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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide 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.	10/09/2024	BRADLEY GRIMES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2024	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	349729
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)**	48538
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	36799
b	Retired or separated participants receiving benefits	**6b**	153345
c	Other retired or separated participants entitled to future benefits	**6c**	116253
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	306397
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	32589
f	Total. Add lines **6d** and **6e**.	**6f**	338986
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
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**	927

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
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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	01/01/2023	12/31/2023

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
0	0

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.	6d	

Specify nature of costs ▶

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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **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 2023		
b	Assets		
(1)	Current value of assets	**1b(1)**	5715700020
(2)	Actuarial value of assets for funding standard account	**1b(2)**	5937242356
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	42334779122
(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)**	42334779122
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)**	53510370823
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	471763667
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	2869803173
(3)	Expected plan disbursements for the plan year	**1d(3)**	2916503173

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

	07/29/2024
Signature of actuary	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**	5715700020
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		187586	33042866614
(2) For terminated vested participants		113605	13007857659
(3) For active participants:			
(a) Non-vested benefits			283196854
(b) Vested benefits			7176449696
(c) Total active		44736	7459646550
(4) Total		345927	53510370823
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	10.68 %

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
07/01/2023	514649643	0			
07/01/2023	134019322	0			

	Totals ►	**3(b)**	648668965	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	134019322

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	14.0 %
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**	C

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, does line 1(c) reflect any benefit reductions for the first time (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**	5198647
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 [ ] • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	2052

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**	2.55 %
		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)**	9P	A
(2) Females	**6c(2)**	9FP	A
d Valuation liability interest rate	**6d**	4.00 %	4.00 %
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**	1.7 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	-3.6 %	
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)**	45721254	
(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	5337933	461634
3	-5198647	-449588
4	-11771563331	-1018026307

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**	26699968265
b Employer's normal cost for plan year as of valuation date	**9b**	375369788

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)**	26002442680		3821742122
(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**	1235883207
e Total charges. Add lines 9a through 9d			**9e**	32132963382
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**	648668965
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	16304874179		1831291877
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	86225054
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	38474226846		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	44009113227		
(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**	2566185896
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**	29566777486
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current 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**	29566777486
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.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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).. . . . . [X] 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

NORTHERN TRUST COMPANY

36-1561860

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

RUSSELL INVESTMENTS IMPLEMENTATION

91-0604934

(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)

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?
19 28 31 50 51	INVESTMENT SERVICES	4755544	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RUSSELL INVESTMENTS IMPLEMENTATION

91-0604934

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 71	INVESTMENT SERVICES	4557821	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	3995085	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)

INSIGHT NORTH AMERICA LLC

82-0983489

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	2015467	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PAYDEN AND RYGEL

95-3921788

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	1610793	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT SERVICES	784722	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)

NORTHERN TRUST INVESTMENTS

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	740580	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	703800	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	565567	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)

LOOMIS SAYLES AND COMPANY

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	532572	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	509044	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GARCIA HAMILTON AND ASSOCIATES

76-0589652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	484042	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)

PGIM INC

22-2540245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	477556	Yes [ ] No [X]	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	372540	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	268942	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	245515	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	216045	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	215878	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	194899	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	192836	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	183534	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)

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	163663	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT SERVICES	162115	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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	160780	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)

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	158338	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	157965	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	156077	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	153446	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	147343	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	145066	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	141416	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	140512	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	140339	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)

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	139788	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	136450	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	136435	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)

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	135624	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	135371	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	134749	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)

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	133759	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	133758	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LAUREN A 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	133591	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)

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	133503	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	133036	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	133025	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 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	133022	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	131650	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	131615	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	130474	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	128970	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	128896	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	128646	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	128562	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	128137	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	126058	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	124634	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	123681	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 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	123668	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	123285	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	123219	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	123203	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	123039	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	121909	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	120707	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	120669	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	120526	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)

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	120441	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	119273	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	117989	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 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	117965	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	117797	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	117736	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)

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	117513	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	116659	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	116481	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)

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	116172	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	115366	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	114028	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	111856	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	111580	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	111321	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)

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	110905	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	109860	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	109425	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)

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	107780	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	107768	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	107683	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)

