE PARTS COMPANY	02/01/2025	1.750	USD	500,000	490,170	467,160
	GILEAD SCIENCES, INC.	02/01/2025	3.500	USD	5,000,000	5,112,550	4,843,950
	GLAXOSMITHKLINE CAPITAL PLC	06/01/2024	3.000	USD	16,000,000	17,246,320	15,570,400
	GLOBAL PAYMENTS INC.	06/01/2023	4.000	USD	3,045,000	3,021,158	3,026,547
	GLOBAL PAYMENTS INC.	11/15/2024	1.500	USD	750,000	741,443	696,135
	GLOBAL PAYMENTS INC.	02/15/2025	2.650	USD	2,000,000	1,972,970	1,883,020
	GLP CAPITAL L.P.	09/01/2024	3.350	USD	1,000,000	980,995	956,270
*	GM FINANCIAL AUTOMOBILE LEASING TRUST 2022-2	10/21/2024	2.930	USD	6,557,983	6,483,353	6,482,173
*	GM FINANCIAL CONSUMER AUTOMOBILE RECEIVABLES TRUST 2019-4	07/16/2024	1.750	USD	69,500	69,289	69,347
*	GM FINANCIAL CONSUMER AUTOMOBILE RECEIVABLES TRUST 2020-2	12/16/2024	1.490	USD	3,875,418	3,854,439	3,829,146
*	GM FINANCIAL CONSUMER AUTOMOBILE RECEIVABLES TRUST 2021-1	10/16/2025	0.350	USD	7,348,753	7,347,583	7,109,478
	GOLUB CAPITAL BDC, INC.	04/15/2024	3.375	USD	500,000	519,690	481,010
	GSK CONSUMER HEALTHCARE CAPITAL UK PLC	03/24/2025	3.125	USD	3,000,000	2,834,310	2,855,040
	GSK CONSUMER HEALTHCARE CAPITAL US LLC	03/24/2024	3.024	USD	1,000,000	1,000,030	970,860
	HCA INC.	03/15/2024	5.000	USD	3,000,000	3,341,100	2,983,770
	HONDA AUTO RECEIVABLES 2020-2 OWNER TRUST	07/15/2024	0.820	USD	4,787,285	4,786,908	4,716,912

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
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NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	HONDA MOTOR CO., LTD.	03/10/2025	2.271 %	USD	$ 2,000,000	$ 1,952,400	$ 1,893,920
	HONEYWELL INTERNATIONAL INC.	08/15/2024	2.300	USD	1,000,000	1,032,885	961,880
	HONEYWELL INTERNATIONAL INC.	06/01/2025	1.350	USD	2,000,000	1,877,720	1,850,540
	HOST HOTELS & RESORTS, L.P.	04/01/2024	3.875	USD	500,000	532,850	486,805
	HP INC.	06/17/2025	2.200	USD	2,000,000	1,877,740	1,872,300
	HSBC BANK PLC	02/02/2023	4.540	USD	3,000,000	3,000,000	3,000,000
	HSBC HOLDINGS PLC	08/17/2024	0.732	USD	8,000,000	7,615,040	7,710,240
	HSBC HOLDINGS PLC	11/22/2024	1.162	USD	2,695,000	2,542,059	2,567,500
	HSBC HOLDINGS PLC	05/24/2025	0.976	USD	5,000,000	5,027,150	4,631,150
	HSBC HOLDINGS PLC	08/18/2025	4.250	USD	3,000,000	2,965,260	2,888,250
	HSBC HOLDINGS PLC	11/07/2025	2.633	USD	4,000,000	4,105,520	3,761,960
	HSBC HOLDINGS PLC	12/09/2025	4.180	USD	3,000,000	2,954,310	2,910,870
	HSBC HOLDINGS PLC	03/10/2026	2.999	USD	3,000,000	2,933,130	2,821,620
	HSBC HOLDINGS PLC	04/18/2026	1.645	USD	3,000,000	2,794,050	2,713,230
	HSBC HOLDINGS PLC	06/04/2026	2.099	USD	2,000,000	1,851,060	1,823,580
	HUMANA INC.	10/01/2024	3.850	USD	500,000	537,825	490,290
	HYATT HOTELS CORPORATION	10/01/2024	1.800	USD	1,000,000	981,820	937,340
	HYUNDAI AUTO LEASE SECURITIZATION TRUST 2021-A	01/15/2024	0.330	USD	2,217,998	2,217,722	2,205,422
	HYUNDAI AUTO LEASE SECURITIZATION TRUST 2021-B	08/15/2025	0.380	USD	5,600,000	5,599,243	5,390,504
	HYUNDAI AUTO LEASE SECURITIZATION TRUST 2021-C	09/15/2025	0.480	USD	8,050,000	8,049,523	7,660,944
	HYUNDAI AUTO RECEIVABLES TRUST 2020-A	11/15/2024	1.410	USD	2,728,974	2,728,338	2,691,205
	IBERDROLA INTERNATIONAL B.V.	03/15/2025	5.810	USD	1,000,000	1,068,980	1,014,020
	ING GROEP N.V.	04/09/2024	3.550	USD	2,000,000	2,159,960	1,957,000
	INNOPHOS HOLDINGS, INC.	02/07/2027	5.421	USD	189,638	188,689	185,134
	INTEL CORPORATION	05/11/2024	2.875	USD	2,000,000	2,141,080	1,948,940
	INTEL CORPORATION	07/29/2025	3.700	USD	17,055,000	17,086,369	16,650,626
	INTERCONTINENTAL EXCHANGE, INC.	05/23/2025	3.650	USD	5,000,000	5,052,650	4,893,300
	INTERNATIONAL BUSINESS MACHINES CORPORATION	08/01/2023	3.375	USD	7,590,000	8,201,147	7,516,149
	INTERNATIONAL BUSINESS MACHINES CORPORATION	05/15/2024	3.000	USD	5,500,000	5,825,680	5,350,895
	INTERNATIONAL BUSINESS MACHINES CORPORATION	07/27/2025	4.000	USD	7,800,000	7,838,720	7,667,556
	INTERNATIONAL FLAVORS & FRAGRANCES, INC.	10/01/2025	1.230	USD	10,700,000	9,312,959	9,456,660
	INTUIT INC.	07/15/2025	0.950	USD	1,000,000	929,330	910,760
	J.P. MORGAN SECURITIES LLC	07/28/2023	5.100	USD	50,000,000	48,087,500	48,087,500
	JOHN DEERE CAPITAL CORPORATION	04/06/2023	1.200	USD	5,340,000	5,338,718	5,293,595
	JOHN DEERE CAPITAL CORPORATION	06/07/2024	0.450	USD	3,700,000	3,695,009	3,478,703
	JOHN DEERE CAPITAL CORPORATION	06/24/2024	2.650	USD	15,000,000	15,814,600	14,543,100
	JOHN DEERE CAPITAL CORPORATION	09/10/2024	0.625	USD	1,000,000	997,660	933,590
	JOHN DEERE CAPITAL CORPORATION	10/11/2024	4.550	USD	500,000	498,920	500,170
	JOHN DEERE CAPITAL CORPORATION	03/13/2025	3.450	USD	1,000,000	1,014,360	974,010
	JOHN DEERE CAPITAL CORPORATION	06/06/2025	3.400	USD	9,765,000	9,481,676	9,482,499
	JOHN DEERE OWNER TRUST 2021	09/15/2025	0.360	USD	12,197,748	12,195,404	11,777,414
	JOHN DEERE OWNER TRUST 2022-B	06/16/2025	3.730	USD	3,417,000	3,381,087	3,384,812
	JOHNSON & JOHNSON	01/15/2025	2.625	USD	11,493,000	12,483,582	11,086,148
	JOHNSON & JOHNSON	09/01/2025	0.550	USD	3,000,000	2,691,120	2,707,800
	JPMORGAN CHASE & COMPANY	01/25/2023	3.200	USD	2,820,000	2,765,771	2,817,829
	JPMORGAN CHASE & COMPANY	07/23/2024	3.797	USD	17,525,000	17,271,413	17,350,101
	JPMORGAN CHASE & COMPANY	09/10/2024	3.875	USD	2,000,000	2,174,500	1,958,520
	JPMORGAN CHASE & COMPANY	01/23/2025	3.125	USD	4,000,000	4,150,200	3,862,680
	JPMORGAN CHASE & COMPANY	02/16/2025	0.563	USD	2,000,000	2,001,000	1,886,740
	JPMORGAN CHASE & COMPANY	06/01/2025	0.824	USD	16,610,000	15,659,700	15,485,171
	JPMORGAN CHASE & COMPANY	06/23/2025	0.969	USD	5,775,000	5,338,699	5,383,109
	JPMORGAN CHASE & COMPANY	07/15/2025	3.900	USD	4,000,000	4,026,160	3,909,360
	JPMORGAN CHASE & COMPANY	08/09/2025	0.768	USD	4,000,000	3,988,160	3,693,400
	JPMORGAN CHASE & COMPANY	10/15/2025	2.301	USD	12,650,000	12,233,441	11,933,884
	JPMORGAN CHASE & COMPANY	12/10/2025	1.561	USD	4,000,000	4,008,840	3,705,240
	JPMORGAN CHASE & COMPANY	03/13/2026	2.005	USD	3,000,000	2,883,600	2,778,660
	JPMORGAN CHASE & COMPANY	04/22/2026	2.083	USD	2,000,000	1,896,800	1,855,660
	JPMORGAN CHASE & COMPANY	04/26/2026	4.080	USD	3,000,000	3,011,460	2,918,280
*	KEURIG DR PEPPER INC.	03/15/2024	0.750	USD	2,000,000	2,001,160	1,899,140
	KEYBANK NATIONAL ASSOCIATION	08/08/2025	4.150	USD	4,000,000	3,985,680	3,913,400
	KEYCORP	05/23/2025	3.878	USD	1,510,000	1,469,683	1,478,033
	KIMCO REALTY OP LLC	02/01/2025	3.300	USD	500,000	511,320	479,425
*	KINDER MORGAN, INC.	11/15/2023	5.625	USD	10,410,000	11,373,843	10,415,517
*	KINDER MORGAN, INC.	06/01/2025	4.300	USD	2,000,000	1,986,160	1,962,980
	KLA CORPORATION	11/01/2024	4.650	USD	610,000	663,851	608,445
	KT CORPORATION	08/08/2025	4.000	USD	500,000	497,980	486,820
	LABORATORY CORPORATION OF AMERICA HOLDINGS	12/01/2024	2.300	USD	500,000	512,570	473,050
	LABORATORY CORPORATION OF AMERICA HOLDINGS	02/01/2025	3.600	USD	3,000,000	3,060,804	2,905,590
	LLOYDS BANKING GROUP PLC	08/16/2023	4.050	USD	14,405,000	14,261,238	14,306,758
	LLOYDS BANKING GROUP PLC	05/11/2024	0.695	USD	440,000	426,303	431,556
	LLOYDS BANKING GROUP PLC	11/04/2024	4.500	USD	2,000,000	2,167,700	1,951,440
	LLOYDS BANKING GROUP PLC	07/09/2025	3.870	USD	2,000,000	2,167,840	1,936,520
	LLOYDS BANKING GROUP PLC	02/05/2026	2.438	USD	2,000,000	1,926,140	1,863,320
	LLOYDS BANKING GROUP PLC	03/18/2026	3.511	USD	2,000,000	1,980,700	1,901,420
	LLOYDS BANKING GROUP PLC	08/11/2026	4.716	USD	2,000,000	1,984,860	1,958,360
	LOCKHEED MARTIN CORPORATION	10/15/2025	4.950	USD	500,000	501,870	504,010
	LOWE'S COMPANIES, INC.	04/15/2025	4.000	USD	2,000,000	2,003,680	1,962,400
	LOWE'S COMPANIES, INC.	09/08/2025	4.400	USD	5,000,000	4,947,550	4,929,250
	LYONDELLBASELL INDUSTRIES N.V.	04/15/2024	5.750	USD	570,000	638,987	571,676
	MANUFACTURERS AND TRADERS TRUST COMPANY	11/21/2025	5.400	USD	500,000	501,985	503,040
*	MARATHON PETROLEUM CORPORATION	05/01/2025	4.700	USD	3,000,000	3,082,980	2,956,320
	MARRIOTT INTERNATIONAL, INC.	05/01/2025	5.750	USD	750,000	752,618	757,005
	MARSH & MCLENNAN COMPANIES, INC.	03/15/2024	3.875	USD	3,500,000	3,759,125	3,452,575
	MASSMUTUAL GLOBAL FUNDING	01/11/2025	2.950	USD	4,650,000	4,640,654	4,472,045
	MASTERCARD INC.	03/03/2025	2.000	USD	16,761,000	17,614,805	15,842,832
	MCDONALD'S CORPORATION	04/01/2023	3.350	USD	5,400,000	5,476,737	5,379,642
	MCDONALD'S CORPORATION	07/01/2025	3.300	USD	1,000,000	980,795	967,420
	MCKESSON CORPORATION	03/15/2024	3.796	USD	2,000,000	2,171,080	1,966,460
	MERCEDES-BENZ FINANCE NORTH AMERICA LLC	05/19/2025	3.300	USD	7,000,000	6,637,820	6,738,410
	MERCEDES-BENZ FINANCE NORTH AMERICA LLC	08/03/2025	3.500	USD	4,350,000	4,114,926	4,185,657
	MERCK & CO., INC.	05/18/2023	2.800	USD	19,325,000	20,539,520	19,180,642
	MERCK & CO., INC.	03/07/2024	2.900	USD	4,810,000	4,810,562	4,706,970
	MERCK & CO., INC.	02/10/2025	2.750	USD	2,000,000	2,040,860	1,918,140
	METLIFE SHORT TERM FUNDING LLC	04/14/2023	4.392	USD	16,500,000	16,183,750	16,183,750
	METLIFE, INC.	04/10/2024	3.600	USD	2,500,000	2,719,815	2,455,600
	MICROCHIP TECHNOLOGY INC.	09/01/2024	0.983	USD	2,000,000	1,862,960	1,852,760
	MICROCHIP TECHNOLOGY INC.	09/01/2025	4.250	USD	975,000	945,565	947,252
	MICROSOFT CORPORATION	02/06/2024	2.875	USD	3,000,000	3,208,690	2,944,200
	MICROSOFT CORPORATION	02/12/2025	2.700	USD	2,000,000	2,044,700	1,922,920
	MICROSOFT CORPORATION	11/03/2025	3.125	USD	1,000,000	968,860	966,910
	MIRABELA NICKEL LTD.	06/24/2019	9.500	USD	857	29	43

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	MITSUBISHI UFJ FINANCIAL GROUP, INC.	07/18/2024	2.801 %	USD	$ 4,000,000	$ 4,234,760	$ 3,845,680
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	09/15/2024	0.848	USD	10,000,000	9,544,300	9,653,100
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	07/18/2025	4.788	USD	4,000,000	4,026,440	3,961,760
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	07/19/2025	0.953	USD	12,405,000	11,568,929	11,531,192
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	10/11/2025	0.962	USD	2,000,000	1,986,060	1,839,780
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	04/17/2026	3.837	USD	1,000,000	1,002,470	963,840
	MIZUHO FINANCIAL GROUP, INC.	09/13/2025	2.555	USD	3,000,000	2,817,300	2,832,840
	MMAF EQUIPMENT FINANCE LLC 2019-B	12/12/2024	2.010	USD	5,565,254	5,563,816	5,461,851
	MONDELEZ INTERNATIONAL, INC.	03/17/2024	2.125	USD	500,000	495,585	482,330
	MOODY'S CORPORATION	03/24/2025	3.750	USD	750,000	759,968	729,728
	MORGAN STANLEY	02/25/2023	3.750	USD	13,182,000	13,515,003	13,154,977
	MORGAN STANLEY	11/10/2023	4.766	USD	700,000	697,410	697,949
	MORGAN STANLEY	01/22/2025	0.791	USD	6,900,000	6,451,914	6,524,709
	MORGAN STANLEY	05/30/2025	0.790	USD	17,115,000	16,136,825	15,947,244
	MORGAN STANLEY	07/22/2025	2.720	USD	3,500,000	3,683,355	3,347,470
	MORGAN STANLEY	07/23/2025	4.000	USD	13,200,000	13,474,824	12,906,696
	MORGAN STANLEY	10/21/2025	0.864	USD	4,000,000	3,963,800	3,672,680
	MORGAN STANLEY	10/21/2025	1.164	USD	10,310,000	9,734,488	9,476,333
	MORGAN STANLEY	02/18/2026	2.630	USD	2,000,000	1,994,760	1,879,740
	MORGAN STANLEY	07/17/2026	4.679	USD	5,000,000	4,990,544	4,918,250
	MORGAN STANLEY	10/16/2026	6.138	USD	1,435,000	1,442,261	1,466,900
	MPLX L.P.	06/01/2025	4.875	USD	2,000,000	2,006,860	1,970,840
	NATIONAL AUSTRALIA BANK LTD.	06/09/2025	3.500	USD	1,000,000	987,260	970,140
	NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORPORATION	02/08/2024	0.350	USD	2,000,000	1,994,022	1,898,020
	NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORPORATION	10/18/2024	1.000	USD	1,500,000	1,491,578	1,388,235
	NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORPORATION	01/27/2025	2.850	USD	750,000	744,518	720,338
	NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORPORATION	02/07/2025	1.875	USD	500,000	494,730	469,185
	NATWEST GROUP PLC	06/25/2024	4.519	USD	5,945,000	5,873,719	5,890,484
	NATWEST GROUP PLC	03/22/2025	4.269	USD	5,000,000	5,208,650	4,891,000
*	NESTLE HOLDINGS, INC.	09/14/2024	0.606	USD	5,000,000	4,631,550	4,663,500
	NETAPP, INC.	06/22/2025	1.875	USD	3,000,000	2,731,950	2,757,660
	NEW YORK LIFE GLOBAL FUNDING	04/10/2024	2.875	USD	7,225,000	7,220,015	7,033,393
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	09/01/2024	4.255	USD	2,000,000	2,010,000	1,975,940
	NISOURCE INC.	08/15/2025	0.950	USD	2,000,000	1,831,640	1,804,640
	NOMURA HOLDINGS, INC.	07/03/2025	5.099	USD	1,000,000	1,016,080	989,580
	NOMURA HOLDINGS, INC.	07/16/2025	1.851	USD	4,000,000	3,692,920	3,648,480
	NORDEA BANK ABP	06/06/2025	3.600	USD	8,050,000	7,704,092	7,774,207
	NORTHROP GRUMMAN CORPORATION	01/15/2025	2.930	USD	1,220,000	1,247,716	1,170,871
	NOVARTIS CAPITAL CORPORATION	05/06/2024	3.400	USD	4,500,000	4,897,703	4,410,135
	NOVARTIS CAPITAL CORPORATION	02/14/2025	1.750	USD	500,000	495,615	471,580
	NOVARTIS CAPITAL CORPORATION	11/20/2025	3.000	USD	2,000,000	1,924,660	1,918,900
	NTT FINANCE CORPORATION	03/01/2024	0.583	USD	3,880,000	3,654,223	3,679,249
	NVIDIA CORPORATION	06/14/2024	0.584	USD	4,500,000	4,500,000	4,247,640
	OMEGA HEALTHCARE INVESTORS, INC.	04/01/2024	4.950	USD	500,000	545,945	492,820
	OMEGA HEALTHCARE INVESTORS, INC.	01/15/2025	4.500	USD	500,000	522,015	486,150
	ONCOR ELECTRIC DELIVERY COMPANY LLC	06/01/2024	2.750	USD	750,000	797,078	725,888
	ONE GAS, INC.	03/11/2024	1.100	USD	5,770,000	5,542,138	5,534,469
	ONEOK, INC.	09/01/2024	2.750	USD	500,000	510,425	478,880
	ORACLE CORPORATION	11/15/2024	2.950	USD	20,363,000	19,707,536	19,621,990
	ORACLE CORPORATION	04/01/2025	2.500	USD	14,270,000	14,821,499	13,448,476
	ORACLE CORPORATION	05/15/2025	2.950	USD	5,000,000	4,781,150	4,747,450
	ORACLE CORPORATION	11/10/2025	5.800	USD	1,000,000	1,021,170	1,022,840
	ORIX CORPORATION	01/16/2024	4.050	USD	500,000	533,535	492,980
	OSCAR US FUNDING TRUST 2018-1	05/12/2025	3.500	USD	548,730	548,564	547,167
	OSCAR US FUNDING TRUST 2018-2	09/10/2025	3.630	USD	1,562,101	1,561,743	1,553,739
	OTIS WORLDWIDE CORPORATION	04/05/2025	2.056	USD	2,000,000	1,908,246	1,872,660
	OWL ROCK CORE INCOME CORP.	03/21/2025	5.500	USD	500,000	498,085	485,040
	PACCAR FINANCIAL CORPORATION	08/11/2023	0.350	USD	15,000,000	14,980,350	14,577,600
	PACCAR FINANCIAL CORPORATION	04/07/2025	2.850	USD	1,250,000	1,245,298	1,199,475
	PACCAR FINANCIAL CORPORATION	08/11/2025	3.550	USD	1,000,000	993,910	972,690
	PACIFIC GAS & ELECTRIC COMPANY	08/15/2024	3.400	USD	500,000	520,400	479,965
	PACIFIC GAS & ELECTRIC COMPANY	06/08/2025	4.950	USD	500,000	491,355	492,665
	PACIFIC GAS & ELECTRIC COMPANY	07/01/2025	3.450	USD	2,000,000	1,902,880	1,894,620
	PARKER-HANNIFIN CORPORATION	06/15/2024	3.650	USD	3,000,000	2,975,970	2,936,490
	PAYPAL HOLDINGS, INC.	10/01/2024	2.400	USD	7,690,000	7,770,569	7,373,326
	PAYPAL HOLDINGS, INC.	06/01/2025	1.650	USD	2,000,000	1,880,780	1,855,120
	PEPSICO, INC.	05/01/2023	0.750	USD	10,885,000	10,863,448	10,744,039
	PEPSICO, INC.	10/07/2023	0.400	USD	7,860,000	7,855,520	7,592,839
	PEPSICO, INC.	03/19/2025	2.250	USD	3,000,000	2,968,050	2,854,380
	PERKINELMER, INC.	09/15/2024	0.850	USD	2,000,000	1,999,420	1,855,040
	PFIZER INC.	09/15/2023	3.200	USD	2,410,000	2,470,804	2,379,152
	PFIZER INC.	03/15/2024	2.950	USD	9,515,000	10,119,453	9,304,814
	PFIZER INC.	05/15/2024	3.400	USD	5,000,000	5,458,680	4,903,450
	PHILIP MORRIS INTERNATIONAL INC.	05/01/2023	1.125	USD	12,065,000	12,024,582	11,915,273
	PHILIP MORRIS INTERNATIONAL INC.	05/01/2024	2.875	USD	2,750,000	2,813,200	2,669,453
	PHILIP MORRIS INTERNATIONAL INC.	11/15/2024	5.125	USD	1,000,000	999,080	1,001,890
	PINNACLE WEST CAPITAL CORPORATION	06/15/2025	1.300	USD	500,000	455,675	455,525
	PLAINS ALL AMERICAN PIPELINE L.P.	11/01/2024	3.600	USD	1,000,000	1,017,340	967,290
	PNC BANK, N.A.	02/23/2025	2.950	USD	5,789,000	5,790,383	5,556,282
	PNC BANK, N.A.	06/01/2025	3.250	USD	2,000,000	1,960,160	1,930,860
	PNC FINANCIAL SERVICES GROUP INC.	01/23/2024	3.500	USD	6,700,000	7,097,109	6,602,515
	PNC FINANCIAL SERVICES GROUP INC.	11/01/2024	2.200	USD	1,500,000	1,516,285	1,433,895
	POTOMAC ELECTRIC POWER COMPANY	03/15/2024	3.600	USD	1,000,000	1,075,820	983,290
	PPG INDUSTRIES, INC.	08/15/2024	2.400	USD	1,000,000	995,675	957,080
	PRECISION CASTPARTS CORPORATION	06/15/2025	3.250	USD	500,000	496,085	482,305
	PRICOA GLOBAL FUNDING I	09/23/2024	2.400	USD	4,770,000	4,769,571	4,544,331
	PRINCIPAL FINANCIAL GROUP INC.	05/15/2025	3.400	USD	10,059,000	10,792,402	9,743,047
	PRUDENTIAL FINANCIAL INC.	05/15/2045	5.375	USD	1,500,000	1,490,625	1,450,455
	PUBLIC SERVICE ENTERPRISE GROUP INCORPORATED	06/15/2024	2.875	USD	1,250,000	1,325,218	1,207,638
	RABOBANK	08/04/2025	4.375	USD	3,000,000	2,883,930	2,930,820
	RABOBANK, NEW YORK BRANCH	01/12/2024	0.375	USD	11,100,000	11,092,341	10,586,625
	RABOBANK, NEW YORK BRANCH	08/22/2024	3.875	USD	810,000	809,109	795,906
	RABOBANK, NEW YORK BRANCH	01/10/2025	1.375	USD	2,000,000	1,980,400	1,868,180
	RAYTHEON TECHNOLOGIES CORPORATION	08/16/2023	3.650	USD	407,000	418,526	403,561
	RAYTHEON TECHNOLOGIES CORPORATION	08/16/2025	3.950	USD	2,000,000	2,002,940	1,956,180
	REALTY INCOME CORPORATION	02/06/2024	4.600	USD	500,000	539,615	496,795
	REALTY INCOME CORPORATION	07/15/2024	3.875	USD	1,250,000	1,359,848	1,227,575
	REPUBLIC SERVICES, INC.	08/15/2024	2.500	USD	6,530,000	6,673,237	6,260,376
	REYNOLDS AMERICAN INC.	06/12/2025	4.450	USD	2,000,000	1,989,480	1,957,660
	ROCKWELL AUTOMATION, INC.	08/15/2023	0.350	USD	1,705,000	1,642,887	1,659,391

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NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	ROGERS COMMUNICATIONS INC.	03/15/2025	2.950 %	USD	$ 750,000	$ 736,005	$ 715,245
	ROPER TECHNOLOGIES, INC.	09/15/2024	2.350	USD	1,000,000	1,040,180	955,220
	ROYAL BANK OF CANADA	07/16/2024	2.550	USD	10,300,000	10,456,044	9,930,745
	ROYAL BANK OF CANADA	10/07/2024	0.750	USD	6,800,000	6,249,472	6,325,700
	ROYAL BANK OF CANADA	11/01/2024	2.250	USD	4,000,000	4,116,960	3,814,840
	ROYAL BANK OF CANADA	01/21/2025	1.600	USD	10,200,000	10,200,000	9,532,002
	ROYAL BANK OF CANADA	04/14/2025	3.375	USD	1,000,000	995,950	967,040
	RYDER SYSTEM, INC.	12/01/2023	3.875	USD	2,500,000	2,466,525	2,468,725
	RYDER SYSTEM, INC.	03/18/2024	3.650	USD	1,000,000	1,044,000	979,820
	RYDER SYSTEM, INC.	09/01/2024	2.500	USD	1,500,000	1,560,535	1,427,430
	SABINE PASS LIQUEFACTION LLC	05/15/2024	5.750	USD	14,521,000	14,809,768	14,538,570
	SABINE PASS LIQUEFACTION LLC	03/01/2025	5.625	USD	4,000,000	4,208,640	4,007,400
	SALESFORCE.COM, INC.	07/15/2024	0.625	USD	17,795,000	17,200,125	16,699,006
	SANTANDER HOLDINGS USA, INC.	06/02/2025	3.450	USD	2,000,000	1,925,760	1,908,400
	SANTANDER HOLDINGS USA, INC.	06/09/2025	4.260	USD	1,000,000	986,740	971,070
	SANTANDER HOLDINGS USA, INC.	07/17/2025	4.500	USD	3,000,000	2,980,800	2,936,850
	SANTANDER UK GROUP HOLDINGS PLC	03/15/2025	1.089	USD	3,000,000	3,005,580	2,803,860
	SANTANDER UK GROUP HOLDINGS PLC	08/21/2026	1.532	USD	2,000,000	1,771,910	1,763,280
	SHELL INTERNATIONAL FINANCE B.V.	11/07/2024	2.000	USD	2,000,000	2,046,000	1,902,300
	SHELL INTERNATIONAL FINANCE B.V.	05/11/2025	3.250	USD	3,000,000	3,012,000	2,909,130
	SIMON PROPERTY GROUP, L.P.	09/13/2024	2.000	USD	2,000,000	2,060,606	1,900,440
	SIMON PROPERTY GROUP, L.P.	10/01/2024	3.375	USD	2,000,000	2,128,040	1,940,960
	SIMON PROPERTY GROUP, L.P.	09/01/2025	3.500	USD	7,390,000	7,458,639	7,082,059
	SKANDINAVISKA ENSKILDA BANKEN AB	09/01/2023	0.550	USD	7,980,000	7,677,079	7,736,610
	SKANDINAVISKA ENSKILDA BANKEN AB	09/09/2024	0.650	USD	2,050,000	1,877,288	1,896,578
	SKY LIMITED	09/16/2024	3.750	USD	11,308,000	11,439,274	11,044,297
	SONOCO PRODUCTS COMPANY	02/01/2025	1.800	USD	500,000	488,795	464,940
	SOUTHERN CALIFORNIA EDISON COMPANY	04/01/2024	1.100	USD	9,400,000	8,971,323	8,930,846
	SOUTHERN CALIFORNIA EDISON COMPANY	08/01/2024	0.975	USD	1,000,000	991,035	935,520
	SOUTHERN CALIFORNIA EDISON COMPANY	06/01/2025	4.200	USD	500,000	498,870	491,090
	SOUTHERN CALIFORNIA GAS COMPANY	09/15/2024	3.150	USD	500,000	529,520	486,635
	SOUTHWEST AIRLINES CO.	05/04/2025	5.250	USD	3,000,000	3,131,910	3,012,960
	SOUTHWESTERN PUBLIC SERVICE COMPANY	06/15/2024	3.300	USD	500,000	533,170	488,890
	SPECTRA ENERGY PARTNERS L.P.	03/15/2024	4.750	USD	5,331,000	5,626,988	5,296,828
	STANDARD CHARTERED PLC	01/12/2025	0.991	USD	12,625,000	11,790,740	11,913,581
	STANLEY BLACK & DECKER, INC.	03/15/2060	4.000	USD	500,000	431,360	425,535
	STARBUCKS CORPORATION	08/15/2025	3.800	USD	4,000,000	3,932,040	3,913,920
	STATE STREET CORPORATION	12/16/2024	3.300	USD	2,000,000	2,127,780	1,952,520
	STATE STREET CORPORATION	08/18/2025	3.550	USD	3,916,000	3,895,598	3,809,955
	STATE STREET CORPORATION	11/01/2025	2.354	USD	2,000,000	2,063,680	1,906,920
	STEEL DYNAMICS, INC.	12/15/2024	2.800	USD	3,500,000	3,516,475	3,326,365
	STRYKER CORPORATION	06/15/2025	1.150	USD	2,000,000	1,842,160	1,830,280
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	01/12/2024	0.508	USD	3,205,000	3,023,597	3,051,961
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	07/16/2024	2.696	USD	4,000,000	4,208,013	3,837,560
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	01/15/2025	2.348	USD	2,000,000	2,030,160	1,892,100
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	07/08/2025	1.474	USD	4,000,000	3,699,240	3,647,680
	SVENSKA HANDELSBANKEN AB	02/16/2023	3.530	USD	6,000,000	5,892,335	5,892,335
	SWEDBANK AB	04/04/2025	3.356	USD	945,000	899,924	907,616
	SYNCHRONY BANK	08/22/2025	5.400	USD	500,000	500,665	493,135
	SYNCHRONY FINANCIAL	08/15/2024	4.250	USD	4,000,000	4,340,600	3,909,840
	SYNCHRONY FINANCIAL	06/13/2025	4.875	USD	1,000,000	987,300	975,600
	SYNOVUS FINANCIAL CORPORATION	08/11/2025	5.200	USD	500,000	502,455	493,660
	TARGET CORPORATION	07/01/2024	3.500	USD	1,000,000	1,087,740	979,840
	TARGET CORPORATION	04/15/2025	2.250	USD	12,625,000	13,217,713	11,979,231
	TEXAS INSTRUMENTS INC.	03/12/2025	1.375	USD	5,000,000	5,071,400	4,671,800
	THE BOEING COMPANY	03/01/2024	2.800	USD	3,925,000	3,889,008	3,806,975
	THE BOEING COMPANY	05/01/2025	4.875	USD	5,000,000	4,976,700	4,954,000
	THE CHARLES SCHWAB CORPORATION	03/18/2024	0.750	USD	3,000,000	3,018,995	2,852,040
	THE CLEVELAND ELECTRIC ILLUMINATING COMPANY	08/15/2024	5.500	USD	500,000	567,230	503,065
	THE ESTEE LAUDER COMPANIES INC.	12/01/2024	2.000	USD	1,570,000	1,560,910	1,490,511
	THE GOLDMAN SACHS GROUP, INC.	12/06/2023	1.217	USD	16,105,000	15,455,485	15,545,512
	THE GOLDMAN SACHS GROUP, INC.	03/08/2024	0.673	USD	10,500,000	10,274,040	10,387,440
	THE GOLDMAN SACHS GROUP, INC.	03/15/2024	3.000	USD	2,000,000	1,997,220	1,950,880
	THE GOLDMAN SACHS GROUP, INC.	07/08/2024	3.850	USD	4,000,000	4,338,760	3,916,120
	THE GOLDMAN SACHS GROUP, INC.	09/10/2024	0.657	USD	5,500,000	5,240,510	5,296,445
	THE GOLDMAN SACHS GROUP, INC.	10/21/2024	0.925	USD	6,365,000	6,041,403	6,111,928
	THE GOLDMAN SACHS GROUP, INC.	01/23/2025	3.500	USD	4,000,000	4,166,880	3,866,560
	THE GOLDMAN SACHS GROUP, INC.	01/24/2025	1.757	USD	6,800,000	6,658,848	6,509,028
	THE GOLDMAN SACHS GROUP, INC.	05/22/2025	3.750	USD	5,000,000	4,814,400	4,839,700
	THE GOLDMAN SACHS GROUP, INC.	09/29/2025	3.272	USD	4,000,000	4,249,766	3,856,320
	THE GOLDMAN SACHS GROUP, INC.	10/21/2025	4.250	USD	4,000,000	3,842,360	3,909,200
	THE HERSHEY COMPANY	06/01/2025	0.900	USD	5,950,000	5,938,993	5,434,730
	THE HOME DEPOT, INC.	02/15/2024	3.750	USD	4,000,000	4,357,860	3,954,200
	THE HOME DEPOT, INC.	09/15/2025	3.350	USD	3,000,000	2,904,090	2,911,080
	THE HUNTINGTON NATIONAL BANK	11/18/2025	5.699	USD	1,000,000	1,001,670	1,002,510
	THE PROCTER & GAMBLE COMPANY	10/29/2025	0.550	USD	3,000,000	2,649,420	2,693,070
	THE SHERWIN-WILLIAMS COMPANY	06/01/2024	3.125	USD	2,000,000	2,108,565	1,943,360
	THE SHERWIN-WILLIAMS COMPANY	08/08/2024	4.050	USD	500,000	500,440	493,145
	THE SHERWIN-WILLIAMS COMPANY	08/08/2025	4.250	USD	500,000	501,750	491,690
	THE SOUTHERN COMPANY	10/06/2025	5.150	USD	500,000	500,055	503,705
	THE TORONTO-DOMINION BANK	03/04/2024	0.550	USD	750,000	748,980	712,485
	THE TORONTO-DOMINION BANK	03/08/2024	2.350	USD	3,000,000	2,982,330	2,911,170
	THE TORONTO-DOMINION BANK	09/10/2024	0.700	USD	11,000,000	10,287,740	10,241,770
	THE TORONTO-DOMINION BANK	09/13/2024	4.285	USD	2,400,000	2,360,328	2,372,928
	THE TORONTO-DOMINION BANK	12/13/2024	1.250	USD	2,000,000	2,002,080	1,861,920
	THE TORONTO-DOMINION BANK	06/06/2025	3.766	USD	17,700,000	17,682,024	17,175,372
	THE WALT DISNEY COMPANY	08/30/2024	1.750	USD	3,500,000	3,470,325	3,338,335
	THE WALT DISNEY COMPANY	03/24/2025	3.350	USD	2,000,000	2,020,680	1,938,360
	THE WESTERN UNION COMPANY	01/10/2025	2.850	USD	750,000	767,453	714,570
	THE WILLIAMS COMPANIES, INC.	11/15/2023	4.500	USD	497,000	492,224	493,307
	THE WILLIAMS COMPANIES, INC.	06/24/2024	4.550	USD	4,000,000	4,359,820	3,957,800
	THE WILLIAMS COMPANIES, INC.	09/15/2025	4.000	USD	1,250,000	1,247,111	1,216,075
	THERMO FISHER SCIENTIFIC INC.	10/18/2024	1.215	USD	13,170,000	12,373,176	12,366,235
	T-MOBILE USA, INC.	04/15/2025	3.500	USD	5,000,000	4,978,350	4,811,650
	TOTALENERGIES CAPITAL INTERNATIONAL	04/10/2024	3.750	USD	2,000,000	2,178,805	1,972,540
	TOTALENERGIES CAPITAL INTERNATIONAL	01/10/2025	2.434	USD	2,500,000	2,521,975	2,389,875
*	TOYOTA AUTO RECEIVABLES 2020-A OWNER TRUST	05/15/2025	1.680	USD	6,000,000	5,827,140	5,849,160
*	TOYOTA AUTO RECEIVABLES 2020-B OWNER TRUST	08/15/2024	1.360	USD	1,176,458	1,176,223	1,163,964
*	TOYOTA AUTO RECEIVABLES 2020-B OWNER TRUST	09/15/2025	1.660	USD	9,695,000	9,398,915	9,371,187
*	TOYOTA MOTOR CREDIT CORPORATION	01/11/2024	0.450	USD	1,725,000	1,726,793	1,650,618
*	TOYOTA MOTOR CREDIT CORPORATION	03/22/2024	2.500	USD	2,000,000	1,995,620	1,940,400
*	TOYOTA MOTOR CREDIT CORPORATION	06/18/2024	0.500	USD	16,225,000	16,205,692	15,227,325

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*	TOYOTA MOTOR CREDIT CORPORATION	09/13/2024	0.625 %	USD	$ 2,000,000	$ 1,995,320	$ 1,862,040
*	TOYOTA MOTOR CREDIT CORPORATION	01/13/2025	1.450	USD	2,000,000	1,987,520	1,873,860
*	TOYOTA MOTOR CREDIT CORPORATION	02/13/2025	1.800	USD	2,000,000	1,979,700	1,880,660
*	TOYOTA MOTOR CREDIT CORPORATION	08/18/2025	3.650	USD	500,000	496,755	486,250
*	TOYOTA MOTOR CREDIT CORPORATION	11/10/2025	5.400	USD	1,000,000	1,013,440	1,015,520
	TRANSCANADA PIPELINES LIMITED	10/12/2024	1.000	USD	4,000,000	3,922,109	3,703,000
	TRANSDIGM INC.	12/09/2025	6.980	USD	289,276	282,044	285,394
	TRUIST BANK	04/01/2024	3.200	USD	2,000,000	2,147,800	1,953,180
	TRUIST BANK	08/02/2024	3.689	USD	5,850,000	5,784,948	5,797,643
	TRUIST BANK	12/06/2024	2.150	USD	4,000,000	4,114,680	3,801,080
	TRUIST BANK	03/10/2025	1.500	USD	4,500,000	4,310,970	4,177,935
	TRUIST FINANCIAL CORPORATION	06/05/2025	3.700	USD	2,000,000	1,984,760	1,946,300
	TYSON FOODS, INC.	08/15/2024	3.950	USD	3,000,000	3,232,260	2,952,540
	U.S. BANCORP	02/05/2024	3.375	USD	2,000,000	2,171,360	1,964,860
	U.S. BANCORP	09/11/2024	3.600	USD	4,000,000	4,318,620	3,918,120
	U.S. BANCORP	05/12/2025	1.450	USD	12,000,000	11,986,200	11,134,320
	U.S. BANK NATIONAL ASSOCIATION	01/27/2025	2.800	USD	2,000,000	2,067,340	1,928,140
	UBS AG, LONDON BRANCH	02/09/2024	0.450	USD	27,650,000	26,976,918	26,206,947
	UBS GROUP AG	07/30/2024	1.008	USD	4,305,000	4,146,963	4,186,613
	UNILEVER CAPITAL CORPORATION	05/05/2024	2.600	USD	5,000,000	5,308,740	4,848,600
	UNION PACIFIC CORPORATION	03/01/2024	3.150	USD	5,400,000	5,429,489	5,291,190
	UNITED PARCEL SERVICE, INC.	09/01/2024	2.200	USD	1,000,000	1,039,560	957,630
	UNITEDHEALTH GROUP INCORPORATED	08/15/2024	2.375	USD	7,750,000	7,977,692	7,455,655
	UNITEDHEALTH GROUP INCORPORATED	07/15/2025	3.750	USD	3,000,000	3,033,630	2,934,960
	USAA CAPITAL CORPORATION	05/01/2023	1.500	USD	1,775,000	1,772,799	1,756,824
	VENTAS REALTY, L.P.	04/15/2024	3.500	USD	3,250,000	3,451,730	3,161,113
	VENTAS REALTY, L.P.	05/01/2024	3.750	USD	500,000	537,215	488,900
	VENTAS REALTY, L.P.	01/15/2025	2.650	USD	500,000	510,140	473,520
	VERIZON COMMUNICATIONS INC.	02/15/2025	3.376	USD	11,400,000	11,991,336	11,053,668
	VERIZON COMMUNICATIONS INC.	11/20/2025	0.850	USD	4,846,000	4,291,247	4,328,835
	VERIZON OWNER TRUST 2019-C	04/22/2024	1.940	USD	219,930	219,913	219,545
	VERIZON OWNER TRUST 2020-B	02/20/2025	0.470	USD	10,647,332	10,645,096	10,486,983
	VICI PROPERTIES L.P.	05/15/2025	4.375	USD	1,500,000	1,493,650	1,453,605
	VISA INC.	12/14/2025	3.150	USD	10,000,000	9,514,000	9,641,900
	VMWARE, INC.	08/15/2024	1.000	USD	10,300,000	9,846,481	9,588,270
	VODAFONE GROUP PLC	01/16/2024	3.750	USD	10,499,000	11,355,823	10,363,983
*	VOLKSWAGEN AUTO LOAN ENHANCED TRUST 2020-1	11/20/2024	0.980	USD	3,173,781	3,173,564	3,130,649
*	VOLKSWAGEN GROUP OF AMERICA FINANCE, LLC	06/06/2025	3.950	USD	5,000,000	4,789,550	4,842,750
	W. P. CAREY INC.	04/01/2024	4.600	USD	1,000,000	1,093,135	991,460
	W.W. GRAINGER, INC.	02/15/2025	1.850	USD	500,000	494,505	469,710
	WALGREENS BOOTS ALLIANCE, INC.	11/18/2024	3.800	USD	2,000,000	2,125,180	1,949,940
	WALMART INC.	06/26/2023	3.400	USD	5,400,000	5,534,340	5,363,928
	WALMART INC.	04/22/2024	3.300	USD	2,000,000	2,154,200	1,959,920
	WALMART INC.	07/08/2024	2.850	USD	10,000,000	10,805,100	9,723,700
	WALMART INC.	09/09/2025	3.900	USD	4,000,000	3,944,960	3,939,280
	WARNERMEDIA HOLDINGS, INC.	03/15/2025	3.638	USD	8,000,000	7,977,240	7,612,960
	WASTE MANAGEMENT INC.	05/15/2023	2.400	USD	2,055,000	2,010,534	2,034,799
	WEC ENERGY GROUP, INC.	03/15/2024	0.800	USD	7,750,000	7,326,180	7,344,675
	WELLS FARGO & COMPANY	06/02/2024	1.654	USD	21,000,000	20,516,790	20,663,160
	WELLS FARGO & COMPANY	05/19/2025	0.805	USD	2,000,000	2,008,060	1,872,800
	WELLS FARGO & COMPANY	10/30/2025	2.406	USD	6,000,000	6,197,340	5,676,840
	WELLS FARGO & COMPANY	02/11/2026	2.164	USD	5,000,000	4,779,225	4,659,500
	WELLS FARGO & COMPANY	04/25/2026	3.908	USD	6,000,000	5,974,020	5,811,060
	WELLS FARGO & COMPANY	08/15/2026	4.540	USD	4,000,000	3,993,000	3,922,160
	WELLTOWER INC.	06/01/2025	4.000	USD	2,000,000	1,980,420	1,949,600
	WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORP.	03/15/2024	4.400	USD	1,500,000	1,636,035	1,476,030
	WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORP.	06/15/2025	3.200	USD	500,000	478,650	471,095
	WESTLAKE CHEMICAL CORPORATION	08/15/2024	0.875	USD	1,500,000	1,478,855	1,393,380
	WESTPAC BANKING CORPORATION	11/18/2024	1.019	USD	4,000,000	3,975,760	3,723,680
	WESTPAC BANKING CORPORATION	02/19/2025	2.350	USD	4,000,000	3,916,360	3,798,080
	WESTPAC BANKING CORPORATION	02/04/2030	2.894	USD	2,000,000	1,948,410	1,834,800
	WILLIS NORTH AMERICA INC.	05/15/2024	3.600	USD	1,000,000	1,048,480	973,090
	WISCONSIN ELECTRIC POWER COMPANY	12/15/2024	2.050	USD	750,000	760,020	710,273
	WORLD OMNI AUTO RECEIVABLES TRUST 2020-C	11/17/2025	0.480	USD	9,483,169	9,480,727	9,234,520
	WORLD OMNI AUTOMOBILE LEASE SECURITIZATION TRUST 2022-A	02/18/2025	3.210	USD	4,100,000	4,099,432	4,012,506
	WRKCO INC.	09/15/2024	3.000	USD	1,000,000	1,055,455	956,110
	WRKCO INC.	03/15/2025	3.750	USD	500,000	504,273	483,893
	TOTAL CORPORATE DEBT					$ 2,957,788,057	$ 2,862,173,552