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	107589	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	105516	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	105181	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 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	104348	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	104288	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	102775	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	101653	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	100721	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	99163	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	98896	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	98219	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	97753	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)

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	97603	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	97480	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	96844	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)

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	94641	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	93475	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	92930	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)

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	92663	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	91187	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	91166	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	91149	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	90450	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	90299	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)

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	88886	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	88637	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	88149	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	87808	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	87485	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	87209	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	87006	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	86574	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	85871	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	82796	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	81975	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	81547	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 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	81372	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	81271	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	80778	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)

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	80337	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	79736	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	79717	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 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	79248	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	79088	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	78436	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)

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	78390	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	77432	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	77329	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)

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	77213	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	76625	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	76387	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)

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	76122	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	76063	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	75778	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 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	75712	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	75135	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	74893	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)

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	74231	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	73981	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	73981	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)

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	73748	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	73731	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	73284	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	73191	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	72915	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LATISHA MCCAIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	72846	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)

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	72699	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	72623	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	71830	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 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	71392	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	70813	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	70489	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	70409	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	69917	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	69713	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	69457	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	69273	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	68761	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)

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	68388	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	68329	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	67913	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)

REBECCA E JENSEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	67854	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	67529	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	67467	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)

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	67337	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	67244	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	67058	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	67029	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	65919	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	65777	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 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	65561	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	65029	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	64821	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)

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	64559	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	64458	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	64297	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 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	63791	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	63471	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	63155	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)

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	63056	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	63050	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SYEDA M FATIMAH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	62789	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)

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	62725	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	62388	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	62231	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	61950	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	61694	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	61605	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)

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	61571	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	61241	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	61093	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 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	61030	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	61008	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	60972	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)

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	60966	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ABDUL RAHMAN M BAIG

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60745	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEAN MCEWAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60714	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)

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	60601	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	60174	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	60070	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	59405	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	59009	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	58939	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)

DHAVAL PAREKH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	58726	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	58706	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	58580	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	58334	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	58221	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	56562	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)

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	56402	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	56234	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	56152	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 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	55825	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	55702	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	55376	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	55373	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	55207	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	55172	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 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	55047	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	54899	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	54268	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)

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	54150	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	54128	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SARAH D. MAHLER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53187	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	52619	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHAD E CARTWRIGHT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52380	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	51938	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)

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	51786	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	51643	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	51571	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	51450	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	51095	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	51064	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)

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	50683	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MICHAEL I CAMPION

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	50670	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	50531	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	50440	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	50422	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	50358	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	50298	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	50181	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	50057	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)

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	49992	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	49968	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JONATHAN N ROGERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	49665	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)

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	49078	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AISHA DHORAJIWALA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48912	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	48599	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	48392	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	48139	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	48046	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)

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	48040	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DANIEL M CLARK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47950	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BARUCH LOEVSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47824	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)

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	47792	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	47781	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	47289	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)

CHRISTOPHER G BERRY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47264	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	47253	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	47062	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)

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	46986	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TALENTCRAFT LLC

83-1433992

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	46834	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	46744	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)

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	46635	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NINA PIETRASZEK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46525	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	46476	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 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	46143	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	46081	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	46022	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)

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	45637	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	45553	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	45494	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	45326	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	45095	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	45072	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)

OLIVIA M CASSIDY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	45049	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	45017	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CARA M ANTHANEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	45008	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)

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	44962	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	44918	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	44889	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)

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	44341	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	44264	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	44132	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 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	44050	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	43503	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	43486	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)

WILLIAM MCGRATH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43238	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	42964	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	42485	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)

SVETLANA TABAK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	42150	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FELIKS I SHVAB

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	41985	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LEVI RAY & SHOUP INC

37-1073724

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	40940	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 MORRISON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	40832	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TOMASZ WIDEL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	40622	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	40394	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	40275	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	40272	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	39913	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	39748	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	39413	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	39324	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)

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	39082	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	37804	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WIOLETA GOLEBIEWSKA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	37504	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)

KRONOS INC

04-2640942

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	37396	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	37359	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	37316	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)

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	37281	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	37084	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	36845	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)