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
EQUITY SECURITIES
DECEMBER 31, 2022

NOTES	IDENTITY OF ISSUE	NUMBER OF SHARES	COST	CURRENT VALUE
	PREFERRED STOCK			
	SEQUA CORPORATION	3,106	$ 3,103,314	$ 2,908,955
	TOTAL PREFERRED STOCK		3,103,314	2,908,955
	COMMON STOCK			
	ACC CLAIMS HOLDINGS LLC	10,649,798	-	42,599
	ACS ACTIVIDADES DE CONSTRUCCION Y SERVICIOS S.A.	12	404	343
	ALAPIS S.A.	1,230	58,563	-
	CENGAGE LEARNING HOLDINGS II, L.P.	22,777	837,055	273,324
	CHINA HIGH PRECISION AUTOMATION GROUP LIMITED	768,000	226,454	120,047
	CITY MAIN STREET TECHNOLOGIES, INC.	100	1	-
	EDUCATION MANAGEMENT CORPORATION	7,126,794	7	224,822
	EURONAV NPV	672	138	11,253
	IPAYMENT HOLDINGS, INC. - WARRANTS	237,112	-	23,711
	LEAR CORPORATION	508	83,221	63,002
	LYONDELLBASELL INDUSTRIES N.V.	25	2,324	2,076
	MBF CAPITAL	2,000	25,483	36
	NMC HEALTH PLC	663	31,276	-
	NWS HOLDINGS LIMITED	6,146	7,358	5,315
	STAR TRIBUNE HOLDINGS CORPORATION	9,966	1	1
	PHI GROUP, INC.	54,367	788,322	516,487
	RENTECH, INC. - WARRANTS	18,800	-	18,800
	SSE PLC	48	952	989
	TIANHE CHEMICALS GROUP LTD	6,470,000	1,392,854	969,884
	TOTAL COMMON STOCK		3,454,413	2,272,689
	TOTAL EQUITY SECURITIES		$ 6,557,727	$ 5,181,644

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
COLLECTIVE INVESTMENT FUNDS
DECEMBER 31, 2022

NOTES	IDENTITY OF ISSUE	NUMBER OF UNITS	COST	CURRENT VALUE
	COLLECTIVE INVESTMENT CASH EQUIVALENT FUND			
*	BNYM EB TEMPORARY INVESTMENT FUND	16,399,696	$ 16,399,696	$ 16,399,696
	TOTAL COLLECTIVE INVESTMENT FUNDS		$ 16,399,696	$ 16,399,696

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
OTHER INVESTMENTS
DECEMBER 31, 2022

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	SECURITIES PURCHASED UNDER AGREEMENT TO RESELL						
	BARCLAYS PLC	01/03/2023	4.250 %	USD	$ 152,957	$ 152,957	$ 152,957
	CITIGROUP INC.	01/03/2023	4.250	USD	4,273,979	4,273,979	4,273,979
	DEUTSCHE BANK AG	01/03/2023	4.240	USD	17,800,000	17,800,000	17,800,000
	MERRILL LYNCH WEALTH MANAGEMENT	01/03/2023	4.250	USD	17,831,114	17,831,114	17,831,114
	MIZUHO BANK, LTD.	01/03/2023	4.270	USD	1,003,246	1,003,246	1,003,246
	NATWEST GROUP PLC.	01/03/2023	4.250	USD	10,482,894	10,482,894	10,482,894
	THE GOLDMAN SACHS GROUP, INC.	01/03/2023	4.220	USD	1,008,605	1,008,605	1,008,605
	TOTAL SECURITIES PURCHASED UNDER AGREEMENT TO RESELL					52,552,795	52,552,795
	JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY GROUP ANNUITY CONTRACT					244	244
	TRUST IN DISSOLUTION					29,368	29,368
	TOTAL OTHER INVESTMENTS					$ 52,582,407	$ 52,582,407
	TOTAL ASSETS HELD FOR INVESTMENT PURPOSES					$ 5,470,999,905	$ 5,335,585,532

NOTE: AN ASTERISK DENOTES AN INVESTMENT WITHIN AN ENTITY WHICH IS A "PARTY-IN-INTEREST" AS DEFINED BY ERISA. CERTAIN ROUTINE TRANSACTIONS RESULTING FROM THE NORMAL AND ORDINARY COURSE OF BUSINESS, SUCH AS THE PURCHASE OF OFFICE SUPPLIES OR SERVICES, HAVE NOT BEEN CONSIDERED FOR PURPOSES OF IDENTIFYING PARTIES-IN-INTEREST. TO THE EXTENT KNOWN TO THE FUND, AFFILIATIONS OF ENTITIES IN WHICH THE FUND HAS INVESTED ARE CONSIDERED WHEN IDENTIFYING PARTIES-IN-INTEREST. COMPLETE INFORMATION AS TO THE VARIOUS AFFILIATIONS OF SUCH ENTITIES IS GENERALLY NOT AVAILABLE TO THE FUND.

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2022

IDENTITY OF ISSUE	DESCRIPTION	AMOUNT OF PURCHASES	AMOUNT OF SALES	NUMBER OF TRANSACTIONS	NET REALIZED GAIN(LOSS)
BNYM MELLON CASH INVESTMENT STRATEGIES SHORT-TERM INVESTMENT FUND	INTEREST-BEARING CASH	$ 2,301,748,856	$ 2,329,806,563	606	$ -
EMPLOYEE BENEFIT TEMPORARY INVESTMENT FUND	INTEREST-BEARING CASH	1,146,686,669	1,164,381,512	246	-
BNYM MELLON CASH RESERVE 0.100% 12/31/49	CASH RESERVE	232,371,517	232,578,503	245	-
U.S. TREASURY NOTES	1.125% 02/28/2025	379,644,130	83,614,441	19	(2,224,832)
U.S. TREASURY NOTES	0.250% 05/15/2024	174,365,997	268,496,559	55	(7,451,154)
U.S. TREASURY NOTES	3.125% 08/15/2025	342,064,773	203,447,475	23	(2,902,545)

Print Form

Form **5558**
(Rev. September 2018)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.
▶ Go to *www.irs.gov/Form5558* for the latest information.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
TRUSTEES OF CENTRAL STATES, SE & SW AREAS PENSION FUND

Number, street, and room or suite no. (If a P.O. box, see instructions)
8647 WEST HIGGINS ROAD

City or town, state, and ZIP code
CHICAGO, IL 60631-2803

B **Filer's identifying number (see instructions)**
Employer identification number (EIN) (9 digits XX-XXXXXXX)
36-6044243

Social security number (SSN) (9 digits XXX-XX-XXXX)

C Plan name	Plan number	Plan year ending — MM	DD	YYYY
CENTRAL STATES, SE & SW AREAS PENSION PLAN	001	12	31	2022

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.

2 I request an extension of time until 10/16/2023 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until 10/16/2023 to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 2 and/or line 3 (above) if **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 *(see instructions)*

4 I request an extension of time until ____/____/____ to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ **a**

b Enter the payment amount attached . . . . . ▶ **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶ **c**

5 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ **Date ▶**

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE R, LINE 13D - COLLECTIVE BARGAINING AGREEMENT EXPIRATION DATE
DECEMBER 31, 2022

YRC Inc.
34-0492670

CBA EXPIRATION DATES	ACCOUNTS
03/31/24	157
03/31/25	2

Bimbo Bakeries USA, Inc.
75-2491201

CBA EXPIRATION DATES	ACCOUNTS
11/21/21	2
04/09/22	1
05/14/22	2
06/05/22	2
12/31/22	1
05/13/23	1
05/27/23	1
06/17/23	1
10/14/23	2
12/30/23	1
01/06/24	1
02/01/24	1
03/23/24	2
04/04/24	1
05/11/24	1
05/18/24	1
05/25/24	1
08/17/24	1
10/05/24	2
03/22/25	1
03/29/25	2
04/19/25	1
05/17/25	1
05/24/25	1
05/25/25	1
06/13/25	1
06/21/25	1
10/04/25	3
10/19/25	1
11/08/25	3
04/04/26	2
05/30/26	1
06/12/26	1
09/09/26	1
10/10/26	1
04/24/27	1
06/19/27	2
06/26/27	1
08/14/27	1

Prairie Farms Dairy, Inc.
37-0811846

CBA EXPIRATION DATES	ACCOUNTS
02/15/23	1
04/30/23	1
05/31/23	1
08/15/23	1
08/31/23	1
09/30/23	1
12/31/23	6
07/31/24	3
03/31/25	1
08/15/25	1
08/31/25	1
03/31/26	1
03/28/27	1
04/30/27	1
10/31/27	1

Hiland Dairy Foods Company, LLC
43-1180401

CBA EXPIRATION DATES	ACCOUNTS
03/28/22	1
08/15/22	5
05/31/23	1
12/31/23	1
06/01/24	2
04/30/26	1
08/31/26	1

RCS Transportation LLC
20-2646999

CBA EXPIRATION DATES	ACCOUNTS
05/31/21	8
03/31/24	2

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE R, LINE 13E - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS
DECEMBER 31, 2022

YRC Inc.
34-0492670

CONTRIBUTION RATE	BASE UNIT MEASURE	ACCOUNTS
$21.31	DAILY	157
$105.55	WEEKLY	2

USF Holland LLC
38-0655940

CONTRIBUTION RATE	BASE UNIT MEASURE	ACCOUNTS
$21.31	DAILY	117
$105.55	WEEKLY	2

Bimbo Bakeries USA, Inc.
75-2491201

CONTRIBUTION RATE	BASE UNIT MEASURE	ACCOUNTS
$285.90	WEEKLY	14
$59.40	DAILY	3
$286.40	WEEKLY	5
$101.70	WEEKLY	1
$196.60	WEEKLY	1
$230.50	WEEKLY	1
$150.40	WEEKLY	1
$285.70	WEEKLY	12
$68.40	DAILY	1
$338.00	WEEKLY	3
$182.00	WEEKLY	2
$41.00	DAILY	2
$59.10	DAILY	1
$159.10	WEEKLY	1
$203.60	WEEKLY	1
$195.50	WEEKLY	1
$140.90	WEEKLY	1
$195.80	WEEKLY	1

Associated Wholesale Grocers, Inc.
48-0614866

CONTRIBUTION RATE	BASE UNIT MEASURE	ACCOUNTS
3 Accounts - $339.73 / Week (Individuals with less than 3 years of service$169.87/ Week)		

Prairie Farms Dairy, Inc.
37-0811846

CONTRIBUTION RATE	BASE UNIT MEASURE	ACCOUNTS
$285.70	WEEKLY	2
$285.00	WEEKLY	2
$207.40	WEEKLY	1
$195.50	WEEKLY	1
$221.20	WEEKLY	1
$286.40	WEEKLY	7
$285.90	WEEKLY	7
$320.00	WEEKLY	1

Hiland Dairy Foods Company, LLC
43-1180401

CONTRIBUTION RATE	BASE UNIT MEASURE	ACCOUNTS
$285.90	WEEKLY	8
$271.60	WEEKLY	1
$296.40	WEEKLY	1
$285.70	WEEKLY	1
$338.00	WEEKLY	1

RCS Transportation LLC
20-2646999

CONTRIBUTION RATE	BASE UNIT MEASURE	ACCOUNTS
$195.50	WEEKLY	1
$221.40	WEEKLY	1
$68.40	DAILY	6
$338.00	WEEKLY	2

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 PN: 001
SCHEDULE R – UPDATE OF REHABILITATION PLAN
DECEMBER 31, 2022

The following 18 pages contain a summary of the updated Rehabilitation Plan and related exhibits.

APPENDIX M-14. REHABILITATION PLAN (INCLUDING 2022 UPDATE)

Section 1. PREAMBLE AND DEFINITIONS.

Appendix M comprising the Rehabilitation Plan was added to the Pension Plan effective on and after March 26, 2008, and has been amended from time to time since then.

This Appendix M-14 is added to the Pension Plan effective on and after December 31, 2022 (except where a different effective date for any provision is noted below) in order to update the Rehabilitation Plan in compliance with the requirements of the Pension Protection Act of 2006 ("PPA").

The Central States, Southeast and Southwest Areas Pension Fund (the "Fund") was initially certified on March 24, 2008 by its actuary to be in "critical status" (sometimes referred to as the "red zone") under the PPA: the Fund's actuary has also certified the Fund to be in critical status in March of each subsequent year through March 2014. For 2015, 2016, 2017, 2018, 2019, 2020, 2021 and 2022, the actuary certified the Fund to be in "critical and declining status", pursuant to the Multiemployer Pension Reform Act of 2014 ("MPRA"). The Fund's Board of Trustees, as the plan sponsor of a "critical and declining status" pension plan, is charged under the PPA and MPRA with developing a "rehabilitation plan" designed to improve the financial condition of the Fund in accordance with the standards set forth in the PPA, and with annually updating the rehabilitation plan. Although for plan year 2009 the Fund was exempt from the update requirement, pursuant to an election under the Worker Retiree and Employer Recovery Act of 2008, for subsequent plan years the PPA provisions concerning the rehabilitation plan update process are applicable to the Fund. The purpose of this updated Rehabilitation Plan is to comply with those PPA provisions, as amended to date, including any applicable amendments under MPRA.

Under the PPA, a rehabilitation plan, including annual updates to the plan, must include one or more schedules showing revised benefit structures, revised contributions, or both, which, if adopted by the parties obligated under agreements participating in the pension plan, may reasonably be expected to enable the Fund to emerge from critical status in accordance with the rehabilitation plan. The PPA also provides that one of the rehabilitation plan schedules of benefits and contributions shall be designated the "default" schedule. The default schedule must assume that there are no increases in contributions under the plan other than the increases necessary to emerge from critical status after future benefit accruals and other benefits have been reduced to the maximum extent permitted by law. The PPA also creates certain categories of "adjustable benefits" which may be reduced or eliminated dependent upon the outcome of bargaining over the rehabilitation plan schedules and dependent on the exercise of certain flexibility and discretion conferred upon the Board of Trustees by the PPA. Adjustable benefits that may be affected in this manner include post-retirement death benefits, early retirement benefits or retirement-type subsidies, and generally any benefit that would be payable prior to normal retirement age (age 65 benefits under the Fund's Plan Document - or, as discussed below, a Contribution Based Benefit actuarially reduced to be equivalent to an age 65 benefit). As noted, the PPA also requires annual updates of the rehabilitation plan.

Unless otherwise indicated, all capitalized terms herein shall have the definitions and meanings assigned to them in the Fund's Pension Plan Document.

Section 2. SCHEDULES OF CONTRIBUTIONS AND BENEFITS.

With the PPA requirements outlined above in mind, the Fund's Board of Trustees hereby provides the following PPA Schedules to the parties charged with bargaining over agreements requiring contributions to the Fund.

A. PRIMARY SCHEDULE (EXCEPT AS NOTED, PRESERVES ALL CURRENT BENEFITS).

1. Benefits

With regard to Bargaining Units (and any non-Bargaining Unit employee groups participating in the Fund) whose Contributing Employers are in compliance with this Primary Schedule, there will be no change in benefit formulas, levels or payment options in effect on January 1, 2008, *except that* as provided in Section 2(J) below, Participants who (i) have not submitted a retirement application on or before July 1, 2011 and (ii) do not have a benefit commencement date (within the meaning of ERISA § 305(i)(10)) on or before July 1, 2011, will not be granted a Retirement Date prior to their 57th birthday and will not be eligible to receive retirement benefit payments of any type until after achieving age 57.

Further, subject to the notice requirements of the PPA and other applicable law, any Bargaining Units (and any non-Bargaining Unit employee groups participating in the Fund) whose Contributing Employers incur a Rehabilitation Plan Withdrawal on or after March 26, 2008 shall have their Adjustable Benefits listed in Section 2(H) below eliminated or reduced to the extent indicated in Section 2(B)(1) below.

2. Contributions

Compliance with the Primary Schedule requires annually compounded contribution rate increases in accordance with Exhibit A effective immediately after the expiration of the Collective Bargaining Agreement (or other agreement requiring contributions to the Fund) and each agreement anniversary date (or reallocation anniversary, where applicable) during the term of the new bargaining agreement to the extent indicated in Exhibit A, depending on the year that the new agreement is effective. Note that all contribution rate increases are annually compounded on the total contribution rate (including any reallocations of employee benefit contributions or agreed mid-contract contribution increases) immediately prior to the increase.

The required annual rate increase may be provided through annual allocations to pension contributions of general and aggregate employee benefit contribution increases that were negotiated at the outset of an agreement, but were not specifically allocated to pension contributions until subsequent contract years. The Primary Schedule requires 8% per year contribution rate increases for the first 5 years, 6% per year contribution rate increases for the next 3 years and 4% per year contribution rate increases each year thereafter for 2008 agreements under the Primary Schedule and comparable rate increases over time for all other agreements under the Primary Schedule *(see* Exhibit A).

Provided, however, that absent further amendment to this rehabilitation plan, as of June 1, 2011, any Collective Bargaining Agreement requiring contributions of (1) $348 per week for each full-time employee with respect to Participants covered by the National Master Automobile Transporter Agreement, and (2) $342 per week for each full-time employee with respect

to all other Participants, will be deemed to be in compliance with the Primary Schedule *without* the need for additional annual rate increases.

Provided further that any Employer that qualifies as a New Employer under § 2.2(b) of Appendix E of the Pension Plan will be deemed, as of the date it qualifies as a New Employer, to be in compliance with the Primary Schedule *without* the need for additional contribution rate increases.

B. DEFAULT SCHEDULE.

1. Benefits

With regard to Bargaining Units (and any non-Bargaining Unit employee groups participating in the Fund) whose Contributing Employers agree to comply with this Default Schedule [or who become subject to the Default Schedule due to a failure to achieve an agreement to accept one of the Rehabilitation Plan Schedules within the time frame specified under ERISA § 305(e)(3)(C)], the benefit formulas, levels, and payment options in effect on January 1, 2008 will remain in effect except for the following, upon the effective date that the Default Schedule applies to the Bargaining Unit (or to any non-Bargaining Unit employee groups participating in the Fund):

- Adjustable Benefits listed in Section 2(H) below are eliminated or reduced to the maximum extent permitted by law, but the future benefit accrual rate of 1% of contributions (the Contribution-Based Pension) remains in effect, with the modification that the Contribution Based Pension monthly benefit payable at age 65 is reduced by 1/2% per month for each month prior to age 65 with a minimum retirement age of 57, *except that,* for Participants who (i) have not submitted a retirement application on or before July 1, 2011 and (ii) do not have a benefit commencement date [within the meaning of ERISA § 305(i)(10)] on or before July 1, 2011, the Contribution Based Pension monthly benefit payable at age 65 shall be reduced to an actuarially equivalent benefit in accordance with the Schedule attached as Exhibit B with a minimum retirement age of 57.

2. Contributions

Compliance with the Default Schedule consists of annually compounded contribution rate increases of 4% effective immediately after the expiration of the Collective Bargaining Agreement (or other agreement requiring contributions to the Fund) and each anniversary thereof during the term of the agreement.

3. Effect of agreement to or imposition of Default Schedule.

(i) If a Contributing Employer agrees to the Default Schedule with respect to a particular Bargaining Unit, the Fund will not accept any subsequent Collective Bargaining Agreements covering that Bargaining Unit which are compliant with the Primary Schedule, except as determined by the Board of Trustees in their sole discretion.

(ii) If a Contributing Employer becomes subject to the Default Schedule by operation of ERISA Section 305(e)(3)(C), because the bargaining

parties have failed to adopt either of the Schedules compliant with this Rehabilitation Plan within 180 days of the expiration of their prior Collective Bargaining Agreement, the Fund will then accept a Collective Bargaining Agreement that is compliant with the Primary Schedule described in this Rehabilitation Plan, provided that such new Collective Bargaining Agreement provides for Primary Schedule contribution rates that are retroactive to the expiration date of the last Collective Bargaining Agreement that covered the affected Bargaining Unit.

C. DISTRESSED EMPLOYER SCHEDULE.

1. Benefits

With regard to Bargaining Units (and any non-Bargaining Unit employee groups participating in the Fund) whose Contributing Employers and contribution rates have been specifically accepted and approved by the Board of Trustees as satisfying the Qualifications for the Distressed Employer Schedule (as set forth in Section 2(C)(2) below), the benefit formulas, levels, and payment options in effect on January 1, 2008 will remain in effect except for the following, upon the effective date that the Distressed Employer Schedule applies to the Bargaining Unit (or to any non-Bargaining Unit employee group participating in the Fund) that is accepted by the Board of Trustees as qualifying under the Distressed Employer Schedule:

- Adjustable Benefits listed in Section 2(H) below are eliminated or reduced to the maximum extent permitted by law, but the future benefit accrual rate of 1% of contributions (the Contribution-Based Pension) remains in effect, with the modification that the Contribution Based Pension monthly benefit payable at age 65 is reduced by ½% per month for each month prior to age 65 with a minimum retirement age of 57, *except that,* for Participants who (i) have not submitted a retirement application on or before July 1, 2011 and (ii) have not achieved a Retirement Date on or before July 1, 2011, the Contribution Based Pension monthly benefit payable at age 65 shall be reduced to an actuarially equivalent benefit in accordance with the Schedule attached as Exhibit B with a minimum retirement age of 57, *and except that* any Participant who (i) has achieved a minimum age of 55 as of the date of the Distressed Employer's termination of participation in the Fund (see Section 2(C)(2) below) and (ii) has accrued a minimum of 25 years credit towards a Contributory Credit Pension or an And-Out Pension as of that date (see Pension Plan §§ 4.04, 4.05 and 4.06), shall be entitled to retain his eligibility for (but not gain further credit towards) any such Pension, *provided that* any such Participant has a minimum retirement age of 62.

2. Contributions and Qualifications for the Distressed Employer Schedule.

The Board of Trustees may deem a Collective Bargaining Agreement with contribution rates not in compliance with either the Primary Schedule or the Default Schedule to be in compliance with and subject to the

Distressed Employer Schedule, if in the Board of Trustees' sole discretion, the Board determines that the Contributing Employer meets each of the following qualifications:

(i) the common stock of the Employer or its parent corporation (or other affiliate under 80% or more common control with the Employer) is publicly traded and registered pursuant to the securities laws of the United States;

(ii) the Employer has previously incurred a termination of its participation in the Fund due to an inability to remain current in its Contribution obligations, and the Employer was in terminated status immediately prior to executing the Agreement sought to be qualified under the Distressed Employer Schedule;

(iii) during the last ten years in which the Employer participated in the Fund prior to its termination, it had paid contributions to the Fund on behalf of at least 1,000 full-time employees per month (or had, including part-time employees, paid contributions on behalf of the equivalent of at least 1,000 full-time employees per month for the specified ten year period);

(iv) the Employer submits to a review of its financial condition and operations by the Fund's Staff and outside expert and consultants, and agrees to reimburse the Fund for all fees and expenses incurred by the Fund in this review (including, but not limited to, reimbursement to the Fund for the time devoted by the Fund's Staff to any such review, with this reimbursement to be made at market rates for comparable services performed by Fund's Staff);

(v) on the basis of this financial and operational review, it appears that the Employer is not able to contribute to the Fund at a higher rate than is indicated in the Collective Bargaining Agreement proposed for acceptance under the Distressed Employer Schedule, *and* that acceptance of the proposed Agreement is in the best interest of the Fund under all the circumstances and advances the goals of this Rehabilitation Plan; and

(vi) the Employer provides the Fund with first lien collateral in any and all unencumbered assets to the fullest extent it is able in order to fully secure (i) any delinquent or deferred Contribution obligations owed to the Fund, (ii) the Employer's obligation to make current and future pension contributions to the Fund, and (iii) any future withdrawal liability potentially incurred by the Employer (with the amount of such potential withdrawal liability to be determined based on estimates to be provided by the Fund).

3. Effect of agreement to or imposition of the Distressed Employer Schedule.

If a Contributing Employer becomes subject to the Distressed Employer Schedule with respect to a particular Bargaining Unit, the Fund will not accept any subsequent Collective Bargaining Agreements covering that

Bargaining Unit which are compliant with the Primary Schedule, except as determined by the Board of Trustees in their sole discretion.

D. ADJUSTMENT OF BENEFITS OF CERTAIN PARTICIPANTS WHO HAVE EARNED CONTRIBUTORY SERVICE WITH AN EMPLOYER INCURRING A REHABILITATION PLAN WITHDRAWAL.

Subject to the provisos indicated in the final clauses of this Subsection D, effective March 26, 2008, all Adjustable Benefits (listed below in Section 2(H)) shall be eliminated or reduced (to the same extent indicated in Subsection B(1) above) with respect to Participants whose benefit commencement date [within the meaning of ERISA § 305(i)(10)] with the Fund is on or after April 8, 2008, and:

(1) whose last Hour of Service prior to January 1, 2008 was earned while employed by United Parcel Service, Inc. ("UPS"), or with any trades or businesses at any time under common control with UPS, within the meaning of ERISA § 4001(b)(1); *or*

(2) who *(i)* has earned or earns an Hour of Service while employed with a Contributing Employer (or any predecessor or successor entity) that at any time on or after March 26, 2008 incurs a Rehabilitation Plan Withdrawal *(see* Section 2(I) below), and *(ii)* whose *last* year of Contributory Service Credit *prior* to the Rehabilitation Plan Withdrawal was earned while a member of a Bargaining Unit (or any predecessor or successor Bargaining Unit) ultimately incurring such Withdrawal.

Proviso 1: *Provided, however,* that any Pensioner otherwise subject to the elimination of Adjustable Benefits, due to a Rehabilitation Plan Withdrawal pursuant Section 2(D)(2) above, who has a benefit commencement date [within the meaning of ERISA § 305(i)(10)] one year or more prior to the earlier of: (i) the date of such Rehabilitation Plan Withdrawal or (ii) the date of the expiration of the last Collective Bargaining Agreement requiring Employer Contributions under the Primary Schedule prior to such Withdrawal, shall not be subject to the elimination of Adjustable Benefits provided that the Pensioner does not engage in Restricted Reemployment at any time subsequent to the benefit commencement date.

Proviso 2: And provided further that in the event of a Rehabilitation Plan Withdrawal resulting from an administrative termination of a Contributing Employer as referenced in Section 2(I)(3)(ii) below, the Board of Trustees shall have full discretionary authority (A) to decline to apply the elimination of Adjustable Benefits to Participants otherwise affected by a Rehabilitation Plan Withdrawal of this type who have submitted a pension application naming a Retirement Date to the Fund on or before the date selected by the Trustees as the effective date of the administrative termination which ended the Employer's obligation to contribute to the Pension Fund, and (B) to decline to apply the requirement of Section 2(G) below that a Participant incurring a benefit adjustment due to Rehabilitation Plan Withdrawal must cease employment with and the performance of services for the withdrawn Employer within 60 days of the Rehabilitation Plan Withdrawal in order to eventually qualify for a restoration of benefits; in exercising their discretionary authority under this Proviso 2, the Board of Trustees shall consider, weigh and balance the following factors:

(i) the extent to which any actively employed members of the affected Bargaining Unit or any members who submitted a retirement application

prior to the effective date of the administrative termination were aware of, participated in or controlled, or could have controlled or prevented, through bargaining, grievance procedures, NLRB proceedings, litigation or other means, the circumstances that led to the administrative termination of the Employer;

(ii) the extent to which any actively employed members of the affected Bargaining Unit or any members who submitted a retirement application prior to the effective date of the administrative termination benefited, directly or indirectly from the cessation of Employer Contributions or from the circumstances that led to the administrative termination of the Employer;

(iii) the extent to which any actively employed members of the affected Bargaining Unit or any members who submitted a retirement application prior to the effective date of the administrative termination resisted or attempted to alter, or acquiesced in, the circumstances that led to the administrative termination of the Employer;

(iv) the extent to which any actively employed members of the affected Bargaining Unit or any members who submitted a retirement application prior to the effective date of the administrative termination have become engaged as employees or independent contractors in the service of operations that were or are in whole or in part a successor of the operations of the Employer that has undergone the administrative termination; and

(v) the extent of the hardship that might be incurred by any actively employed members of the affected Bargaining Unit or by any members who submitted a retirement application prior to the effective date of the administrative termination due to the elimination of Adjustable Benefits.

Proviso 3: *And provided further* that the spouse of any Participant otherwise subject to the elimination of Adjustable Benefits, due to a Rehabilitation Plan Withdrawal pursuant to Subsection D(2) above, shall not incur a loss of Adjustable Benefits with respect to any Surviving Spouse Benefits for which such spouse has a benefit commencement date [within the meaning of ERISA Section 305(i)(10)] prior to the date of the Rehabilitation Plan Withdrawal.

E. ADJUSTMENT OF BENEFITS OF CERTAIN PARTICIPANTS WHO HAVE EARNED CONTRIBUTORY SERVICE WITH AN EMPLOYER WHO BECOMES SUBJECT TO THE DEFAULT SCHEDULE.

Subject to the provisos indicated in the final clauses of this Subsection E, effective March 26, 2008, all Adjustable Benefits (listed below in Section 2(H)) shall be eliminated or reduced (to the same extent indicated in Section B(1) above) with respect to any Participants whose benefit commencement date [within the meaning of ERISA § 305(i)(10)] is on or after April 8, 2008, and:

(1) who have earned any Contributory Service Credit with a Contributing Employer (or any predecessor or successor entity) that at any time becomes subject (by agreement or otherwise) to the Default Schedule described herein; and

(2) whose *last* year of Contributory Service Credit prior to the Employer's becoming subject to the Default Schedule was earned while a member of a

Bargaining Unit (or any predecessor or successor Bargaining Unit) that ultimately became subject to the Default Schedule.

Proviso 1: *Provided, however.* that any Pensioner otherwise subject to the elimination of Adjustable Benefits, due to his Contributing Employer becoming subject to the Default Schedule pursuant to this Subsection E, who has a benefit commencement date [within the meaning of ERISA § 305(i)(10)] one year or more prior to the Contributing Employer becoming subject to the Default Schedule, shall not be subject to the elimination of Adjustable Benefits provided that the Pensioner does not engage in Restricted Reemployment at any time subsequent to the benefit commencement date.

Proviso 2: *And provided further* that the spouse of any Participant otherwise subject to the elimination of Adjustable Benefits, due to his Contributing Employer becoming subject to the Default Schedule pursuant this Subsection E. shall not incur a loss of Adjustable Benefits with respect to any Surviving Spouse Benefits for which such spouse has a benefit commencement date [within the meaning of ERISA Section 305(i)(10)] prior to the date on which the Contributing Employer became subject to the Default Schedule.

F. ADJUSTMENT OF BENEFITS OF CERTAIN PARTICIPANTS WHO HAVE EARNED CONTRIBUTORY SERVICE WITH AN EMPLOYER WHO BECOMES SUBJECT TO THE DISTRESSED EMPLOYER SCHEDULE.

Subject to the provisos indicated in the final clauses of this Subsection F, effective March 26, 2008, all Adjustable Benefits (listed below in Section 2(H)) shall be eliminated or reduced (with the exception indicated in Section 2(C)(1) above) with respect to any Participants whose benefit commencement date [within the meaning of ERISA § 305(i)(10)] is on or after April 8, 2008, and:

(1) who have earned any Contributory Service Credit with a Contributing Employer (or any predecessor or successor entity) that at any time becomes subject (by agreement or otherwise) to the Distressed Employer Schedule described herein; and

(2) whose last year of Contributory Service Credit prior to the Employer's becoming subject to the Distressed Employer Schedule was earned while a member of a Bargaining Unit (or any predecessor or successor Bargaining Unit) that ultimately became subject to the Distressed Employer Schedule.

Proviso 1: Provided, however, that any Pensioner otherwise subject to the reduction in Adjustable Benefits indicated in the Distressed Employer Schedule, due to his Contributing Employer becoming subject to that Schedule pursuant to this Subsection F, who has a benefit commencement date [within the meaning of ERISA Section 305(i)(10)] one year or more prior to the Contributing Employer becoming subject to the Distressed Employer Schedule, shall not be subject to the reduction of Adjustable Benefits otherwise mandated by the Distressed Employer Schedule provided that the Pensioner does not engage in Restricted Reemployment at any time subsequent to the benefit commencement date, and provided further that with respect to Bargaining Units that become subject to the Distressed Employer Schedule on or prior to June 1, 2011, no Pensioners with Retirement Dates prior to September 24, 2010 shall be subject to such Distressed Employer Schedule benefit reduction.

Proviso 2: *And provided further* that the spouse of any Participant otherwise subject to the reduction of Adjustable Benefits. due to his Contributing Employer becoming subject to the Distressed Employer Schedule pursuant to this Subsection F, shall not incur a loss of Adjustable Benefits with respect to any Surviving Spouse Benefits for which such surviving spouse has a benefit commencement date [within the meaning of ERISA Section 305(i)(10)] prior to the date on which the Contributing Employer became subject to the Distressed Employer Schedule, *and provided* further in any event that with respect to Bargaining Units that become subject to the Distressed Employer Schedule on or prior to June 1, 2011, no spouse shall be subject to such Distressed Employer Schedule benefit reduction if the Participant's death occurred prior to September 24, 2010.

G. RESTORATION OF ADJUSTED BENEFITS.

Any Participant who incurs a benefit adjustment or elimination under the terms of Sections 2(A), 2(B), 2(C), 2(D), 2(E) or 2(F) above may have those affected benefits restored if, subsequent to the event causing the benefit adjustment, the Participant:

(1) in the case of benefit adjustment caused by a Rehabilitation Plan Withdrawal (see Section 2(I) below), permanently ceases all employment with, and performance of services in any capacity for, the Contributing Employer (and any successors or trades or businesses under common control with such Employer within the meaning of ERISA § 4001(b)(1)) within 60 days of the occurrence of such Rehabilitation Plan Withdrawal; and

(2) in any case, subsequently earns one year of Contributory Service Credit with a Contributing Employer while that Employer is in compliance with the Primary Schedule described herein.

H. ADJUSTABLE BENEFITS.

As used herein, Adjustable Benefits shall mean and include:

(1) Any right to receive a Retirement Pension Benefit (Pension Plan, Article IV) prior to age 65 [including without limitation any pre-age 65 benefits that would otherwise be payable as *(i)* a Twenty Year Service Pension (Pension Plan § 4.01); *(ii)* a Contributory Credit Pension (Pension Plan § 4.04); *(iii)* a Vested Pension (Pension Plan § 4.07); (iv) a Deferred Pension (Pension Plan § 4.08); or *(v)* a Twenty-Year Deferred Pension (Pension Plan § 4.09)].

(2) Early retirement benefit or retirement-type subsidies [including without limitation *(i)* an Early Retirement Pension (Pension Plan § 4.02); *(ii)* a 25-And-Out Pension (Pension Plan § 4.05); or a 30-And-Out Pension (Pension Plan § 4.06)].

(3) All Disability Benefits not yet in pay status (Pension Plan, Article V).

(4) Before Retirement Death Benefits (Pension Plan, Article VI) other than the 50% surviving spouse benefit.

(5) Post-retirement death benefits that are not part of the annuity form of payment.

(6) All Partial Pensions (Pension Plan, Appendix D), to the extent any such pension is tied to one or more of the Adjustable Benefits listed above.

(7) All Contribution-Based Pensions (Pension Plan § 4.03) except that, assuming the Participant meets all other requirements for receiving a Contribution-Based Pension, the Contribution-Based Pension is payable at age 65 reduced by 1/2% per month for each month prior to age 65 at the time of retirement with a minimum retirement age of 57. Such minimum retirement age shall not apply if the Participant retired prior to age 57 before the Participant's Adjustable Benefits were eliminated or reduced. In such circumstance, the Participant shall be entitled to receive the Contribution-Based Pension reduced by 1/2% per month for each month prior to age 65 at the time of retirement. *Provided, however,* for Participants who (i) have not submitted a retirement application on or before July 1, 2011 and (ii) do not have a benefit commencement date [within the meaning of ERISA § 305(i)(10)] on or before July 1, 2011, the reductions in the Contribution-Based Pensions payable at age 65 referenced in this subparagraph (7) shall be based on actuarial equivalence in accordance with the Schedule attached as Exhibit B hereto.

(8) To the extent not already included in paragraphs (1) - (7) above, the following categories of benefits listed and defined as "adjustable benefits" under ERISA§ 305(e)(8)(iv):

(i) benefits, rights, and features under the plan, including post-retirement death benefits, 60-month guarantees, disability benefits not yet in pay status, and similar benefits,

(ii) any early retirement benefit or retirement-type subsidy (within the meaning of ERISA Section 204(g)(2)(A)) and any benefit payment option (other than the qualified joint and survivor annuity), and

(iii) benefit increases that would not be eligible for a guarantee under ERISA Section 4022A on the first day of the Fund's initial critical year under the PPA because the increases were adopted (or, if later, took effect) less than 60 months before such first day.

Provided, however, that except as provided in subparagraph (8)(iii) above, nothing in this paragraph shall be construed to reduce the level of a Participant's accrued benefit payable at normal retirement.

I. REHABILITATION PLAN WITHDRAWAL

Subject to the discretionary authority of the Board of Trustees indicated in the final clause of this Subsection I, a "Rehabilitation Plan Withdrawal" occurs on the date a Contributing Employer (a) is no longer required to make Employer Contributions to the Pension Fund under one or more of its Collective Bargaining Agreements, or (b) undergoes a significant reduction in its obligation to make Employer Contributions resulting from outsourcing or subcontracting work covered by the applicable Collective Bargaining Agreement(s), as a result of actions by members of a Bargaining Unit (or its representatives) or the Contributing Employer, which actions include, but are not limited to the following:

(1) decertification or other removal of the Union as a bargaining agent;

(2) ratification or other acceptance of a Collective Bargaining Agreement which permits withdrawal of the Bargaining Unit, in whole or in part, from the Pension Plan;

(3) administrative termination of the Contributing Employer with respect to any or all of its Collective Bargaining Agreements due to: (i) a violation of the Fund's rules with respect to the terms of a Collective Bargaining Agreement (including, without limitation, a provision providing for a split bargaining unit); or (ii) a violation of any other Fund rule or policy (including, without limitation, practices or arrangements that result in adverse selection);

(4) any transaction or other event (including, without limitation, a merger, consolidation, division, asset sale (other than an asset sale complying with ERISA § 4204), liquidation, dissolution, joint venture, outsourcing, subcontracting) whereby all or a portion of the operations for which the Contributing Employer has an obligation to contribute are continued (whether by the Contributing Employer or by another party) in whole or in part without maintaining the obligation to contribute to the Fund under the same or better terms (including, for example, as to number of participants and contribution rate) as existed before the transaction;

Provided, however, that with respect to the circumstances described in Subparagraphs. (3)(ii) or (4) above, the Board of Trustees shall have full discretionary authority to consider, weigh and balance the following factors in determining whether a Rehabilitation Plan Withdrawal has occurred:

(i) the extent to which the affected Bargaining Unit or its bargaining representative participated in or controlled, or could have controlled or prevented, through bargaining, grievance procedures, NLRB proceedings, litigation or other means, the cessation of Employer Contributions;

(ii) the extent to which the affected Bargaining Unit benefited, directly or indirectly, from the cessation of Employer Contributions;

(iii) the extent to which the affected Bargaining Unit, or its bargaining representative, resisted or attempted to resist, or acquiesced in, the cessation of Employer Contributions;

(iv) the extent to which the affected Bargaining Unit, or any of its members, become engaged as employees or independent contractors in the service of operations that were or are in whole or in part a successor of the operations of the Contributing Employer who incurred the cessation of Employer Contributions; and

(v) the extent of the hardship that might be incurred by members of the affected Bargaining Unit by the elimination of Adjustable Benefits.

J. BENEFIT ADJUSTMENTS APPLICABLE TO ALL PARTICIPANTS (INCLUDING INACTIVE VESTED PARTICIPANTS) WHO HAVE NOT SUBMITTED A RETIREMENT APPLICATION ON OR BEFORE JULY 1, 2011 AND DO NOT HAVE A BENEFIT COMMENCEMENT ON OR BEFORE THAT DATE.

Minimum Retirement Age 57.

Participants who (i) have not submitted a retirement application on or before July 1, 2011 and (ii) do not have a benefit commencement date [within the meaning of ERISA § 305(i)(10)] on or before July 1, 2011, will not be granted a Retirement Date prior to their 57th birthday and will not be eligible to receive retirement benefit payments of any type until after achieving age 57.

K. SPECIAL SCHEDULE: QUALIFYING NEW ("HYBRID METHOD") EMPLOYERS (EXCEPT AS NOTED, PRESERVES ALL BENEFITS).

1. Benefits.

Bargaining Units (and any non-Bargaining Unit groups participating in the Fund) whose Contributing Employers have been specifically accepted and approved by the Trustees as satisfying the requirements for this Qualifying New Employer Schedule will, as it relates to benefits or potential benefit adjustments, be treated in the same way as Bargaining Units (and non-Bargaining Unit groups) under the Primary Schedule (Section 2.A. above).

2. Contributions.

Contributing Employers who have qualified as New Employers within the meaning of Appendix E of the Plan Document, Section 2.2 (b) (and are thus eligible for treatment under the Pension Fund's alternative, or "hybrid," method of calculating Employer Withdrawal Liability), *and* who have fulfilled all requirements relating to the duration and/or level of continued participation in the Pension Fund contained in the agreement under which the Fund accepted the Employer as a New Employer, may contribute under this Schedule to the Fund at a rate to be specifically and separately approved by the Board of Trustees with respect to each such New Employer (the "New Rate"), subject to a specific determination by the Board of Trustees that the following conditions have been or will be met:

(i) The New Employer has in fact fulfilled its contribution or participation commitments under the agreement in which the Fund accepted the Employer's New Employer status, and the New Employer has fulfilled all other obligations under that agreement, is current in its ongoing contribution obligations to the Fund and is in compliance with the Fund's rules and polices applicable to Contributing Employers;

(ii) Unless a New Rate is determined and made available under this Schedule, the New Employer would likely withdraw from the Fund on about the expiration date of its most recent Collective Bargaining Agreement requiring contributions to the Fund;

(iii) the New Employer's continued participation in the Fund at the New Rate, under the specific circumstances presented, will result in net positive cash flow to the Fund, in comparison to the net cash flow that would result from a withdrawal by the New Employer from the Fund; and

(iv) the New Employer's obligation to contribute to the Fund at the New Rate is documented in a Collective Bargaining Agreement that is or will be acceptable to the Board of Trustees, and contains (or will contain) terms under which the bargaining representative of the affected Bargaining Unit specifically agrees or acknowledges that any reductions in labor costs resulting from the New Employer's contributions at the New Rate have been allocated to the Bargaining Unit in a manner that is satisfactory to the bargaining representative.

L. SPECIAL SCHEDULE: QUALIFYING BARGAINING UNITS THAT HAVE BEEN SUBJECT TO A WAGE FREEZE (EXCEPT AS NOTED PRESERVES ALL BENEFITS). (Effective on and after March 14, 2017)

1. Benefits.

With regard to any Bargaining Unit subject to a Collective Bargaining Agreement in effect as of March 1, 2017 (the "Current Agreement") that –

(i) was (or is) of 3 to 5 years in duration,

(ii) did not (or does not) provide for any wage increases for the entire duration of the Agreement, and

(iii) required (or requires) pension contribution rate increases in compliance with the Primary Schedule (Section 2.A of this Rehabilitation Plan) for the entire duration of the Agreement, but did not (or does not) at any time require contributions at rates equal to or in excess of any of the maximum rates specified under the provisos to the Primary Schedule

the benefits available to any such Bargaining Unit under any new Collective Bargaining Agreement that is the immediate successor or renewal Agreement of the Current Agreement, and is not in compliance with the Primary Schedule ("Successor Agreement"), will be nevertheless identical to the benefits available to Bargaining Units whose Collective Bargaining Agreements are in compliance with the Primary Schedule, provided that any such Successor Agreement has the characteristics specified in Section 2.L.2 below.

2. Contributions.

In order for a Bargaining Unit to qualify for the benefits specified under Section 2.L.1 above, the Successor Agreement must:

(i) Not be of less duration than the Current Agreement, but not exceeding 5 years in duration;

(ii) require pension contributions at a rate that is at least as high as the highest rate required under the Current Agreement, but need not provide for any increase in the contribution rates for the duration of the Successor Agreement (the "Special Rate"); and

(iii) contain terms under which the bargaining representative of the affected Bargaining Unit specifically agrees and acknowledges that any reduction in labor costs resulting from contributions at

the Special Rate (*i.e.,* contributions without the rate increases otherwise required under the Primary Schedule) have been allocated to the Bargaining Unit in a manner that is satisfactory to the bargaining representative.