STEPHEN TAO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	36726	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JENNIFER L DEKETT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	36419	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	36223	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)

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	36137	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GIA M GAMPERL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	36031	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	35936	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)

LOUIS P MARTIN JR

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	35232	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HUBERT D NOWACKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	35222	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	35152	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	35139	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UX 4SIGHT INC

26-4677901

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	34997	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	34891	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)

GABRIEL E BARRIENTOS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	34635	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	34538	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	34456	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	34348	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	34346	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	34145	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 A CORLUKA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	33875	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	33654	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	33603	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 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	33579	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	33336	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RACHEL N BENDUHA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	33183	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 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	32533	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	32433	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INTEGRAL PARTNERS

46-2990810

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	31629	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)

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	31220	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LINDA 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	30985	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARTHA 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	30835	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 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	30792	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	30781	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AZUBA CORPORATION

36-3444634

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	30620	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 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	29829	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANDREW MARION

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	29638	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	29567	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)

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	29567	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	28860	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	28515	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)

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	28430	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROSARIO A GUERCIO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	28237	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	28106	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)

THOMAS G BANHOLZER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	27977	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	27902	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	27703	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	27548	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	27305	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	27281	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 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	27205	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	27105	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ERIKA R BARBER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	26653	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)

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	26585	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	26092	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	26048	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)

ZACHARY BARRETT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25995	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

YASSIR JERMOUMI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25885	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	25880	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)

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	25787	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	25728	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROHIT YADAV

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25554	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)

HYBRIDGE SOLUTIONS INC

20-5797118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	25411	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FNU ISHRAT JAHAN BEGUM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25386	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PATRICK W FITTON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25016	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)

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	24323	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	23231	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	19217	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)

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	18845	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AVI-SPL LLC

84-4244645

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	17672	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

IT HARDWARE PLUS LLC

27-2032355

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	17515	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)

IMPACT NETWORKING LLC

36-4292481

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	17423	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	17332	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CARDINAL COLORGROUP

27-2600890

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	17299	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)

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	16570	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SOLIMAR SYSTEMS INC

33-0456279

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	16119	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	14877	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)

LINKEDIN CORPORATION

47-0912023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	14720	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

V-SOFT CONSULTING

76-0532643

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	14700	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	14409	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)

KFORCE INC

59-3264661

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	13848	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ACP CREATIVIT LLC

82-2142527

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	13688	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	12828	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 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	12600	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	12556	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	12110	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	12069	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RANDSTAD TECHNOLOGIES LLC

58-2426357

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	11896	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORAE GLOBAL CORPORATION

26-0562318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	11888	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	11637	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	11631	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	11579	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)

JB CONSULTING & ADVISORY GROUP LLC

92-2425457

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	11349	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	11203	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	10913	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)

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	10700	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	10672	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	10508	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	10375	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EXPERTISE SOLUTIONS INC

36-4463519

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	10343	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	10055	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)

ARGONAUT AI LLC

87-1685188

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	10000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VERITEXT

20-3132569

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9716	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	9656	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)

SULLIVAN HAZELTINE ALLINSON LLC

20-5238500

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9453	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	9388	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TREVOR LAWRENCE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9169	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)

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	8831	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	8762	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOSEPH P. GRONEK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	8623	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)

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	8446	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

IGLOO INC

98-1089776

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	8416	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	8165	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)

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	8157	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TALAKAV SOLUTIONS LLC

92-3313059

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	8005	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	7943	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)

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	7928	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	7850	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

OPTOMI LLC

30-0747677

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	7750	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	7606	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	7299	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	7115	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	6903	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	6830	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KNOWBE4 INC

36-4827930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6667	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)

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	6421	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	6404	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	6248	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 SCOTT GILLILAND

1824 N PAULINA APT 2F
CHICAGO, IL 60622

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6138	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DIGITAL INTELLIGENCE SYSTEMS LLC

45-5636447

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5850	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

US ALLIANCE FIRE PROTECTION INC

36-3474686

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5789	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)

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	5528	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	5440	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SIERRA ITS

36-4018265

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5281	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)

LEXISNEXIS

52-1471842

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5153	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	5149	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:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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	66660348

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, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