Section 3. REHABILITATION PLAN STANDARDS AND OBJECTIVES.

The Schedules of Contributions and Benefits discussed above have been formulated by the Fund's Board of Trustees as reasonable measures which, under reasonable actuarial assumptions, are designed and projected to forestall the possible insolvency of the Fund prior to 2025. Projections of insolvency may vary from year to year as actual experience may differ from assumptions.

The Trustees recognize the possibility that actual experience could be less favorable than the reasonable assumptions used for the Rehabilitation Plan on an annual basis. Consequently, the annual standards for meeting the requirements of the Rehabilitation Plan are as follows:

- Actuarial projections updated for each year show, based on reasonable assumptions, that under the Rehabilitation Plan and its schedules (as amended and updated from time to time) the Fund will forestall its possible insolvency *prior* to 2023.

Section 4. ALTERNATIVES CONSIDERED BY THE TRUSTEES.

The Board of Trustees considered numerous alternatives [including combinations of contribution rate increases (and other updates to the schedules of contribution rates in light of the experience of the Fund) and benefit adjustments] that might enable the Fund to emerge from Critical Status either by the end of ten year PPA Rehabilitation Period (which began on January 1, 2011 and ended on December 31, 2020), or to forestall possible insolvency indefinitely (beyond the date referenced above under the "Standards and Objectives" heading). Some of the alternatives considered were determined to be unreasonable measures. The various default and alternative schedules considered included the following:

Schedules considered by the Board of Trustees in formulating an initial 2008 rehabilitation plan that might permit the Fund to emerge by the end of the Rehabilitation Period on December 31, 2020:

Schedule	Benefit Reductions	Contribution Rate Increases
Default	Immediate maximum Critical Status benefit cuts for all participants to the extent permitted by law	15% per year until emergence in 2021 (plus an additional 1.6% annual increase for Benefit Classes 14 and below)
Alternative 1	Maintain current benefits	17% per year until emergence in 2021
Alternative 2	On the second anniversary of the new bargaining agreement, reduce the future benefit accrual rate from 1% of contributions payable at age 62 to 1% of contributions at payable at age 65	16% per year until emergence in 2021

In formulating the Fund's initial rehabilitation plan in 2008, the Board of Trustees concluded that utilizing any and all *possible* measures to emerge from Critical Status by the end of the 10-year presumptive Rehabilitation Period described in ERISA Section 305(e)(4), would be unreasonable and would involve considerable risk to the Fund and Fund participants. In particular, the Board of Trustees concluded that the continued existence of the Fund and the Trustees' ability to maintain and improve the Fund's funded status in accordance with the terms of the IRS approved amortization extension would be jeopardized by any attempt to emerge from critical status by the end of the presumptive 10-year Rehabilitation Period.

As shown above, based on January 1, 2008 valuation data, the emergence by the end of the presumptive 10 year Rehabilitation Period would require double-digit annual contribution rate increases. For example, the daily contribution rate would generally have to grow from $52 to over $300. Therefore, the Trustees concluded in 2008 that annual contribution rate increases above the 8%/6%/4% level in the Primary Schedule were not reasonable and could trigger mass withdrawals and significant losses to the Fund and the participants.

During the process of updating the Rehabilitation Plan in each applicable year subsequent to 2008, the Trustees concluded that in light of current valuation data available in each of those years, the experience of the Fund and projections, the option available to the Fund under ERISA Section 305(e)(3)(ii) was to pursue reasonable measures to forestall a possible insolvency. The Trustees also concluded during the 2010 - 2021 update processes that requiring annual contribution increases above the level described in the Primary Schedule would not be reasonable and would likely accelerate a possible insolvency of the Fund rather than forestall it.

Prior to Plan/calendar year 2022, the Trustees have implemented (and, where applicable, have continued to implement) numerous measures to improve the Fund's funding. These have included:

- Reducing the benefit accrual rate from 2% of contributions to 1% of contributions;

- Protecting the "and-out" and early retirement benefits while freezing them at their year-end 2003 levels;

- Obtaining agreements from the major bargaining parties to reallocate significant amounts of annual benefit contributions to the Pension Fund;

- Obtaining an amortization extension from the Internal Revenue Service in 2005, and successfully seeking a waiver of the conditions of that extension in light of investment losses resulting from the weakness in financial markets in recent years (waiver or alteration of conditions granted in 2016);

- Requiring as a condition of continued participation in the Fund that new bargaining agreements in the last several years include significant annual contribution rate increases;

- Providing information to Congress and federal agencies with respect to legislative or regulatory proposals that appear to assist in addressing the funding challenges confronting the Fund;

- Approving a Distressed Employer Schedule as part of the Fund's Rehabilitation Plan under which YRC, Inc. and its affiliate USF Holland, Inc., two distressed (but historically significant) Contributing Employers, resumed Contributions in June 2011 at rates lower than would have been permitted under previous (pre-2011)

Rehabilitation Plan Schedules; this Distressed Employer Schedule significantly adjusted the benefits of the affected Bargaining Unit members, and helped assure that despite the lower Contribution rates, the continued participation of these Employers would tend to improve overall pension funding; and

- Adopting a new withdrawal liability method, and obtaining approval of that method by the Pension Benefit Guaranty Corporation, under which new Contributing Employers, and existing Contributing Employers who satisfy their withdrawal liability under the Fund's historic (pre-2011) withdrawal liability method *(i.e.,* the "modified presumptive method"), will have any future withdrawal liability determined under the "direct attribution" method; the Trustees believe that this "hybrid" method will be attractive to some Contributing Employers who wish to continue to participate in the Fund, but may be concerned about the potential for future growth of their estimated withdrawal liability as calculated under the Fund's prior (pre-2011) withdrawal liability method, and that this, in turn, will encourage continued participation in the Fund and tend to improve overall pension funding.

- Amending the Primary Schedule of the Rehabilitation Plan to permit Contributing Employers, who satisfy their existing withdrawal liability and qualify as New Employers eligible for the direct attribution method under the hybrid method, to comply with the Primary Schedule without the need (under their current collective bargaining agreements) for the contribution rate increases otherwise required under the Primary Schedule. The Trustees determined that this amendment to the Rehabilitation Plan will encourage existing Contributing Employers to satisfy their existing withdrawal liability and to continue their participation in the Fund as New Employers under the hybrid method; the Trustees determined that the New Employers' participation on these terms would tend to improve overall pension funding.

- Authorizing the filing, on September 25, 2015, of an application with the United States Department of the Treasury requesting approval of a plan of suspension of benefits under MPRA. (The Trustees determined that the filing of this application was a reasonable measure designed to forestall insolvency, and therefore one that they were required to take under the PPA. However, the Fund's MPRA application was denied by the Department of Treasury on May 6, 2016, and the Trustees have determined that it is not feasible for the Fund to submit a revised MPRA application.)

- Approval of the Special Schedule relating to Qualifying New ("Hybrid") Method Employers indicated in Section 2.K. of this Appendix.

- And the addition of Section 2.L. to this Appendix dealing with Qualifying Bargaining Units that have been subject to wage freezes.

However, the Trustees have also determined, as part of the 2022 Rehabilitation Plan update process, that mandating additional significant benefit cuts (beyond those provided in this updated Rehabilitation Plan), or (as noted) mandating significant contribution rate increases at levels beyond those required in recent years, would risk substantially accelerating the rate at which employers would withdraw from the Fund, in large part because the Union could conclude that it would be in its members' best interest to agree to withdrawals. The Board of Trustees also determined that this acceleration of employer withdrawals would, in turn, be counterproductive to the Trustees' effort to forestall possible insolvency.

Exhibit A
Primary Schedule: Contribution Rate Increases by Bargaining Agreement Year
(all rate increases are to be compounded annually)

Calendar Year of Contribution Rate Increases	Year of Initial Bargaining Agreement Conforming to Primary Schedule																
	2006 & Earlier	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
2006	7%																
2007	7%	8%															
2008	7%	8%	8%														
2009	7%	8%	8%	8%													
2010	7%	8%	8%	8%	8%												
2011	6%	8%	8%	8%	8%	8%											
2012	5%	6%	8%	8%	8%	8%	8%										
2013	4%	4%	6%	8%	8%	8%	8%	8%									
2014	4%	4%	6%	8%	8%	8%	8%	8%	8%								
2015	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%							
2016	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%						
2017	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%					
2018	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%				
2019	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%			
2020	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%		
2021	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%	
2022	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%
2023	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%
2024	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%
2025	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%
2026	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%
2027	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%
2028	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%

EXHIBIT B

Schedule for Actuarial Reduction of Age 65 Benefits

(Applicable to Default Schedule and Rehabilitation Plan Withdrawal benefit adjustments for Participants who (i) have not submitted a retirement application on or before July 1, 2011 and (ii) do not have a benefit commencement date [within the meaning of ERISA§ 305(i)(10)] on or before July 1, 2011)

Age	Percent of Age 65 Benefit Based on Actuarial Equivalence
65	100%
64	90%
63	81%
62	74%
61	67%
60	61%
59	55%
58	50%
57	46%

Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Rationale for Demographic and Noneconomic Assumptions	The information and analysis used in selecting each demographic assumption that has a significant effect on this actuarial valuation is shown in a detailed actuarial experience study (*Review of Demographic Plan Experience for Five-Year Period from January 1, 2015 Through December 31, 2019*). Current data is reviewed with each annual valuation. Based on professional judgement, no assumption changes are warranted at this time, except if noted otherwise.
Decrements	*Rates of Retirement:* Table A. The retirement assumption consists of age-based rates at which active and inactive participants are assumed to retire and commence benefits under the Plan. The retirement assumption applies only to participants who are eligible to commence benefits under the Plan. *Rates of Withdrawal Prior to Retirement:* Table B. The withdrawal assumption consists of rates at which active participants are assumed to terminate from covered employment. The rates under the withdrawal assumption are based on service. *Rates of Disability:* Table C. The disability assumption consists of age-based rates at which participants become disabled and collect disability retirement benefits from the Plan, which are available through age 62. This assumption applies only to participants who are eligible for a disability benefit under the Plan, and it determines when disabled annuitant life mortality rates apply in the valuation. *Rates of Mortality:* Non-Annuitant Lives*:* For males, Pri-2012 Blue Collar Employee Male table with generational projection using Scale MP-2019 from 2012. For females, Pri-2012 Blue Collar Employee Female table with generational projection using Scale MP-2019 from 2012. Healthy Annuitant Lives*:* For males, Pri-2012 Blue Collar Healthy Annuitant Male table with rates increased by 11%, and generational projection using Scale MP-2019 from 2012. For females, Pri-2012 Blue Collar Healthy Annuitant Female table with rates increased by 4%, and generational projection using Scale MP-2019 from 2012. Contingent Survivor Lives: These tables apply upon the death of the corresponding participant. For males, Pri-2012 Blue Collar Contingent Survivor Male table with generational projection using Scale MP-2019 from 2012. For females, Pri-2012 Blue Collar Contingent Survivor Female table with rates increased by 9%, and generational projection using Scale MP-2019 from 2012. Disabled Lives*:* For males, Pri-2012 Disabled Annuitant Male table with rates increased by 23%, and generational projection using Scale MP-2019 from 2012. For females, Pri-2012 Disabled Annuitant Female table with generational projection using Scale MP-2019 from 2012. The adjusted underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These adjusted mortality tables were then projected to future years using Scale MP-2019 to reflect future mortality improvement. Note: The rates described above are rates of decrement, not probability rates. Probability rates at a given age are calculated by considering all applicable rates of decrement at that age.

Segal

Table A

Retirement (%)

	Active Participants Primary Schedule		Active Participants Default/Distressed/RPW Schedule		Inactive Vested Participants			
Age	Service < 20	Service ≥ 20	Service < 20	Service ≥ 20	Non-UPS Service < 20	Non-UPS Service ≥ 20	UPS Retirees*	UPS Non-Retirees**
57	2.0	11.0	1.0	3.0	7.0	15.0	0.0	20.0
58	1.0	7.0	1.0	2.0	3.0	6.0	0.0	10.0
59	2.0	8.0	2.0	3.0	4.0	7.0	0.0	10.0
60	3.0	9.0	2.0	4.0	5.0	9.0	0.0	10.0
61	8.0	18.0	4.0	12.0	8.0	13.0	0.0	13.0
62	15.0	33.0	11.0	24.0	14.0	22.0	0.0	25.0
63	12.0	22.0	8.0	16.0	8.0	15.0	0.0	13.0
64	17.0	24.0	13.0	22.0	14.0	20.0	0.0	17.0
65	28.0	33.0	26.0	30.0	25.0	35.0	100.0	30.0
66	28.0	33.0	26.0	26.0	14.0	24.0	100.0	13.0
67	23.0	26.0	18.0	18.0	8.0	15.0	100.0	9.0
68	21.0	26.0	17.0	17.0	6.0	13.0	100.0	7.0
69	14.0	23.0	11.0	11.0	6.0	11.0	100.0	5.0
70	26.0	26.0	13.0	13.0	6.0	15.0	100.0	5.0
71	100.0	100.0	100.0	100.0	17.0	38.0	100.0	100.0
72	100.0	100.0	100.0	100.0	3.0	3.0	100.0	100.0
73-75	100.0	100.0	100.0	100.0	2.0	2.0	100.0	100.0
76-84	100.0	100.0	100.0	100.0	1.0	1.0	100.0	100.0
85	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

* These rates pertain to commencement of benefits under the Central States Plan, assuming the participant has already commenced benefits under the UPS/IBT Full-Time Employee Pension Plan (the "UPS Plan").

** These rates apply to when UPS inactive vested participants are assumed to commence benefits from the UPS Plan.

Segal

Table B

Withdrawals* (%)

Years of Participation Service	Withdrawal Rate	Years of Participation Service	Withdrawal Rate
< 1	29.0	12	10.0
1	29.0	13	10.0
2	23.0	14	10.0
3	18.0	15	9.0
4	16.0	16	9.0
5	15.0	17	8.0
6	15.0	18	7.0
7	15.0	19	7.0
8	13.0	20	7.0
9	11.0	21	7.0
10	11.0	22	7.0
11	10.0	23 & over	6.0

* Withdrawal rates apply to all active participants who are not eligible for immediate commencement of a retirement benefit under the Plan.

Table C

Disability (%)

Age	Rate of Disability	Age	Rate of Disability	Age	Rate of Disability
30 and under	0.00	41	0.02	52	0.11
31	0.00	42	0.02	53	0.15
32	0.01	43	0.02	54	0.21
33	0.01	44	0.02	55	0.20
34	0.01	45	0.02	56	0.13
35	0.01	46	0.02	57	0.11
36	0.01	47	0.02	58	0.03
37	0.01	48	0.02	59	0.03
38	0.01	49	0.02	60	0.03
39	0.01	50	0.06	61	0.03
40	0.01	51	0.11	62	0.03

Table D

Mortality*

	Healthy**		Contingent Survivor		Disabled	
Age	Male	Female	Male	Female	Male	Female
20	0.07%	0.02%	1.69%	0.80%	1.44%	0.36%
25	0.08%	0.03%	1.85%	0.86%	1.54%	0.49%
30	0.09%	0.04%	2.10%	0.93%	1.81%	0.58%
35	0.11%	0.05%	2.20%	0.94%	2.22%	0.79%
40	0.12%	0.07%	1.98%	0.83%	2.43%	1.06%
45	0.13%	0.09%	1.62%	0.71%	2.62%	1.36%
50	0.17%	0.13%	1.44%	0.66%	2.45%	1.30%
55	0.27%	0.20%	1.64%	0.92%	2.60%	1.51%
60	1.06%	0.79%	2.11%	1.27%	2.98%	1.83%
65	1.44%	1.11%	2.64%	1.66%	3.60%	2.12%
70	2.18%	1.57%	3.27%	2.20%	4.63%	2.62%
75	3.43%	2.50%	4.37%	3.21%	6.62%	3.72%
80	5.90%	4.27%	6.31%	4.97%	10.20%	5.81%
85	10.22%	7.49%	9.60%	8.05%	15.87%	9.49%
90	17.42%	13.10%	15.49%	13.73%	23.96%	15.55%

* Rates above are sample rates in 2022. Rates are projected on a generational basis after 2022 using Scale MP-2019.

** Employee rates shown for ages 20-55 and annuitant rates shown for ages 60-90.

Description of Weighted Average Retirement Age	Age 64, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2022 actuarial valuation.
Future Benefit Accruals	One year of service per year The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment.

Frequency of Employer Contributions

For active participants, based on the units of contributions during the most recent Plan Year, as follows:

Assumed Weeks Worked	Assumed Days Worked	Assumed Hours Worked
50	240	1,900

Unknown Data for Participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male. The Fund Office adjusted for missing birth dates by assuming that participants were born 30 years prior to participation date.

Definition of Active Participants

Active participants are defined as those reported as Active by the Fund Office excluding those who have retired as of the valuation date. All actives have earned one year of vesting service in the most recent plan year.

Exclusion of Inactive Vested Participants

Inactive participants over age 85 are excluded from the valuation, based on an assumption that they will not ultimately apply for a pension or respond to inquiries by the Fund Office. This assumption does not apply to those UPS participants that became inactive vested participants as a result of UPS's withdrawal.

Deceased Inactive Vested Participants

Liabilities for inactive vested participants reported with a date of death are included in the valuation and multiplied by a factor of 0.41 to reflect an assumption that 75% have a surviving spouse that will collect benefits, a beneficiary would receive 50% of the participant's benefit, and an adjustment for the assumed difference in life expectancy between a participant and spouse.

Percent Married

75% of active and inactive vested participants are assumed to be married.

Age and Sex of Spouse

Spouses are assumed to be the opposite sex of participants. Females are assumed to be 2 years younger than their male spouses.

Post-NRA Retirements

95% of benefits paid to inactive vested participants retiring after age 65 are assumed to be ineligible for retroactive payments or adjustments due to post-NRA commencement.

This assumption is based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment.

Benefit Election

Active and inactive vested participants are assumed to elect optional forms of payment as shown in the table below.

Single	Married		
Single Life*	Single Life*	50% Joint & Survivor	75% Joint & Survivor
25%	40%	20%	15%

* A death benefit is payable to the beneficiaries of participants who are covered under the Primary Schedule of the Rehabilitation Plan, who elect a single life annuity, and who die within 60 months of commencing benefits. For married participants, the death benefit is the balance of 60 monthly payments; for single participants, the death benefit is a single payment of $1,000.

Net Investment Return

2.00% per year

The net investment return is a long-term estimate derived from analysis of historical data, current and recent market expectations, and professional judgment.

Under the American Rescue Plan Act of 2021 (ARPA), which was enacted on March 11, 2021, the Plan will receive a large amount of special financial assistance (SFA) from the PBGC that will enable the Plan to avoid insolvency in 2025. The Plan was not eligible to apply for SFA until after this valuation date and the amount of SFA is subject to PBGC approval. The expected duration of solvency of the Plan cannot be determined until the PBGC approves the amount, timing, and investment restrictions on the SFA. It is expected that the Plan's investment policy will be updated to reflect the SFA and the requirement under ARPA that the funds be invested in investment grade bonds or other investments deemed appropriate by PBGC. At this time, however, it is not yet known what the updates to the investment policy will be.

The Plan's current investment policy was adopted in 2017 and has been subsequently revised. Under the current policy, the Plan's target asset allocation has shifted to short-term and cash equivalent securities as the Plan was projected to approach insolvency. For the period after which the Plan was projected to become insolvent (without respect to SFA under ARPA), the year-by-year expected returns are based on the estimated average cash-equivalent assets needed each quarter to pay for estimated PBGC guaranteed benefits and administrative expenses.

Year-by-year expected returns were developed using a building block approach based on 2022 capital market assumptions developed by Segal Marco Advisors, including inflation expectations, expected returns, and anticipated risk premiums for each of the Plan's asset classes. The projected cash flows for participants included in this valuation were based on the January 1, 2022 actuarial valuation and assumptions, reflecting the Trustees' industry activity assumptions provided for the 2022 actuarial status ("zone") certification.

The following tables show expected returns on Plan assets through the projected date of insolvency without respect to SFA under ARPA and a sample of expected annual returns on cash-equivalent securities following the projected date of Plan insolvency. Assuming that SFA will prolong plan solvency, a long-term, return weighted analysis of expected cash returns indicates a long-term 2.0% return assumption is reasonable.

Expected Returns on Plan Assets

Year	Return
2022	0.43%
2023	0.66%
2024	0.85%

Expected Returns on Cash-Equivalent Securities

Year	Return	Year	Return
2030	1.53%	2050	2.49%
2035	1.89%	2055	2.63%
2040	2.14%	2060	2.75%
2045	2.33%	2065	2.85%

Additional information regarding the development of the net investment return assumption appears in a separate report (*Review and Selection of Economic Assumptions for Plan Year Beginning January 1, 2020*).

Annual Administrative Expenses	$45,400,000 for the year beginning January 1, 2022 (equivalent to $44,916,352 payable at the beginning of the year) or 8.5% of Normal Cost. The annual administrative expenses were based on the expense budget for the current year as of January 1, 2022.
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.
Benefit Class	Plan participants are assumed to remain in their current Benefit Class until termination or retirement.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit L.
Current Liability Assumptions	*Interest:* 2.22%, within the permissible range prescribed under IRC Section 431(c)(6)(E) *Mortality:* Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2020 (previously, the MP-2019 scale was used).
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 1 contribution date.

Segal

Summary of Plan Provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Year	January 1 through December 31
Pension Credit Year	January 1 through December 31
Plan Status	Ongoing plan
Participation	Employee is eligible to participate when at least 20 weeks of contributions have been made on his or her behalf in the first year of employment or in any calendar year thereafter (for Benefit Classes 15A through 18+, need 20 weeks or 75 days of contributions).
Contributions	Employers made daily or weekly contributions on behalf of their employees, as established by a collective bargaining agreement. These contribution rates are a factor in determining Benefit Class. Minimum contribution rates vary by several factors, including Benefit Class and year of last contract. The average annual contribution rate per participant, based on the assumptions regarding frequency, is $10,604.
Service Credit	Sum of Contributory Credit and Non-Contributory Credit
Contributory Credit	Credit is based on contributions made by employer on employee's behalf. Contributory Credit is earned on a calendar year basis according to the following schedule: <u>Benefit Classes 1 – 14</u> 0 – 19 weeks contributed — No Credit 20 – 39 weeks contributed — Number of weeks divided by 40 40 or more weeks contributed — 1 year credit <u>Benefit Classes 15A – 18+</u> 0 – 19 weeks contributed — No Credit 20 – 39 weeks contributed — Number of weeks divided by 40 40 or more weeks contributed — 1 year credit Or 74 days contributed — No Credit 75 – 179 days contributed — Number of days divided by 180 180 or more days contributed — 1 year credit

Segal

Non-Contributory Credit	Employee can earn Non-Contributory Credit if he or she became a Participant prior to April 1, 1985, and if he or she worked for a Teamster type organization prior to becoming a participant in this plan. Up to one year of Non-Contributory Credit can be given for each year of Contributory Credit.
Reemployment	If a pensioner or disabled Participant returns to work, benefit payments may be suspended pursuant to the terms of the Plan. Benefit may have to be re-calculated if he or she earns additional credit.
Vesting Service	A Participant earns one year of Vesting Service for each calendar year during which the employer makes at least 20 weeks of contribution on his or her behalf (20 weeks or 75 days for Benefit Classes 15A through 18+). A Participant becomes vested upon earning five years of vesting service.
Break in Service	A one-year break is a calendar year with less than 10 weeks of Contributory Credit, Non-Contributory Credit, or Vesting Service. A Break in Service occurs when a non-vested Participant has the greater of a) five consecutive one-year breaks, or b) a number of consecutive one-year breaks equal to the number of years of Vesting Service prior to the one-year breaks.
Retirement Benefits	A Participant receives the best of the following benefit types at retirement: • Twenty-Year Service Pension • Contribution-Based Pension • Contributory Credit Pension

Twenty-Year Service Pension

This benefit is earned by combining Contributory Credit and Non-Contributory Credit, and at least one-half of the total Credit must be Contributory.

This Benefit is based on Benefit Class and age at retirement as follows:

	Monthly Pension Benefit				
Benefit Class	**Age 57**	**Age 58**	**Age 59**	**60-64**	**Age 65**
1	$60	$60	$60	$60	$60
2	90	90	90	90	90
2A	125	125	125	125	125
3	140	140	140	170	170
3A	170	170	170	210	210
4	225	225	225	275	275
5	260	260	260	315	315
6	285	285	285	350	350
7	330	330	330	400	400
8	365	365	365	445	445
9	400	400	400	485	485
10	435	435	435	530	530
11	490	490	490	595	595
12	575	575	575	675	675
13	600	600	600	725	725
14	625	625	625	775	775
15	700	750	800	900	900
16	700	750	800	900	1,100
17A&B	700	750	800	900	1,100
18&18+	700	750	800	900	1,100

- *Eligibility:* Attain age 50 while an active plan participant with 20 years of Credit
  Or
  30 years of Credit, regardless of age.
- *Amount:* Monthly pension benefit is based on chart above using age on the earlier of 1) retirement date, or 2) date or termination. Benefit is reduced by .5% for each month retirement age precedes age 57.

Deferred Pension (Special Provision)	• *Eligibility:* Attain age 57 while an active plan participant with 20 years of Credit Or 20 years of Contributory Credit, regardless of age, with at least 20 weeks under Schedule B of the Benefit Class Rate Chart Or Attain age 50 while an active plan participant with 20 years of Contributory Credit. • *Amount:* Monthly pension benefit is based on previous chart using age at retirement (not age at termination). This special Deferred Pension allows a participant to terminate employment, but delay retirement to a later date to receive a greater benefit. This benefit is reduced .5% for each month retirement age precedes age 57. This benefit is not payable prior to age 50.
Contribution-Based Credit	• *Eligibility:* Five years of Vesting Service. • *Amount:* This monthly pension benefit is payable, unreduced, at the earlier of age 65 and age 62 with 20 years of Credit, and is equal to (a) + (b) + (c): (a) 1% of all employer contributions paid on the Participant's behalf on or after January 1, 2004; (b) 2% of all employer contributions paid on the Participant's behalf on or after January 1, 1986 through December 31, 2003; (c) Pre-1986 credit is determined using a formula as defined in the January 1, 1985 Pension Plan. • This benefit can be taken early, with a reduction of .5% for each month retirement date precedes age 65, or age 62 with 20 years of Credit if earlier.
Contributory Pension	• *Eligibility (must meet any of the following):* – 30 years of Contributory Credit, with at least ½ year of Contributory Credit earned prior to January 1, 2004 and Contribution being made under Schedule B of the Benefit Class Rate Chart; – At least age 57 with at least 20 years of Contributory Credit and Benefit Class 16 or higher; – At least age 57 with at least 25 years of Contributory Credit and Benefit Class 15C or higher; – At least age 60 with at least 25 years of Contributory Credit and Benefit Class 15A or higher; – 25 years of Contributory Credit and Benefit Class 17A, 18, or 18+; – At least age 55 with at least 25 years of Contributory Credit and Benefit Class 17B; – At least age 50 with at least 20 years of Contributory Credit and Benefit Class 18 or 18+ • *Amount:* The sum of (a) and (b), where: (a) 1% of Contributions paid on participant's behalf on or after January 1, 2004 (payable monthly and reduced .5% per month for retirement prior to 62); (b) a percentage (determined by taking years of Contributory Credit as of December 31, 2003 divided by the total years of Contributory Credit, capped at the minimum years needed for the applicable benefit amount) of the amount, payable monthly, taken from the following charts (age used in chart should be age at date of termination).

For Benefit Classes 1 – 14:

Use age 60 amount from Twenty-Year Service Pension Chart

For Benefits Class 15A:

Age	25 Years	30 Years
Any	$0	$1,000
60-61	950	1,050
62-64	1,050	1,125
65+	1,125	1,250

For Benefits Class 15B:

Age	25 Years	30 Years
Any	$0	$1,000
60-61	1,000	1,100
62-64	1,100	1,250
65+	1,250	1,500

For Benefits Class 15C (Phase I):

Age	25 Years	30 Years
Any	$0	$1,000
57-59	900	1,125
60-61	1,125	1,350
62-64	1,225	1,500
65+	1,375	1,750

For Benefits Class 15C (Phase II):

Age	25 Years	30 Years
Any	$0	$1,000
57-59	1,000	1,250
60-61	1,250	1,600
62-64	1,350	1,750
65+	1,500	2,000

For Benefits Class 16:

Age	20 Years	25 Years	30 Years
Any	$0	$0	$2,000
57	900	1,200	2,000
58	950	1,300	2,000
59	1,000	1,400	2,000
60	1,050	1,500	2,000
61	1,100	1,600	2,100
62	1,200	1,700	2,200
63	1,300	1,800	2,300
64	1,400	1,900	2,400
65+	1,500	2,000	2,500

Contributory Credit Pensions Under Benefit Class 17A:

	Years of Contributory Service										
Age	25	26	27	28	29	30	31	32	33	34	35 & Over
Any Age	$1,500	$1,500	$1,500	$1,500	$1,500	$2,000	$2,100	$2,200	$2,300	$2,400	$2,500
56	1,500	1,600	1,600	1,600	1,600	2,000	2,100	2,200	2,300	2,400	2,500
57	1,500	1,600	1,700	1,700	1,700	2,000	2,100	2,200	2,300	2,400	2,500
58	1,500	1,600	1,700	1,800	1,800	2,000	2,100	2,200	2,300	2,400	2,500
59	1,500	1,600	1,700	1,800	1,900	2,000	2,100	2,200	2,300	2,400	2,500
60	1,500	1,600	1,700	1,800	1,900	2,000	2,100	2,200	2,300	2,400	2,500
61	1,600	1,600	1,700	1,800	1,900	2,100	2,100	2,200	2,300	2,400	2,500
62	1,700	1,700	1,700	1,800	1,900	2,200	2,200	2,200	2,300	2,400	2,500
63	1,800	1,800	1,800	1,800	1,900	2,300	2,300	2,300	2,300	2,400	2,500
64	1,900	1,900	1,900	1,900	1,900	2,400	2,400	2,400	2,400	2,400	2,500
65 & Up	2,000	2,000	2,000	2,000	2,000	2,500	2,500	2,500	2,500	2,500	2,500

Contributory Credit Pensions Under Benefits Class 17B:

	Years of Contributory Service										
Age	25	26	27	28	29	30	31	32	33	34	35 & Over
Any Age	-	-	-	-	-	$2,500	$2,600	$2,700	$2,800	$2,900	$3,000
55	$1,500	$1,500	$1,500	$1,500	$1,500	2,500	2,600	2,700	2,800	2,900	3,000
56	1,500	1,600	1,600	1,600	1,600	2,500	2,600	2,700	2,800	2,900	3,000
57	1,500	1,600	1,700	1,700	1,700	2,500	2,600	2,700	2,800	2,900	3,000
58	1,500	1,600	1,700	1,800	1,800	2,500	2,600	2,700	2,800	2,900	3,000
59	1,500	1,600	1,700	1,800	1,900	2,500	2,600	2,700	2,800	2,900	3,000
60	1,500	1,600	1,700	1,800	1,900	2,500	2,600	2,700	2,800	2,900	3,000
61	1,600	1,600	1,700	1,800	1,900	2,500	2,600	2,700	2,800	2,900	3,000
62	1,700	1,700	1,700	1,800	1,900	2,500	2,600	2,700	2,800	2,900	3,000
63	1,800	1,800	1,800	1,800	1,900	2,500	2,600	2,700	2,800	2,900	3,000
64	1,900	1,900	1,900	1,900	1,900	2,500	2,600	2,700	2,800	2,900	3,000
65 & Up	2,000	2,000	2,000	2,000	2,000	2,500	2,600	2,700	2,800	2,900	3,000

Contributory Credit Pensions Under Benefit Class 18:

	Years of Contributory Service											
Age	20-24	25	26	27	28	29	30	31	32	33	34	35 & Over
Any Age	-	$2,000	$2,100	$2,200	$2,300	$2,400	$3,000	$3,100	$3,200	$3,300	$3,400	$3,500
50	$650	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
51	700	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
52	750	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
53	800	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
54	850	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
55	900	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
56	950	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
57	1,000	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
58	1,050	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
59	1,100	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
60	1,150	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
61	1,200	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
62	1,300	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
63	1,400	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
64	1,500	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
65 & Up	2,000	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500

Contributory Credit Pensions Under Benefit Class 18 Plus:

	Years of Contributory Service											
Age	20-24	25	26	27	28	29	30	31	32	33	34	35 & Over
Any Age	-	$2,000	$2,100	$2,200	$2,300	$2,400	$3,000	$3,100	$3,200	$3,300	$3,400	$3,500
50	$650	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
51	700	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
52	750	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
53	800	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
54	850	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
55	900	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
56	950	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
57	1,000	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
58	1,050	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
59	1,100	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
60	1,150	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
61	1,200	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
62	1,300	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
63	1,400	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
64	1,500	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
65 & Up	2,000	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500

Disability Pension	• *Eligibility:* Under age 62 with 10 years of credited service and Benefit Class 4 or higher • *Amount:* For Benefit Class 18: $650 per month plus $50 for each year that the age at time of disability exceeded age 50 with a maximum benefit of $1,000. For other Benefit Classes: $265 per month until death or recovery from disability. At age 65, a disabled participant may elect to receive a normal retirement benefit instead.
Vesting	• *Eligibility:* 5 years of vesting service • *Amount:* Vested participants retiring after January 1, 1987 will get a Contribution-Based Pension. The Vested Pension is only for those retiring on or before January 1, 1987.

Pre-Retirement Death Benefits	Survivors may only receive one non-disability death benefit. **50% Surviving Spouse Benefit** • *Eligibility*: Married and either a vested participant or eligible for an immediate pension. • *Amount*: 50% of the pension that would have been payable under the Joint and 50% Surviving Spouse option. **60-Month Survivor Benefit** • *Eligibility*: Active participant with 20 years of credited service, married or with dependent children, and Benefit Class 4 or higher. • *Amount*: 60 months' pension equal to the greater of $160 per month or the pension the deceased participant could have received under the lifetime with limited surviving spouse payment option. **Lump-Sum Death Benefit** • *Eligibility*: Active participant with 10 years of credited service. • *Amount*: $4,000 under Schedule B, $2,000 under Schedule A, or $10,000 under Benefit Class 18 but not more than 50% of the contributions made for the participant. Survivor eligible for more than one death benefit must elect which one to receive if not covered under Benefit Class 18. **Disability Death Benefit** • *Eligibility*: Receiving a disability pension. • *Amount*: $1,000 unless the surviving spouse elects to receive the 50% Surviving Spouse Benefit described above. **Lump-Sum Disability Benefit** • *Eligibility*: Age 45 with 10 years of credited service and not eligible for the disability pension. • *Amount*: $3,000 under Schedule B or $2,000 under Schedule A, but not more than 50% of the contributions made for the participant
Optional Forms of Benefits	For single participants: • Single Life Annuity for members of Benefit Classes 4 and higher, with a $1,000 death benefit • Single Life Annuity for members of Benefit Classes below 4 and a benefit based on 20 years of Credit, with a $1,000 death benefit For married participants: • 50% Joint and Survivor Pension (QJSA) with pop-up provision, reduced from the single life annuity • 75% Joint and Survivor Pension (QOSA) with pop-up provision, reduced form the single life annuity • Single Life Annuity for members of Benefit Classes 4 and higher with at least 20 years of Credit, with 60 months of payments guaranteed or, if the spouse does not survive to the pensioner's death, a $1,000 death benefit • Single Life Annuity for members of Benefit Classes below 4 and a benefit based on 20 years of Credit, with a $1,000 death benefit upon the pensioner's death and a $500 death benefit upon the spouse's death

Benefit Transfer	Effective January 1, 2008, the responsibility to pay all benefits to non-retired UPS participants as of January 1, 2008 other than the Contribution-Based Pension Accrued Benefit payable at age 65 was transferred to the UPS/IBT Full-Time Pension Plan.
Summary of Plan Changes Under Rehabilitation Plan	**Primary Schedule:** Except for plan withdrawals, preserves all current benefit provisions. Annually compounded contribution increases were required effective immediately after the expiration of the Collective Bargaining Agreements in effect on March 26, 2008. For 2008 agreements, the increases were 8% for the first five years, 6% for the next three years, and 4% per year thereafter. Effective for retirements on or after July 1, 2011, participants will not be granted a retirement date prior to age 57, and effective June 1, 2011, required contributions will be limited to $348 per week for each participant covered by the National Automobile Transporter Agreement and $342 per week for all other participants. Any employer that qualifies as a New Employer under Section 2.2(b) of Appendix E of the Plan is not required to make additional contribution rate increases otherwise required by the Rehabilitation Plan as of the date it qualifies as a New Employer. **Default Schedule:** Adjustable Benefits are eliminated or reduced to the maximum extent permitted by law for employees of contributing employers subject to the Default Schedule. Adjustable Benefits include the Twenty-Year Service Pension, the Contributory Credit Pension, all disability benefits not yet in pay status, and before retirement death benefits other than the 50% surviving spouse benefit. Effective for retirements on or after July 1, 2011, the early retirement reductions in the Default Schedule are based on actuarially equivalent factors rather than 6% per year from 65 and may not commence prior to age 57. Annually compounded contribution increases of 4% were required effective immediately after the expiration of the Collective Bargaining Agreements in effect on March 26, 2008. Any employer that qualifies as a New Employer under Section 2.2(b) of Appendix E of the Plan is not required to make additional contribution rate increases otherwise required by the Rehabilitation Plan as of the date it qualifies as a New Employer. **Rehabilitation Plan Withdrawals:** When a contributing employer is no longer required to make employer contributions to the Pension Fund under one or more of its Collective Bargaining Agreements as a result of actions by members of a Bargaining Unit, its representatives, or the contributing employer; the participants of that employer that have not yet commenced benefits shall be subject to the Adjustable Benefit reductions of the Default Schedule. **Distressed Employer Schedule:** Adjustable Benefits are eliminated or reduced to the maximum extent permitted by law for employees of contributing employers subject to the Distressed Employer Schedule, except for any participant that has achieved a minimum age of 55 and accrued a minimum of 25 years of Contributory Credit as of the date of the Distressed Employer's termination of participation in the Fund provided that the retirement is not prior to age 62. Adjustable Benefits include the Twenty-Year Service Pension, the Contributory Credit Pension, all disability benefits not yet in pay status, and before retirement death benefits other than the 50% surviving spouse benefit. Early retirement reductions are based on actuarially equivalent factors effective for retirements on or after July 1, 2011.
Changes in Plan Provisions	The following plan provision was changed and is reflected in this valuation: During the plan year ended December 31, 2021, 327 active participants and 1,603 inactive vested participants were first reported to be covered under the Default Schedule, Distressed Employer Schedule, or were subject to Adjustable Benefit reductions as a result of a Rehabilitation Plan Withdrawal. As participants become subject to these schedules, their changes in benefits are treated as a plan change.

Segal

March 31, 2022

Internal Revenue Service
Employee Plans Compliance Unit
Group 7602 (TEGE:EP:EPCU)
230 S. Dearborn Street
Room 1700 - 17th Floor
Chicago, IL 60604

To Whom It May Concern:

As required by ERISA Section 305 and the Internal Revenue Code (IRC) Section 432, we have completed the actuarial status certification as of January 1, 2022 for the following plan:

Name of Plan:	Central States, Southeast and Southwest Areas Pension Plan
Plan number:	EIN 36-6044243 / PN 001
Plan sponsor:	Board of Trustees, Central States, Southeast and Southwest Areas Pension Plan
Address:	8647 West Higgins Road, Chicago, IL 60631
Phone number:	847.518.9800

As of January 1, 2022, the Plan is in critical and declining status.

Under the American Rescue Plan Act of 2021 (ARPA), which was enacted on March 11, 2021, the Plan is eligible for special financial assistance (SFA) from the PBGC that will considerably improve the Plan's ability to remain solvent and continue to pay benefits. The impact of any such special financial assistance, however, is not reflected in this report.

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on the annual standards of the rehabilitation plan.

Segal

If you have any questions on the attached certification, you may contact me at the following:

Segal
101 North Wacker Drive, Suite 500
Chicago, IL 60606-1724
Phone number: 312.984.8500

Sincerely,



Daniel V. Ciner MAAA, EA
Senior Vice President and Actuary
Enrolled Actuary No. 20-05773

Actuarial Status Certification as of January 1, 2022 under IRC Section 432
March 31, 2022
Illustration Supporting Actuarial Certification of Status (Schedule MB, line 4b)

This is to certify that Segal has prepared an actuarial status certification under Internal Revenue Code Section 432 for the Central States, Southeast and Southwest Areas Pension Plan as of January 1, 2022 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law. This certification may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.

The measurements shown in this actuarial certification may not be applicable for other purposes. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); differences in statutory interpretation and changes in plan provisions or applicable law.

This certification is based on the January 1, 2021 actuarial valuation, dated September 7, 2021. This certification reflects the changes in the law made by the Multiemployer Pension Reform Act of 2014 (MPRA). Additional assumptions required for the projections (including those under MPRA), and sources of financial information used are summarized in Exhibit 6.

Segal does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which this certification is based reflects Segal’s understanding as an actuarial firm.

This certification was based on the assumption that the Plan was qualified as a multiemployer plan for the year.

I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. In my opinion, the projections are based on reasonable actuarial estimates, assumptions and methods that offer my best estimate of anticipated experience under the Plan. Furthermore, as required by IRC Section 432(b)(3)(B)(iii), the projected industry activity takes into account information provided by the plan sponsor.



	Daniel V. Ciner, MAAA, EA
EA#	20-05773
Title	Senior Vice President and Actuary
Email	dciner@segalco.com

Segal

Certificate Contents

Exhibit 1	Status Determination as of January 1, 2022
Exhibit 2	Summary of Actuarial Valuation Projections
Exhibit 3	Funding Standard Account Projections
Exhibit 4	Funding Standard Account — Projected Bases Assumed Established After January 1, 2021
Exhibit 5	Solvency Projection
Exhibit 6	Actuarial Assumptions and Methodology

Actuarial Status Certification under IRC Section 432

Exhibit 1: Status Determination as of January 1, 2022

Status	Condition	Component Result	Final Result
Critical Status:			
	1. **Initial critical status tests:**		
	C1. A funding deficiency is projected in four years?	Yes	Yes
	C2. a. A funding deficiency is projected in five years,	Yes	
	b. **and** the present value of vested benefits for non-actives is more than present value of vested benefits for actives,	Yes	
	c. **and** the normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) is greater than contributions for current year?	Yes	Yes
	C3. a. A funding deficiency is projected in five years,	Yes	
	b. **and** the funded percentage is less than 65%?	Yes	Yes
	C4. a. The funded percentage is less than 65%,	Yes	
	b. **and** the present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over seven years	Yes	Yes
	C5. The present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over five years?	Yes	Yes
	2. **Emergence test:**		
	C6 a. Was in critical status for the immediately preceding plan year,	Yes	
	b. **and either** a funding deficiency is projected for the plan year or any of the next nine plan years, without regard to the use of the shortfall method but taking into account any extension of amortization periods under ERISA Section 304(d)(2) or ERISA Section 304 as in effect prior to PPA'06,	Yes	
	c. **or** insolvency is projected for the current year or any of the 30 succeeding plan years?	Yes	
	Plan did NOT emerge?		**Yes**
	3. **In Critical Status? (If any of (C1)-(C6) is Yes, then Yes)**		**Yes**

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Status	Condition	Component Result	Final Result
	4. **Determination of critical and declining status:**		
	C7. a. In critical status?	Yes	Yes
	b. **and either** Insolvency is projected within 15 years using assumptions described in Exhibit 6.B?	Yes	Yes
	c. or		
	1) The ratio of inactives to actives is at least 2 to 1,	Yes	
	2) **and** insolvency is projected within 20 years using assumptions described in Exhibit 6.B?	Yes	Yes
	d. **or**		
	1) The funded percentage is less than 80%,	Yes	
	2) **and** insolvency is projected within 20 years using assumptions described in Exhibit 6.B?	Yes	Yes
	In Critical and Declining Status?		**Yes**
Endangered Status:			
	E1. a. Is not in critical status,	No	
	b. **and** the funded percentage is less than 80%?	N/A	No
	E2. a. Is not in critical status,	No	
	b. **and** a funding deficiency is projected in seven years?	N/A	No
	In Endangered Status? (Yes when either (E1) or (E2) is Yes)		**No**
	In Seriously Endangered Status? (Yes when BOTH (E1) and (E2) are Yes)		**No**
Neither Critical Status Nor Endangered Status:			
	Neither Critical nor Endangered Status?		**No**

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on the annual standards of the rehabilitation plan. The annual standard for meeting the requirements of the rehabilitation plan is that actuarial projections updated for each year show, based on reasonable assumptions, that under the rehabilitation plan and its schedules (as amended and updated from time to time) the Fund will forestall its possible insolvency prior to 2023. The actuarial projection shown in Exhibit 5 indicates the Fund is projected to remain solvent until 2025. The actuarial assumptions and methods used for this projection are as described in Exhibit 6.B.