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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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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	2534076	2698474
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	105395808	1740326419
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	36121817330	236731674
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2005288	145935
(2) U.S. Government securities	1c(2)	2397242945	30749941007
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	2677632452	8594485007
(B) All other	1c(3)(B)	12316373	13128903
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	2908955	
(B) Common	1c(4)(B)	2272689	1530821
(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)	1054046708	7684004650
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	16399696	66660348
(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)	52582407	228450455

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	172224727	351998649
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	10391348	10168253
f Total assets (add all amounts in lines 1a through 1e)	1f	42629770802	49680270595
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	77415725	88468666
i Acquisition indebtedness	1i		
j Other liabilities	1j	1071744947	7815522640
k Total liabilities (add all amounts in lines 1g through1j)	1k	1149160672	7903991306
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	41480610130	41776279289

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)	514642494	
(B) Participants	2a(1)(B)	7149	
(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)		514649643
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1701691	
(B) U.S. Government securities	2b(1)(B)	419228735	
(C) Corporate debt instruments	2b(1)(C)	460494705	
(D) Loans (other than to participants)	2b(1)(D)	18491943	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	6277846	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		906194920
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	-102	
(B) Common stock	2b(2)(B)	-1493	
(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)		-1595
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	148735644254	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	149665651067	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-930006813
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	811223835	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		811223835

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	**2b(6)**		140826700
(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**		1769661444
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		3212548134
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	2842506623	
(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)**		2842506623
f Corrective distributions (see instructions)	**2f**		
g Certain deemed distributions of participant loans (see instructions)	**2g**		
h Interest expense	**2h**		
i Administrative expenses:			
(1) Salaries and allowances	**2i(1)**	25849254	
(2) Contract administrator fees	**2i(2)**		
(3) Recordkeeping fees	**2i(3)**		
(4) IQPA audit fees	**2i(4)**	192836	
(5) Investment advisory and investment management fees	**2i(5)**	25594985	
(6) Bank or trust company trustee/custodial fees	**2i(6)**	1026942	
(7) Actuarial fees	**2i(7)**	492963	
(8) Legal fees	**2i(8)**	125580	
(9) Valuation/appraisal fees	**2i(9)**		
(10) Other trustee fees and expenses	**2i(10)**	110736	
(11) Other expenses	**2i(11)**	20979056	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	**2i(12)**		74372352
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		2916878975
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		295669159
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** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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	
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		32143
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 [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 527214.

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

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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 77571551

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 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) 68.40
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): DAILY

a Name of contributing employer BIMBO BAKERIES USA, INC.

b EIN 75-2491201 **c** Dollar amount contributed by employer 20484001

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 YRC INC.

b EIN 34-0492670 **c** Dollar amount contributed by employer 19740908

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 14374219

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 PLAN

b EIN 36-2154936 **c** Dollar amount contributed by employer 12620568

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) 68.40
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): DAILY

a Name of contributing employer USF HOLLAND LLC

b EIN 38-0655940 **c** Dollar amount contributed by employer 11937280

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): ____

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 11355514

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 10650888

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 10070402

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 8811972

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**	237007
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**	193521
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**	198537

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**	1.22
b The corresponding number for the second preceding plan year	**15b**	1.19

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**	43
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**	364731663

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) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 100.00 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
[ ] 0-5 years [X] 5-10 years [ ] 10-15 years [ ] 15 years or more

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._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? [ ] Yes [X] No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

[ ] Design-based safe harbor method

[ ] "Prior year" ADP test

[ ] "Current year" ADP test

[ ] N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

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, 2023 and 2022,
Supplemental Schedules as of and for the Year Ended
December 31, 2023, 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, 2023 and 2022, 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, 2023 and 2022, 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.

Emphasis of Matter – Change in Accounting Principle

As described in Note 2 to the financial statements, during the year, the Plan adopted Accounting Standards Codification ("ASC") Topic 326, *Financial Instruments – Credit Losses*. Upon adoption, the Plan recognized a cumulative-effect adjustment to the beginning balance of net assets available for benefits. Our opinion is not modified with respect to this matter.

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, 2023, and Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2023 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 17, 2024

EXCEPTION 27-8

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2023 AND 2022

	2023	2022
Assets	(In thousands)	
Investments at fair value:		
Cash equivalents, including those purchased under agreements to resell of $137,514 and $52,553 in 2023 and 2022, respectively	$ 572,245	$ 305,489
Fixed income:		
U.S. government and government agency debt	24,442,179	1,625,407
U.S. corporate debt	6,216,055	1,879,044
International debt	1,253,751	493,139
Equity:		
U.S. common and preferred	532	4,072
International common and preferred	999	1,110
Securities on loan	7,520,548	1,027,295
Other investments	32	30
Total investments at fair value	40,006,341	5,335,586
Receivables:		
Employer contributions, less allowance for uncollectible contributions of $907,119 and $27,495 in 2023 and 2022, respectively	103,165	105,396
Withdrawal liability, less allowance for uncollectible withdrawal revenue of $14,677,109 in 2023 (Note 2)	1,637,161	-
Special Financial Assistance (Note 1)	-	35,764,910
Interest and dividends	213,647	37,320
Other, primarily securities sold	23,085	319,587
Total receivables	1,977,058	36,227,213
Cash	2,698	2,534
Assets held as collateral in securities lending program	7,684,005	1,054,047
Other	10,168	10,391
Total assets	49,680,270	42,629,771
Liabilities		
Liability to return collateral held under securities lending agreements	7,684,005	1,054,047
Investment related, primarily securities purchased	126,405	17,251
Accounts payable and accrued expenses	88,468	77,416
Deferred withdrawal liability receipts	5,113	447
Total liabilities	7,903,991	1,149,161
Net assets available for benefits	$ 41,776,279	$ 41,480,610

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, 2023 AND 2022

	2023	2022
	(In thousands)	
Revenue		
Contributions	$ 514,650	$ 559,406
Withdrawal liability	134,019	133,425
Net change in withdrawal liability deemed collectable	327,139	-
Total revenue	975,808	692,831
Benefits and expenses		
Benefits to participants	2,842,507	2,836,862
General and administrative expenses	47,750	46,260
Total benefits and expenses	2,890,257	2,883,122
Loss from operations	(1,914,449)	(2,190,291)
Special Financial Assistance (Note 1)	-	35,764,910
Investment income		
Interest and dividends	1,045,501	141,739
Net appreciation (depreciation) in fair value of investments	(118,783)	(387,468)
Investment expenses	(26,622)	(6,508)
Net investment income	900,096	(252,237)
Increase (Decrease) in net assets	(1,014,353)	33,322,382
Net assets available for benefits		
Beginning of year	41,480,610	8,158,228
Adjustment due to adoption of ASU (Note 2)	1,310,022	-
Modified Beginning of year	42,790,632	8,158,228
End of year	$ 41,776,279	$ 41,480,610

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, 2023 and 2022 were $65.2 million and $63.9 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 December 31, 2023 and 2022, the Plan has an estimated unfunded vested liability for withdrawal liability purposes of $34.1 billion and $37.3 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 Fund has established an investment policy such that assets will be managed in a reasonable and prudent manner with a primary objective to avoid insolvency, and a secondary objective to grow the Solvency Ratio towards full funding over time. Contribution rates are established at a level intended to be sufficient to pay benefits required by the Plan. For the years ended December 31, 2023 and 2022, the minimum funding requirements of ERISA were satisfied.

For the years ended December 31, 2023 and 2022, the Plan was certified by its actuary to be in “critical” and “critical and declining” status, respectively, 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 until the end of 2051. The rehabilitation plan requires specific pension contribution rate increases in certain specific circumstances 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.

Changes in the allowance for credit losses for the year ended December 31, 2023 were as follows:

	2023 (In thousands)
Balance at the beginning of the year	$ 27,495
Provisions	880,116
Write-offs, net of recoveries	(492)
Balance at the end of the year	$ 907,119

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. Effective in 2023 in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Update ("ASU") guidance, the amount of withdrawal liability (net of allowance) deemed collectable is based on

management's best estimate of the present value of collectable assessments. Prior to 2023, withdrawal liability assessments were fully netted against an allowance. At December 31, 2023 the Plan had approximately $16.3 billion in withdrawal liability receivables, netted against an allowance of $14.7 billion. Prior to 2023, Plan management would fully reserve withdrawal liability receivables. At December 31, 2022 the Fund had approximately $10.6 billion in withdrawal liability receivable, netted against an allowance of $10.6 billion.