Exhibit 2: Summary of Actuarial Valuation Projections

The actuarial factors as of January 1, 2022 (based on projections from the January 1, 2021 valuation certificate):

1.	Financial Information			
	a. Market value of assets			$8,158,227,818
	b. Actuarial value of assets			8,012,070,196
	c. Reasonably anticipated contributions			
	1) Upcoming year			589,595,451
	2) Present value for the next five years			2,654,181,180
	3) Present value for the next seven years			3,538,580,289
	d. Projected benefit payments			2,856,964,516
	e. Projected administrative expenses (beginning of year)			44,916,352
2.	Liabilities			
	a. Present value of vested benefits for active participants			8,194,850,124
	b. Present value of vested benefits for non-active participants			47,489,410,649
	c. Total unit credit accrued liability			56,028,381,290
	d. Present value of payments	**Benefit Payments**	**Administrative Expenses**	**Total**
	1) Next five years	$13,613,457,660	$223,639,368	$13,837,097,028
	2) Next seven years	18,656,560,177	312,215,699	18,968,775,876
	e. Unit credit normal cost plus expenses			650,510,144
	f. Ratio of inactive participants to active participants			6.70
3.	Funded Percentage (1.b)/(2.c)			14.3%
4.	Funding Standard Account			
	a. Funding deficiency as of the end of prior year			($23,691,371,098)
	b. Years to projected funding deficiency			0
5.	Years to Projected Insolvency*			4

* The year of projected insolvency is 2025.

Exhibit 3: Funding Standard Account Projections

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

	Year Beginning January 1,				
	2021	**2022**	**2023**	**2024**	**2025**
1. Funding deficiency (BOY)	($20,663,273,496)	($23,691,371,098)	($26,944,573,488)	($30,471,663,734)	($33,526,224,399)
2. Interest on (1)	(413,265,470)	(473,827,422)	(538,891,470)	(609,433,275)	(670,524,488)
3. Normal cost	554,184,146	605,593,792	593,901,025	578,487,816	560,549,761
4. Administrative expenses	41,750,441	44,916,352	45,735,300	46,552,857	47,365,653
5. Net amortization charges	2,620,985,986	2,658,182,380	2,857,884,652	2,323,982,678	2,508,770,120
6. Interest on (3), (4) and (5)	64,338,412	66,173,850	69,950,419	58,980,467	62,333,711
7. Expected contributions	659,828,567	589,595,451	573,537,248	557,303,394	540,521,341
8. Interest on (7)	6,598,286	5,895,955	5,735,372	5,573,034	5,405,213
9. Funding deficiency (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)	($23,691,371,098)	($26,944,573,488)	($30,471,663,734)	($33,526,224,399)	($36,829,841,578)

	2026	**2027**	**2028**
1. Funding deficiency (BOY)	($36,829,841,578)	($40,121,015,099)	($43,354,901,272)
2. Interest on (1)	(736,596,832)	(802,420,302)	(867,098,025)
3. Normal cost	541,168,237	520,389,220	500,712,054
4. Administrative expenses	48,174,315	48,982,092	49,789,602
5. Net amortization charges	2,433,439,476	2,315,632,689	2,107,052,554
6. Interest on (3), (4) and (5)	60,455,641	57,700,080	53,151,085
7. Expected contributions	523,426,713	506,176,446	489,538,224
8. Interest on (7)	5,234,267	5,061,764	4,895,382
9. Funding deficiency (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)	($40,121,015,099)	($43,354,901,272)	($46,438,270,986)

Exhibit 4: Funding Standard Account — Projected Bases Assumed Established after January 1, 2021

Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Experience Gain	01/01/2022	($264,460,061)	15	($20,178,166)
Experience Gain	01/01/2023	(55,824,184)	15	(4,259,356)
Experience Gain	01/01/2024	(162,011,619)	15	(12,361,403)
Experience Loss	01/01/2025	24,865,820	15	1,897,249
Experience Loss	01/01/2026	44,229,108	15	3,374,658

Exhibit 5: Solvency Projections

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

		Year Beginning January 1,				
		2021	**2022**	**2023**	**2024**	**2025**
1.	Market Value at beginning of year	$10,409,440,502	$8,158,227,818	$5,869,277,711	$3,558,633,162	$1,221,356,987
2.	Contributions	502,065,605	486,120,453	468,201,370	451,315,634	436,148,751
3.	Withdrawal liability payments	157,762,962	105,000,000	105,000,000	105,000,000	105,000,000
4.	Benefit payments	2,835,123,558	2,857,078,716	2,861,621,736	2,862,786,563	2,861,014,874
5.	Administrative expenses	45,093,257	45,400,000	46,204,206	47,002,144	47,797,105
6.	Interest earnings	(30,824,436)	22,408,156	23,980,023	16,196,898	0
7.	Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	$8,158,227,818	$5,869,277,711	$3,558,633,162	$1,221,356,987	Insolvent
8.	Available resources: (1)+(2)+(3)-(5)+(6)	$10,993,351,376	$8,726,356,427	$6,420,254,898	$4,084,143,550	$1,714,708,633

Exhibit 6: Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the January 1, 2021 actuarial valuation certificate, dated September 7, 2021, except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

A. Actuarial Assumptions and Plan Provisions Except as Modified by Section B

Contribution Rates:	The changes to contribution rates on and after January 1, 2021 were based on formal commitments by the collective bargaining parties settled before January 1, 2022 based on information provided by the Fund Office.
Asset Information:	The financial information as of December 31, 2021 was based on an unaudited financial statement provided by the Fund's Manager, General Accounting. For projections after that date, the assumed administrative expenses were projected to be $45.4 million for the 2022 Plan Year, based on information from the Fund Office, increasing 2.0% per year for the non-PBGC premium portion of assumed expenses, plus the expected PBGC premium increasing 2.0% per year and adjusted by the percent change in the number of Plan participants each year. Benefit payments were projected based on the January 1, 2021 actuarial valuation. The projected net investment return was assumed to be 2.0% of the average market value of assets beginning with the 2022 Plan Year. Any resulting investment gains or losses due to the operation of the asset valuation method are amortized over 15 years in the Funding Standard Account.
Projected Industry Activity:	The projected industry activity assumption takes into account information provided by the plan sponsor as required by Internal Revenue Code Section 432, historical and current contribution levels, projections in employment levels, and professional judgment. Based on this information, starting with the number of active participants included in the January 1, 2021 actuarial valuation, the number of active participants is assumed to decline in aggregate during the 2021 Plan year to 46,113 total active participants (13,049 from Yellow Corporation, 4,283 from ArcBest Corporation, and 28,781 from other contributing employers), based on preliminary census data as of December 31, 2021. For the 2022 Plan Year and thereafter, the number of active participants from Yellow Corporation is assumed to decline by 0.59% per year, the number of active participants from ArcBest Corporation is assumed to remain level, and the number of active participants from other contributing employers is assumed to decline by 5.55% per year. The number of employment units (weeks, days, and hours worked) is assumed to match the assumptions in the January 1, 2021 actuarial valuation. In addition to projections of industry activity directly linked to the level of ongoing employment, the Fund Office confirms that for purposes of this actuarial status certification, it is reasonable to retain the assumption for future withdrawal liability payments from the 2021 Actuarial Certification of Plan Status: withdrawal liability payments will be $105 million per year for the next 10 years.

Future Normal Costs:	Based on the assumed industry activity, normal cost and liabilities were determined based on an open group forecast with the number of active participants assumed to change as described above. Demographic profiles for new entrants were developed based on actual experience for new active participants who entered the Plan in the 2017-2019 Plan Years. Detailed descriptions of the new entrant profiles can be found in the report titled: Review of Demographic Plan Experience for Five-Year Period from January 1, 2015 Through December 31, 2019, dated September 14, 2020. The assumed contributions are further adjusted to reflect the average future increases until the year of entry.

B. Assumptions for Insolvency Projections

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

- Year-by-year expected investment returns are determined on a geometric basis and reflect the Plan's asset allocation, which has shifted towards short-term and liquid assets as the Plan approaches insolvency ("glide-path" asset allocation). More details on the calculation of these expected investment returns are included in the January 1, 2021 Actuarial Valuation Report. The assumed rates of return are 0.32%, 0.51%, 0.68%, and 0.89% for the four years from 2022 through the projected year of insolvency.
- For participants under the Primary Schedule based on the January 1, 2021 valuation, the projection recognizes annual contribution rate increases equivalent to 4% per year (per the Rehabilitation Plan) to a maximum of $348 per week for each participant covered by the National Master Automobile Transporters Agreement and $342 per week for all other participants. Yellow Corporation is assumed to remain on the Distressed Employer Schedule with no additional future contribution rate increases other than those already reported. For participants under the Default Schedule based on the January 1, 2021 valuation, the projection recognizes annual contribution rate increases of 4%.
- In addition to the assumed population declines for the funding standard account projection, an additional probability of default, bankruptcy and withdrawal (with no withdrawal liability payments) for each year into the future, is included for any employer with greater than 5% of the active population that has a credit rating B-, B3 or lower. The following chart shows the assumed cumulative and annual default rates through the projected year of insolvency, based on the average default trend rates from Moody's Investors Service and Standard and Poor's Global Ratings for the credit rating of any such employer:

Year	Cumulative Default Rate	Annual Default Rate
2022	5.53%	5.53%
2023	11.91%	6.76%
2024	17.59%	6.45%
2025	22.06%	5.42%

- Assumptions with respect to future Rehabilitation Plan Withdrawals (RPW) are as follows:
  - For active participants, 20% of withdrawals are due to an RPW.
  - For inactive vested participants who last worked for an employer active as of January 1, 2021, 25% will be subject to a future RPW by the time they commence benefits from the Plan.

Technical issues

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

Segal does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which the certification is based reflects Segal's understanding as an actuarial firm. Due to the complexity of the statute and the significance of its ramifications, Segal recommends that the Board of Trustees consult with legal counsel when making any decisions regarding compliance with ERISA and the Internal Revenue Code.

Actuarial Status Certification as of January 1, 2022 under IRC Section 432
March 31, 2022
Illustration Supporting Actuarial Certification of Status (Schedule MB, line 4b)

This is to certify that Segal has prepared an actuarial status certification under Internal Revenue Code Section 432 for the Central States, Southeast and Southwest Areas Pension Plan as of January 1, 2022 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law. This certification may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.

The measurements shown in this actuarial certification may not be applicable for other purposes. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); differences in statutory interpretation and changes in plan provisions or applicable law.

This certification is based on the January 1, 2021 actuarial valuation, dated September 7, 2021. This certification reflects the changes in the law made by the Multiemployer Pension Reform Act of 2014 (MPRA). Additional assumptions required for the projections (including those under MPRA), and sources of financial information used are summarized in Exhibit 6.

Segal does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which this certification is based reflects Segal’s understanding as an actuarial firm.

This certification was based on the assumption that the Plan was qualified as a multiemployer plan for the year.

I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. In my opinion, the projections are based on reasonable actuarial estimates, assumptions and methods that offer my best estimate of anticipated experience under the Plan. Furthermore, as required by IRC Section 432(b)(3)(B)(iii), the projected industry activity takes into account information provided by the plan sponsor.



	Daniel V. Ciner, MAAA, EA
EA#	20-05773
Title	Senior Vice President and Actuary
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Segal

Certificate Contents

Exhibit 1	Status Determination as of January 1, 2022
Exhibit 2	Summary of Actuarial Valuation Projections
Exhibit 3	Funding Standard Account Projections
Exhibit 4	Funding Standard Account — Projected Bases Assumed Established After January 1, 2021
Exhibit 5	Solvency Projection
Exhibit 6	Actuarial Assumptions and Methodology

Actuarial Status Certification under IRC Section 432

Exhibit 1: Status Determination as of January 1, 2022

Status	Condition	Component Result	Final Result
Critical Status:			
	1. **Initial critical status tests:**		
	C1. A funding deficiency is projected in four years?	Yes	Yes
	C2. a. A funding deficiency is projected in five years,	Yes	
	b. **and** the present value of vested benefits for non-actives is more than present value of vested benefits for actives,	Yes	
	c. **and** the normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) is greater than contributions for current year?	Yes	Yes
	C3. a. A funding deficiency is projected in five years,	Yes	
	b. **and** the funded percentage is less than 65%?	Yes	Yes
	C4. a. The funded percentage is less than 65%,	Yes	
	b. **and** the present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over seven years	Yes	Yes
	C5. The present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over five years?	Yes	Yes
	2. **Emergence test:**		
	C6 a. Was in critical status for the immediately preceding plan year,	Yes	
	b. **and either** a funding deficiency is projected for the plan year or any of the next nine plan years, without regard to the use of the shortfall method but taking into account any extension of amortization periods under ERISA Section 304(d)(2) or ERISA Section 304 as in effect prior to PPA'06,	Yes	
	c. **or** insolvency is projected for the current year or any of the 30 succeeding plan years?	Yes	
	Plan did NOT emerge?		**Yes**
	3. **In Critical Status? (If any of (C1)-(C6) is Yes, then Yes)**		**Yes**

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Status	Condition	Component Result	Final Result
	4. **Determination of critical and declining status:**		
	C7. a. In critical status?	Yes	Yes
	b. **and either** Insolvency is projected within 15 years using assumptions described in Exhibit 6.B?	Yes	Yes
	c. or		
	1) The ratio of inactives to actives is at least 2 to 1,	Yes	
	2) **and** insolvency is projected within 20 years using assumptions described in Exhibit 6.B?	Yes	Yes
	d. **or**		
	1) The funded percentage is less than 80%,	Yes	
	2) **and** insolvency is projected within 20 years using assumptions described in Exhibit 6.B?	Yes	Yes
	In Critical and Declining Status?		**Yes**
Endangered Status:			
	E1. a. Is not in critical status,	No	
	b. **and** the funded percentage is less than 80%?	N/A	No
	E2. a. Is not in critical status,	No	
	b. **and** a funding deficiency is projected in seven years?	N/A	No
	In Endangered Status? (Yes when either (E1) or (E2) is Yes)		**No**
	In Seriously Endangered Status? (Yes when BOTH (E1) and (E2) are Yes)		**No**
Neither Critical Status Nor Endangered Status:			
	Neither Critical nor Endangered Status?		**No**

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on the annual standards of the rehabilitation plan. The annual standard for meeting the requirements of the rehabilitation plan is that actuarial projections updated for each year show, based on reasonable assumptions, that under the rehabilitation plan and its schedules (as amended and updated from time to time) the Fund will forestall its possible insolvency prior to 2023. The actuarial projection shown in Exhibit 5 indicates the Fund is projected to remain solvent until 2025. The actuarial assumptions and methods used for this projection are as described in Exhibit 6.B.

Exhibit 2: Summary of Actuarial Valuation Projections

The actuarial factors as of January 1, 2022 (based on projections from the January 1, 2021 valuation certificate):

1.	Financial Information			
	a. Market value of assets			$8,158,227,818
	b. Actuarial value of assets			8,012,070,196
	c. Reasonably anticipated contributions			
	1) Upcoming year			589,595,451
	2) Present value for the next five years			2,654,181,180
	3) Present value for the next seven years			3,538,580,289
	d. Projected benefit payments			2,856,964,516
	e. Projected administrative expenses (beginning of year)			44,916,352
2.	Liabilities			
	a. Present value of vested benefits for active participants			8,194,850,124
	b. Present value of vested benefits for non-active participants			47,489,410,649
	c. Total unit credit accrued liability			56,028,381,290
	d. Present value of payments	**Benefit Payments**	**Administrative Expenses**	**Total**
	1) Next five years	$13,613,457,660	$223,639,368	$13,837,097,028
	2) Next seven years	18,656,560,177	312,215,699	18,968,775,876
	e. Unit credit normal cost plus expenses			650,510,144
	f. Ratio of inactive participants to active participants			6.70
3.	Funded Percentage (1.b)/(2.c)			14.3%
4.	Funding Standard Account			
	a. Funding deficiency as of the end of prior year			($23,691,371,098)
	b. Years to projected funding deficiency			0
5.	Years to Projected Insolvency*			4

* The year of projected insolvency is 2025.

Exhibit 3: Funding Standard Account Projections

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

	Year Beginning January 1,				
	2021	**2022**	**2023**	**2024**	**2025**
1. Funding deficiency (BOY)	($20,663,273,496)	($23,691,371,098)	($26,944,573,488)	($30,471,663,734)	($33,526,224,399)
2. Interest on (1)	(413,265,470)	(473,827,422)	(538,891,470)	(609,433,275)	(670,524,488)
3. Normal cost	554,184,146	605,593,792	593,901,025	578,487,816	560,549,761
4. Administrative expenses	41,750,441	44,916,352	45,735,300	46,552,857	47,365,653
5. Net amortization charges	2,620,985,986	2,658,182,380	2,857,884,652	2,323,982,678	2,508,770,120
6. Interest on (3), (4) and (5)	64,338,412	66,173,850	69,950,419	58,980,467	62,333,711
7. Expected contributions	659,828,567	589,595,451	573,537,248	557,303,394	540,521,341
8. Interest on (7)	6,598,286	5,895,955	5,735,372	5,573,034	5,405,213
9. Funding deficiency (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)	($23,691,371,098)	($26,944,573,488)	($30,471,663,734)	($33,526,224,399)	($36,829,841,578)

	2026	**2027**	**2028**
1. Funding deficiency (BOY)	($36,829,841,578)	($40,121,015,099)	($43,354,901,272)
2. Interest on (1)	(736,596,832)	(802,420,302)	(867,098,025)
3. Normal cost	541,168,237	520,389,220	500,712,054
4. Administrative expenses	48,174,315	48,982,092	49,789,602
5. Net amortization charges	2,433,439,476	2,315,632,689	2,107,052,554
6. Interest on (3), (4) and (5)	60,455,641	57,700,080	53,151,085
7. Expected contributions	523,426,713	506,176,446	489,538,224
8. Interest on (7)	5,234,267	5,061,764	4,895,382
9. Funding deficiency (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)	($40,121,015,099)	($43,354,901,272)	($46,438,270,986)

Exhibit 4: Funding Standard Account — Projected Bases Assumed Established after January 1, 2021

Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Experience Gain	01/01/2022	($264,460,061)	15	($20,178,166)
Experience Gain	01/01/2023	(55,824,184)	15	(4,259,356)
Experience Gain	01/01/2024	(162,011,619)	15	(12,361,403)
Experience Loss	01/01/2025	24,865,820	15	1,897,249
Experience Loss	01/01/2026	44,229,108	15	3,374,658

Exhibit 5: Solvency Projections

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

		Year Beginning January 1,				
		2021	**2022**	**2023**	**2024**	**2025**
1.	Market Value at beginning of year	$10,409,440,502	$8,158,227,818	$5,869,277,711	$3,558,633,162	$1,221,356,987
2.	Contributions	502,065,605	486,120,453	468,201,370	451,315,634	436,148,751
3.	Withdrawal liability payments	157,762,962	105,000,000	105,000,000	105,000,000	105,000,000
4.	Benefit payments	2,835,123,558	2,857,078,716	2,861,621,736	2,862,786,563	2,861,014,874
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6.	Interest earnings	(30,824,436)	22,408,156	23,980,023	16,196,898	0
7.	Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	$8,158,227,818	$5,869,277,711	$3,558,633,162	$1,221,356,987	Insolvent
8.	Available resources: (1)+(2)+(3)-(5)+(6)	$10,993,351,376	$8,726,356,427	$6,420,254,898	$4,084,143,550	$1,714,708,633

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

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Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

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Schedule MB, Line 6f(1) - Description of Withdrawal Liability Interest Rate

Investment Return	To the extent the vested benefits for the total Plan are matched by the market value of plan assets on hand: interest assumptions prescribed by the Pension Benefit Guaranty Corporation under 29 C.F.R. Ch. XL, Part 4044, which are in effect for the applicable withdrawal liability valuation date, are used. PBGC Interest Rate as of December 31, 2021: – First 20 years 2.40% – After 20 years 2.11% To the extent the vested benefits for the total Plan are not matched by plan assets (at market), the interest assumption is the same as the net investment return assumption used for plan funding: 2.00% The net investment return is a long-term estimate derived from analysis of historical data, current and recent market expectations, and professional judgment. The portion of the vested benefits that is matched by readily available assets is determined by comparing the total Plan present value of vested benefits plus expenses – at PBGC rates – with the total Plan market value of assets; each vested benefit is treated as covered by assets to the same extent as all other vested benefits. The present value of vested benefits is based on a blend of two liability calculations. The first calculation is performed on a market value basis, using discount rates selected based on estimated annuity purchase rates available for benefits being settled, because withdrawal liability essentially settles an employer's obligation to the Plan. The second calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets. For benefits that could be settled immediately, because assets on hand are sufficient to cover their market value, the first calculation basis is used: annuity purchase rates promulgated by PBGC under ERISA Sec. 4044 for multiemployer plans terminating by mass withdrawal on the measurement date. For benefits that cannot be settled immediately because they are not currently funded, the calculation uses the second basis: the interest rate used for plan funding calculations.