Changes in the withdrawal liability allowance for credit losses for the year ended December 31, 2023 were as follows:

	2023 (In thousands)
Balance at the beginning of the year	$ 10,607,104
Impact of the adoption of the new credit loss standard	(1,310,022)
Provisions	5,444,263
Write-offs, net of recoveries	(64,236)
Balance at the end of the year	$ 14,677,109

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. Yellow Corporation and its 24 United States-based subsidiaries (including YRC) then filed Chapter 11 bankruptcy petitions in Delaware on August 6, 2023. The Fund has filed proofs of claims in the bankruptcy case for outstanding contributions and withdrawal liability which are being disputed and are in litigation with the debtors.

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 2023 and 2022.

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 6.51 years and 6.42 years at December 31, 2023 and 2022, respectively. The weighted average discount rate used was 2.90% and 1.54% at December 31, 2023 and 2022, respectively. For the years ended December 31, 2023 and 2022, lease expense for operating leases was $1,025,715 and $938,657, 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, 2023 were as follows:

Year Ending December 31,	Operating Leases
2024	$ 1,028,558
2025	1,018,430
2026	1,040,850
2027	1,063,340
2028	1,009,144
Thereafter	502,125
Total future minimum lease payments	5,662,447
Less imputed interest	(249,149)
Total	$ 5,413,298

Total fair value of investments

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 April 8th, 2024, the Fund entered into a settlement agreement with the United States to return a portion of SFA funds to the federal government. During an audit by the PBGC's Office of Inspector General ("OIG"), the OIG concluded that approximately 3,500 deceased participants among more than 350,000 plan participants were included in the plan's SFA application. The PBGC's OIG discovered that the SFA Final Rule requirements for pension funds only involved submitting a participant list and proof of a death audit, which was not verified against the Social Security Administration's Death Master File, which the Fund does not have access to. The Fund fully cooperated with the OIG during its investigation, providing evidence that its SFA application was submitted following the requirements of the SFA Final Rule. On April 8th, the Fund returned $126,656,954, which includes principal of $126,555,536 and interest of $101,418.

New Accounting Pronouncements

In June 2016, the FASB issued an ASU amending the accounting for credit losses on financial statements. This methodology replaced the incurred loss methodology with the expected credit losses using a wide range of reasonable and supportable information. The Plan adopted the new standard effective January 1, 2023, using the modified retrospective approach. Upon adoption, the Plan recognized a cumulative-effect adjustment of $1,310,021,563 to the beginning balance of net assets available for benefits, and recognized a withdrawal liability receivable net asset of $1,637,161,440 for year ended December 31, 2023.

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

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."

BlackRock Financial Management, Inc. ("BlackRock") currently serves as the Fund's Named Fiduciary and manages 100% of the Fund's cash and investments. 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.
Special Financial Assistance (SFA) assets are at all times kept separate from Legacy assets (assets in the Fund prior to the infusion of SFA assets). SFA assets are managed in accordance with the requirements of the American Rescue Plan, and the regulations promulgated by the PBGC in 29 CFR Part 4262 (the "SFA Final Rule").

On September 12, 2022, 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. The Dreyfus Government Cash Management Fund, which acts as a cash sweep vehicle for the Pension Fund and is managed by Dreyfus, a division of BNYM (a party-in-interest). The fund seeks 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. 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. 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, 2023 and 2022.

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, 2023:

	Level 1	Level 2	Level 3	2023 Total
Cash equivalents	$ 253,816	$ 251,769	$ -	$ 505,585
Fixed income	23,175,363	8,736,148	474	31,911,985
Equity	1,517	-	14	1,531
Securities on loan	5,934,203	1,586,345	-	7,520,548
Other	-	-	32	32
Total	$ 29,364,899	$ 10,574,262	$ 520	$ 39,939,681
Investments measured at net asset value (collective investment funds)				
Cash equivalents				66,660
Total fair value of investments				$ 40,006,341
Liability to return collateral held under securities lending agreements	$ -	$ 7,684,005	$ -	$ 7,684,005

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
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The following table sets forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value (in thousands) on a recurring basis at December 31, 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

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, 2023:

	Fixed Income	Other	Total
Purchases	$ -	$ -	$ -
Issuances	(2)	(53)	(55)
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, 2022:

	Fixed Income	Other	Total
Purchases	$ -	$ -	$ -
Issuances	(86)	(87)	(173)
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, 2023 and 2022:

Instrument	Fair Values (In thousands) 12/31/2023	12/31/2022	Principal Valuation Technique	Significant Unobservable Inputs	Range of Significant Input Values	Weighted Average
Fixed Income	$ 474	$ 470	Vendor priced	N/A	N/A	N/A
Equity	14	3,029	Investment manager priced	N/A	N/A	N/A
Group Annuity Contract	-	-	Contract value	N/A	N/A	N/A
Trust in Dissolution	32	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) 12/31/2023	12/31/2022	Redemption Frequency	Redemption Notice Period	Remaining Commitment 12/31/2023	Remaining Commitment 12/31/2022
BNYM EB Temporary Investment Fund	$ 66,660	$ 16,400	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 $7.5 billion and $1.0 billion were on loan by the custodian to various securities brokers on a temporary basis at December 31, 2023 and 2022, 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 $14.8 million and $3.1 million for 2023 and 2022, 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, 2023 and 2022 consists of the following:

	2023	2022
	(In thousands)	
Cash equivalents	$ -	$ 3,839
Fixed income:		
Government	5,937,508	652,881
Corporate	1,356,711	320,302
International	226,329	50,273
Total securities on loan	$ 7,520,548	$ 1,027,295

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 (managers), on behalf of the Fund, may enter into derivative instruments as part of the Fund's overall investment policy to minimize the transaction costs of changing strategies and to more efficiently manage portfolio allocations. The only derivative instruments permissible by the managers are Treasury futures.

Futures

Managers, 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 interest rate exposure via Treasury futures. Within the SFA Portfolio, futures may replicate the exposure to physical bonds but cannot be used to increase the risk of the investments beyond the risk in a similar portfolio of physical securities as per the PBGC Final Rule. Future 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, 2023 and 2022 is as follows:

Futures contracts	2023	2022
	(In thousands)	
Fixed income		
Short position	$ (7,717)	$ -
Long position	7,676	-
Total futures contracts	$ (41)	$ -

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, 2023 and 2022, all expire within one year.

The following table represents the monthly average derivative activity based on month end notional values for both 2023 and 2022:

	2023	2022
	(In thousands)	
Futures contracts		
Fixed income		
Short position	$ (594,571)	$ (21,966)
Long position	2,170,666	145,142

4. Pension and other postretirement benefits for Fund employees

Fund employees are participants in the Plan (a defined benefit plan) as described in Note 1. Amounts contributed to the Plan were $2.9 million and $2.8 million for 2023 and 2022, respectively. Employees are also covered by a 401(k) plan. Amounts contributed to the 401(k) plan were $626 thousand and $576 thousand for 2023 and 2022, 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 $231 thousand and $216 thousand for 2023 and 2022, 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, 2029 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, 2023.

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 $31.3 million and $30.8 million of such costs are included in general and administrative expenses for 2023 and 2022, 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 2023 and 2022.

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 2020.

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.

The actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and participant demographics, all of which are subject to change. Due to uncertainties

inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Significant assumptions underlying the 2023 and 2022 actuarial computations are as follows:

- annual investment rate of return of 4.0% (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 - 2023

- 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 Retiree Lives: For males, Pri-2012 Blue Collar Retiree Male table with rates increased by 11%, and generational projection using Scale MP-2021 from 2012. For females, Pri-2012 Blue Collar Retiree 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 Retiree Male table with rates increased by 23%, and generational projection using Scale MP-2021 from 2012. For females, Pri-2012 Disabled Retiree Female table with generational projection using Scale MP-2021 from 2012.

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 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.