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Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	01/01/1993	$34,930,662	1	$34,930,662
Plan Amendment	01/01/1994	54,032,418	2	27,283,696
Change in Assumptions	01/01/1995	43,038,630	3	14,631,222
Plan Amendment	01/01/1995	185,398,440	3	63,027,231
Plan Amendment	01/01/1996	81,694,038	4	21,034,113
Plan Amendment	01/01/1997	112,080,391	5	23,312,545
Plan Amendment	01/01/1998	358,510,925	6	62,748,484
Plan Amendment	01/01/1999	402,947,076	7	61,039,354
Plan Amendment	01/01/2000	224,983,475	8	30,110,244
Plan Amendment	01/01/2001	135,814,102	9	16,313,063
Plan Amendment	01/01/2002	121,477,520	10	13,258,501
Plan Amendment	01/01/2003	60,308,373	11	6,041,358
Change in Assumptions	01/01/2003	894,274,783	11	89,583,488
Change in Assumptions	01/01/2006	1,247,732,219	14	101,044,254
Change in Assumptions	01/01/2007	2,084,998,185	15	159,084,283
Plan Amendment	01/01/2009	291,944	2	147,417
Experience Loss	01/01/2009	978,530,505	2	494,109,463
Experience Loss	01/01/2011	403,911,491	4	103,996,815
Experience Loss	01/01/2012	641,165,992	5	133,361,517
Change in Assumptions	01/01/2013	197,165,061	6	34,508,875
Experience Loss	01/01/2013	650,460,519	6	113,847,052
Change in Assumptions	01/01/2016	2,816,548,763	9	338,304,611
Change in Assumptions	01/01/2017	1,760,204,583	10	192,115,161
Change in Assumptions	01/01/2018	9,814,663,943	11	983,178,599

Segal

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience Loss	01/01/2019	171,397,005	12	15,889,443
Change in Assumptions	01/01/2020	5,630,084,009	13	486,386,008
Total		**$29,106,645,052**		**$3,619,287,459**

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	01/01/2004	$160,283,167	12	$14,859,129
Change in Assumptions	01/01/2004	309,041,648	12	28,649,856
Plan Amendment	01/01/2008	79,757,841	1	79,757,841
Experience Gain	01/01/2008	159,134,453	1	159,134,453
Plan Amendment	01/01/2010	3,595,902	3	1,222,447
Experience Gain	01/01/2010	762,823,837	3	259,326,206
Plan Amendment	01/01/2011	4,188,129	4	1,078,335
Change in Assumptions	01/01/2011	83,671,120	4	21,543,160
Plan Amendment	07/01/2011	207,161,057	4.5	47,644,121
Plan Amendment	01/01/2012	71,766,325	5	14,927,283
Plan Amendment	01/01/2013	14,422,344	6	2,524,275
Plan Amendment	01/01/2014	12,082,734	7	1,830,320
Experience Gain	01/01/2014	698,738,779	7	105,846,564
Change in Assumptions	01/01/2015	3,622,884	8	484,862
Plan Amendment	01/01/2015	8,177,640	8	1,094,439
Experience Gain	01/01/2015	410,609,889	8	54,953,209
Plan Amendment	01/01/2016	21,189,062	9	2,545,085
Experience Gain	01/01/2016	170,124,771	9	20,434,226
Plan Amendment	01/01/2017	8,467,957	10	924,224
Experience Gain	01/01/2017	285,833,447	10	31,196,907
Plan Amendment	01/01/2018	33,166,575	11	3,322,444
Experience Gain	01/01/2018	235,640,482	11	23,605,157
Plan Amendment	01/01/2019	55,370,125	12	5,133,114
Plan Amendment	01/01/2020	59,999,050	13	5,183,350

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience Gain	01/01/2020	71,947,361	13	6,215,572
Plan Amendment	01/01/2021	54,353,954	14	4,401,709
Experience Gain	01/01/2021	532,074,462	14	43,088,626
Plan Amendment	01/01/2022	15,711,134	15	1,198,751
Experience Gain	01/01/2022	918,582,598	15	70,087,377
Total		**$5,451,538,727**		**$1,012,213,042**

Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	Based on past experience and future expectations, the following actuarial assumption was changed as of January 1, 2022 for funding purposes: Administrative expenses, previously $42,200,000 payable monthly.

Segal

Actuarial Status Certification as of January 1, 2023 under IRC Section 432
March 31, 2023

This is to certify that Segal has prepared an actuarial status certification under Internal Revenue Code Section 432 for the Central States, Southeast and Southwest Areas Pension Plan as of January 1, 2023 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law. This certification may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.

The measurements shown in this actuarial certification may not be applicable for other purposes. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); differences in statutory interpretation and changes in plan provisions or applicable law.

This certification is based on the January 1, 2022 actuarial valuation, dated September 9, 2022. This certification reflects the changes in the law made by the Multiemployer Pension Reform Act of 2014 (MPRA) and the American Rescue Plan Act of 2021 (ARPA). Additional assumptions required for the projections (including those under MPRA and ARPA), and sources of financial information used are summarized in Exhibit 6.

Segal does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which this certification is based reflects Segal’s understanding as an actuarial firm.

This certification was based on the assumption that the Plan was qualified as a multiemployer plan for the year.

I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. In my opinion, the projections are based on reasonable actuarial estimates, assumptions and methods that offer my best estimate of anticipated experience under the Plan. Furthermore, as required by IRC Section 432(b)(3)(B)(iii), the projected industry activity takes into account information provided by the plan sponsor.



	Daniel V. Ciner, MAAA, EA
EA#	20-05773
Title	Senior Vice President and Actuary
Email	dciner@segalco.com

Certificate Contents

Exhibit 1	Status Determination as of January 1, 2023
Exhibit 2	Summary of Actuarial Valuation Projections
Exhibit 3	Funding Standard Account Projections
Exhibit 4	Funding Standard Account — Projected Bases Assumed Established After January 1, 2022
Exhibit 5	Solvency Projection
Exhibit 6	Actuarial Assumptions and Methodology

Actuarial Status Certification under IRC Section 432

Exhibit 1: Status Determination as of January 1, 2023

Status	Condition	Component Result	Final Result
Critical Status:			
	1. **Initial critical status tests:**		
	C1. A funding deficiency is projected in four years?	Yes	Yes
	C2. a. A funding deficiency is projected in five years,	Yes	
	b. **and** the present value of vested benefits for non-actives is more than present value of vested benefits for actives,	Yes	
	c. **and** the normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) is greater than contributions for current year?	Yes	Yes
	C3. a. A funding deficiency is projected in five years,	Yes	
	b. **and** the funded percentage is less than 65%?	Yes	Yes
	C4. a. The funded percentage is less than 65%,	Yes	
	b. **and** the present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over seven years	Yes	Yes
	C5. The present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over five years?	Yes	Yes
	2. **Emergence test:**		
	C6 a. Was in critical status for the immediately preceding plan year,	Yes	
	b. **and either** a funding deficiency is projected for the plan year or any of the next nine plan years, without regard to the use of the shortfall method but taking into account any extension of amortization periods under ERISA Section 304(d)(2) or ERISA Section 304 as in effect prior to PPA'06,	Yes	
	c. **or** insolvency is projected for the current year or any of the 30 succeeding plan years?	No	
	Plan did NOT emerge?		**Yes**
	3. **In Critical Status? (If C1-C6 is Yes, then Yes)**		**Yes**

Segal

Status	Condition	Component Result	Final Result
	4. **Determination of critical and declining status:**		
	C7. a. Any of (C1) through (C5) are Yes?	Yes	Yes
	b. **and either** Insolvency is projected within 15 years using assumptions described in Exhibit 6.B?	No	No
	c. or		
	1) The ratio of inactives to actives is at least 2 to 1,	Yes	
	2) **and** insolvency is projected within 20 years using assumptions described in Exhibit 6.B?	No	No
	d. **or**		
	1) The funded percentage is less than 80%,	Yes	
	2) **and** insolvency is projected within 20 years using assumptions described in Exhibit 6.B?	No	No
	In Critical and Declining Status?		**No**
Endangered Status:			
	E1. a. Is not in critical status,	No	
	b. **and** the funded percentage is less than 80%?	N/A	No
	E2. a. Is not in critical status,	No	
	b. **and** a funding deficiency is projected in seven years?	N/A	No
	In Endangered Status? (Yes when either (E1) or (E2) is Yes)		**No**
	In Seriously Endangered Status? (Yes when BOTH (E1) and (E2) are Yes)		**No**
Neither Critical Status Nor Endangered Status:			
	Neither Critical nor Endangered Status?		**No**
Deemed Critical			
	a. Received special financial assistance under section 4262 of ERISA,	Yes	
	b. **and** meets the requirements of subsection IRS 432(k)(2)?	Yes	**Yes**
	Deemed Critical Status?		**Yes**

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on the annual standards of the rehabilitation plan. The annual standard for meeting the requirements of the rehabilitation plan is that actuarial projections updated for each year show, based on reasonable assumptions, that under the rehabilitation plan and its schedules (as amended and updated from time to time) the Fund will forestall its possible insolvency prior to 2023. The actuarial projection shown in Exhibit 5 indicates the Fund is projected to remain solvent for at least 20 years. The actuarial assumptions and methods used for this projection are as described in Exhibit 6.B.

Exhibit 2: Summary of Actuarial Valuation Projections

The actuarial factors as of January 1, 2023 (based on projections from the January 1, 2022 valuation certificate):

1.	Financial Information			
	a. Market value of assets (excludes Special Financial Assistance)			$5,715,700,020
	b. Actuarial value of assets			5,937,242,356
	c. Reasonably anticipated contributions (including anticipated withdrawal liability payments)			
	1) Upcoming year			621,702,770
	2) Present value for the next five years			2,693,158,189
	3) Present value for the next seven years			3,540,771,208
	d. Projected benefit payments			2,863,173,566
	e. Projected administrative expenses (beginning of year)			45,721,254
2.	Liabilities			
	a. Present value of vested benefits for active participants			6,032,326,184
	b. Present value of vested benefits for non-active participants			36,466,342,370
	c. Total unit credit accrued liability			42,751,324,850
	d. Present value of payments	**Benefit Payments**	**Administrative Expenses**	**Total**
	1) Next five years	$12,977,219,608	$218,605,157	$13,195,824,765
	2) Next seven years	17,431,130,810	299,159,935	17,730,290,745
	e. Unit credit normal cost plus expenses			399,883,410
	f. Ratio of inactive participants to active participants			6.76
3.	Funded Percentage (1.b)/(2.c)			13.9%
4.	Funding Standard Account			
	a. Funding deficiency as of the end of prior year			($26,699,968,118)
	b. Years to projected funding deficiency			0
5.	Years to Projected Insolvency			N/A

Exhibit 3: Funding Standard Account Projections

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

	Year Beginning January 1,	
	2022	**2023**
1. Funding deficiency (BOY)	($23,691,371,098)	($26,699,968,118)
2. Interest on (1)	(473,827,422)	(1,067,998,725)
3. Normal cost	530,836,420	354,162,156
4. Administrative expenses	44,916,352	45,721,254
5. Net amortization charges	2,607,074,417	2,026,473,893
6. Interest on (3), (4) and (5)	63,656,544	97,054,292
7. Expected contributions (including withdrawal liability payments)	704,667,460	621,702,770
8. Interest on (7)	7,046,675	12,434,055
9. **Funding deficiency (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)**	**($26,699,968,118)**	**($29,657,241,613)**

Exhibit 4: Funding Standard Account — Projected Bases Assumed Established after January 1, 2022

Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Experience Loss	01/01/2023	$34,014,168	15	$2,941,607
Change in Assumptions	01/01/2023	(11,388,892,338)	15	(984,932,220)

Exhibit 5: Solvency Projections

The table below presents the projected Market Value of Assets for the Plan Years beginning January 1, 2022 through 2052.

		Year Beginning January 1,						
		2022	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
1.	Market Value (BOY)	$8,158,227,818	$41,480,610,130	$40,803,277,718	$40,081,977,135	$39,324,711,107	$38,535,204,070	$37,719,641,837
2.	Contributions	559,406,126	486,829,938	468,839,148	452,691,926	438,414,413	425,583,579	412,609,904
3.	Withdrawal liability payments	133,424,871	137,040,445	139,908,382	147,888,118	155,665,216	163,189,834	160,734,516
4.	Special Financial Assistance	35,764,910,110	0	0	0	0	0	0
5.	Benefit payments	2,836,861,304	2,863,727,043	2,864,326,416	2,862,357,183	2,857,004,891	2,845,529,061	2,829,469,099
6.	Administrative expenses	46,260,480	46,700,000	47,500,524	48,295,224	49,082,599	49,867,342	50,651,266
7.	Interest earnings	(252,237,011)	1,609,224,248	1,581,778,827	1,552,806,335	1,522,500,824	1,491,060,757	1,458,459,346
8.	Market Value (EOY): (1)+(2)+(3)+(4)-(5)-(6)+(7)	$41,480,610,130	$40,803,277,718	$40,081,977,135	$39,324,711,107	$38,535,204,070	$37,719,641,837	$36,871,325,238
9.	**Available resources: (1)+(2)+(3)+(4)-(6)+(7)**	**$44,317,471,434**	**$43,667,004,761**	**$42,946,303,551**	**$42,187,068,290**	**$41,392,208,961**	**$40,565,170,898**	**$39,700,794,337**

		2029	**2030**	**2031**	**2032**	**2033**	**2034**	**2035**
1.	Market Value (BOY)	$36,871,325,238	$36,002,563,977	$35,121,063,926	$34,229,691,467	$33,336,486,162	$32,445,175,303	$31,561,112,446
2.	Contributions	400,818,027	390,023,527	379,363,237	367,918,019	355,606,302	343,116,347	330,750,518
3.	Withdrawal liability payments	164,868,627	170,548,774	176,519,789	180,444,725	183,022,453	184,880,667	187,426,095
4.	Benefit payments	2,807,847,295	2,780,426,112	2,747,513,029	2,706,197,846	2,658,953,487	2,605,643,639	2,547,159,793
5.	Administrative expenses	51,433,661	52,213,146	55,608,791	56,315,800	57,019,341	57,724,533	58,431,883
6.	Interest earnings	1,424,833,041	1,390,566,906	1,355,866,335	1,320,945,597	1,286,033,214	1,251,308,301	1,217,002,022
7.	Market Value (EOY): (1)+(2)+(3)-(4)-(5)+(6)	$36,002,563,977	$35,121,063,926	$34,229,691,467	$33,336,486,162	$32,445,175,303	$31,561,112,446	$30,690,699,405
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$38,810,411,272**	**$37,901,490,038**	**$36,977,204,496**	**$36,042,684,008**	**$35,104,128,790**	**$34,166,756,085**	**$33,237,859,198**

		Year Beginning January 1,						
		2036	**2037**	**2038**	**2039**	**2040**	**2041**	**2042**
1.	Market Value (BOY)	$30,690,699,405	$29,837,481,792	$29,011,218,904	$28,219,343,718	$27,457,367,327	$26,711,576,590	$25,962,609,926
2.	Contributions	318,462,347	306,777,372	295,672,306	285,107,204	275,127,697	265,645,606	256,720,593
3.	Withdrawal liability payments	187,976,473	191,541,878	194,826,667	189,218,190	166,813,261	135,000,972	135,771,959
4.	Benefit payments	2,483,819,814	2,415,214,837	2,340,683,078	2,263,532,218	2,184,756,593	2,105,575,249	2,024,786,220
5.	Administrative expenses	59,141,460	59,853,030	60,568,866	61,290,355	62,019,508	62,756,581	63,503,331
6.	Interest earnings	1,183,304,841	1,150,485,729	1,118,877,785	1,088,520,788	1,059,044,406	1,018,718,588	1,001,638,207
7.	Market Value (EOY): (1)+(2)+(3)-(4)-(5)+(6)	$29,837,481,792	$29,011,218,904	$28,219,343,718	$27,457,367,327	$26,711,576,590	$25,962,609,926	$25,268,451,134
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$32,321,301,606**	**$31,426,433,741**	**$30,560,026,796**	**$29,720,899,545**	**$28,896,333,183**	**$28,068,185,175**	**$27,293,237,354**

Exhibit 6: Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the January 1, 2022 actuarial valuation certificate, dated September 9, 2022, except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

A. Actuarial Assumptions and Plan Provisions Except as Modified by Section B

Contribution Rates:	The changes to contribution rates on and after January 1, 2022 were based on formal commitments by the collective bargaining parties settled before January 1, 2023 based on information provided by the Fund Office.
Special Financial Assistance:	On December 5, 2022 the Plan was notified that its application for Special Financial Assistance ("SFA") was approved, and on January 12, 2023 the Fund received $35,764,910,110 in SFA. Benefit payments and administrative expenses were assumed to be paid from the SFA first, until the SFA is exhausted.
Asset Information:	The financial information as of December 31, 2022 was based on unaudited financial statement provided by the Fund Office. For projections after that date, the assumed administrative expenses were projected to be $46.7 million for the 2023 Plan Year, based on information from the Fund Office, increasing 2.0% per year for the non-PBGC premium portion of assumed expenses, plus the expected PBGC premium increasing to $35 for 2023, 2.0% per year until 2031 when it becomes $52, and 2.0% per year thereafter and adjusted by the percent change in the number of Plan participants each year. Benefit payments were projected based on the January 1, 2022 actuarial valuation. The projected net investment return was assumed to 4.0% of the average market value of assets beginning with the 2023 Plan Year. Any resulting investment gains or losses due to the operation of the asset valuation method are amortized over 15 years in the Funding Standard Account.
Assumption Changes:	The following assumptions were changed effective January 1, 2023: • The actuarial interest rate assumption increased from 2.0% to 4.0%, consistent with the Plan's investment policy adopted by the Trustees upon confirmation of receipt of the SFA and significant change in the interest rate environment. • Assumed rates of withdrawal due to bankruptcy were adopted for Yellow Corporation. A full description of this assumption is in the Plan's application for SFA that was submitted on August 12, 2022 and approved on December 5, 2022.
Projected Industry Activity:	The projected industry activity assumption takes into account information provided by the plan sponsor as required by Internal Revenue Code Section 432, historical and current contribution levels, projections in employment levels, and professional judgment. Based on this information, starting with the number of active participants included in the January 1, 2022 actuarial valuation, the number of active participants is assumed to decline in aggregate during the 2022 Plan Year to 44,736 total active participants (12,067 from Yellow Corporation, 4,569 from ArcBest Corporation, and 28,100 from other contributing employers), based on preliminary census data as of December 31, 2022. For the 2023 Plan Year and thereafter, the number of active participants from Yellow Corporation is assumed to decline by 0.59% per year (with a further decline attributed to the risk associated with a default of Yellow Corporation as described in the Plan's application for SFA that was submitted on August 12, 2022 and approved on December 5, 2022), the number of active participants from ArcBest Corporation is assumed to remain level, and the number of active participants from other contributing employers is assumed to decline by 5.55% per year. The number of employment units (weeks, days, and hours worked) is assumed to match the assumptions in the January 1, 2022 actuarial valuation.

Projected Industry Activity (continued):	In addition to projections of industry activity directly linked to the level of ongoing employment, the Fund Office provided input relating to future withdrawal liability payments. Projected withdrawal liability payment amounts from employers that have already withdrawn were provided by the Fund Office on March 13, 2023. The assumption for withdrawal liability payments from possible future withdrawals is based on a percentage of lost contribution income due to withdrawals (payable as lump sum settlements and annual installments) and is fully described in the Plan's application for SFA that was submitted on August 12, 2022 and approved on December 5, 2022. Zero future withdrawal liability payments are assumed for Yellow Corporation and ArcBest Corporation.
Future Normal Costs:	Based on the assumed industry activity, normal cost and liabilities were determined based on an open group forecast with the number of active participants assumed to change as described above. Demographic profiles for new entrants were developed based on actual experience for new entrants and rehires to the Plan during the period from January 1, 2016 through December 31, 2020. Detailed descriptions of the new entrant profiles can be found in the Plan's application for SFA that was submitted on August 12, 2022 and approved on December 5, 2022. The assumed contributions are further adjusted to reflect the average future increases until the year of entry.

B. Assumptions for Insolvency Projections

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

- For participants under the Primary Schedule based on the January 1, 2022 valuation, the projection recognizes annual contribution rate increases equivalent to 4% per year (per the Rehabilitation Plan) to a maximum of $348 per week for each participant covered by the National Master Automobile Transporters Agreement and $342 per week for all other participants. Yellow Corporation is assumed to remain on the Distressed Employer Schedule with no additional future contribution rate increases other than those already reported. For participants under the Default Schedule based on the January 1, 2022 valuation, the projection recognizes annual contribution rate increases of 4%.
- Assumptions with respect to future Rehabilitation Plan Withdrawals (RPW) are as follows:
  - For active participants of employers other than ArcBest Corporation and Yellow Corporation, 20% of withdrawals are due to an RPW.
  - For inactive vested participants who last worked for an employer active as of January 1, 2022, 25% will be subject to a future RPW by the time they commence benefits from the Plan.
- The cash flow timing assumption is as described in the Plan's application for SFA that was submitted on August 12, 2022 and approved on December 5, 2022. In particular, the assumed timing is as follows for various components of cash flows:
  - Contributions: received monthly in the middle of each month
  - Withdrawal liability payments: monthly installments received at the beginning of each month; lump sum settlements received monthly at the end of each month
  - Benefit payments: paid at the beginning of each month
  - Administrative expenses: paid monthly in the middle of each month

Technical issues

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

Segal does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which the certification is based reflects Segal's understanding as an actuarial firm. Due to the complexity of the statute and the significance of its ramifications, Segal recommends that the Board of Trustees consult with legal counsel when making any decisions regarding compliance with ERISA and the Internal Revenue Code.

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

A Name of plan
CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND

D Employer Identification Number (EIN)
36-6044243

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

1a	Enter the valuation date: Month 01 Day 01 Year 2022		
b	Assets		
(1)	Current value of assets	**1b(1)**	8,158,227,818
(2)	Actuarial value of assets for funding standard account	**1b(2)**	8,012,070,196
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	55,358,547,619
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	55,358,547,619
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	57,562,116,461
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	529,538,509
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	2,869,798,620
(3)	Expected plan disbursements for the plan year	**1d(3)**	2,915,198,620

Statement by Enrolled Actuary

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

SIGN HERE Daniel V. Ciner DVC — 08/21/2023

Signature of actuary — Date

DANIEL V. CINER, MAAA — 2305773

Type or print name of actuary — Most recent enrollment number

SEGAL — 312-984-8500

Firm name — Telephone number (including area code)

101 NORTH WACKER DRIVE, SUITE 500
CHICAGO IL 60606-1724

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	8,158,227,818
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		189,856	34,165,738,769
(2) For terminated vested participants		117,104	14,989,686,411
(3) For active participants:			
(a) Non-vested benefits			330,040,676
(b) Vested benefits			8,076,650,605
(c) Total active		46,113	8,406,691,281
(4) Total		353,073	57,562,116,461
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	14.17 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/01/2022	571,242,589				
07/01/2022	133,424,726				
			Totals ► **3(b)**	704,667,315	**3(c)** 0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 133,424,726

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	14.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	D

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? [X] Yes [ ] No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? [X] Yes [ ] No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	15,711,134
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here [X] • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	2025

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

a [ ] Attained age normal **b** [ ] Entry age normal **c** [X] Accrued benefit (unit credit) **d** [ ] Aggregate

e [ ] Frozen initial liability **f** [ ] Individual level premium **g** [ ] Individual aggregate **h** [ ] Shortfall

i [ ] Other (specify):

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

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability — **6a** 2.22 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	2.00 %	2.00 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	

(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	5.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	-0.3 %
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	44,916,352
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-918,582,598	-70,087,377
3	-15,711,134	-1,198,751

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval — **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended — **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) — **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension — **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)		**8e**	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	23,691,371,098
b Employer's normal cost for plan year as of valuation date		**9b**	575,752,772
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	29,106,645,052	3,619,287,459
(2) Funding waivers	**9c(2)**		
(3) Certain bases for which the amortization period has been extended	**9c(3)**		
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	557,728,227
e Total charges. Add lines 9a through 9d		**9e**	28,444,139,556
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	0
g Employer contributions. Total from column (b) of line 3		**9g**	704,667,315
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	5,451,538,727	1,012,213,042
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	27,290,934
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	48,880,674,799	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	45,603,674,770	
(3) FFL credit		**9j(3)**	0
k (1) Waived funding deficiency		**9k(1)**	0
(2) Other credits		**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	1,744,171,291
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	26,699,968,265
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the 2022 plan year		**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**	0
(3) Total as of valuation date		**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**	26,699,968,265
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			[X] Yes [ ] No