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The actuarial present value of accumulated benefits at December 31, 2023 and 2022 is as follows:

	2023	2022
	(In millions)	
Vested benefits:		
Participants and beneficiaries currently receiving benefits	$ 27,175	$ 27,117
Other participants	14,064	15,031
	41,239	42,148
Nonvested benefits	183	187
Total actuarial present value of accumulated benefits	$ 41,422	$ 42,335

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:

	2023
	(In millions)
Actuarial present value of accumulated benefits at beginning of year	$ 42,335
Increase (Decrease) during the year attributable to:	
Interest on the actuarial present value of accumulated benefits	1,693
Benefit payments	(2,842)
Benefits accumulated	286
Actuarial experience	(48)
Plan amendments	(2)
Actuarial present value of accumulated benefits at end of year	$ 41,422

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide 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	Gary F. Caldwell	9-17-24	GARY F. CALDWELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Charles A. Whobrey	9/17/24	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**	349,729
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)**	48,538
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	36,799
b	Retired or separated participants receiving benefits	**6b**	153,345
c	Other retired or separated participants entitled to future benefits	**6c**	116,253
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	306,397
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	32,589
f	Total. Add lines **6d** and **6e**.	**6f**	338,986
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
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**	927

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
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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, 2023

NOTES	IDENTITY OF ISSUE	INTEREST RATE	PRINCIPAL	COST	CURRENT VALUE
	LEGACY				
	DOMESTIC				
	BNY MELLON CASH RESERVE	5.335 %	$ 15,861	$ 15,861	$ 15,861
	TOTAL DOMESTIC INTEREST-BEARING CASH			15,861	15,861
	FOREIGN				
	CURRENCY	VARIOUS	N/A	9,271	9,174
	TOTAL FOREIGN INTEREST-BEARING CASH			9,271	9,174
	TOTAL LEGACY INTEREST-BEARING CASH			$ 25,132	$ 25,035
	SFA				
	DOMESTIC				
	BNY MELLON CASH RESERVE	5.335 %	$ 120,900	$ 120,900	$ 120,900
	TOTAL DOMESTIC INTEREST-BEARING CASH			120,900	120,900
	TOTAL SFA INTEREST-BEARING CASH			$ 120,900	$ 120,900
	TOTAL INTEREST-BEARING CASH			$ 146,032	$ 145,935

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, 2023

IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL	COST	CURRENT VALUE
LEGACY					
FEDERAL HOME LOAN BANK	01/03/2024	5.240 %	$ 2,500,000	$ 2,469,535	$ 2,469,535
FEDERAL HOME LOAN BANK	01/12/2024	5.250	2,500,000	2,489,792	2,489,792
FEDERAL HOME LOAN BANK	01/22/2024	5.270	2,500,000	2,475,161	2,475,161
FEDERAL HOME LOAN BANK	04/12/2024	5.330	2,500,000	2,456,986	2,456,986
FEDERAL HOME LOAN BANK	VARIOUS	5.300	17,500,000	17,454,758	17,454,758
FEDERAL HOME LOAN MORTGAGE CORPORATION	04/01/2052	2.500	47,530,720	37,989,926	40,484,291
FEDERAL HOME LOAN MORTGAGE CORPORATION	06/01/2052	3.500	25,749,208	22,295,497	23,647,300
FEDERAL HOME LOAN MORTGAGE CORPORATION	07/01/2052	4.000	8,088,205	7,259,195	7,660,258
FEDERAL NATIONAL MORTGAGE ASSOCIATION	04/01/2052	3.000	38,517,057	32,129,865	34,120,720
FEDERAL NATIONAL MORTGAGE ASSOCIATION	01/01/2054	5.500	8,400,000	8,351,766	8,442,672
FEDERAL NATIONAL MORTGAGE ASSOCIATION	01/01/2054	6.500	10,400,000	10,588,188	10,658,024
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	2.000	56,800,105	44,880,335	46,449,565
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	4.000	12,070,280	10,903,019	11,431,232
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	01/20/2054	2.000	18,500,000	15,071,500	15,678,750
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	01/20/2054	2.500	11,700,000	9,932,660	10,244,871
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	01/20/2054	3.000	13,400,000	11,729,410	12,144,152
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	01/20/2054	4.000	10,200,000	9,569,672	9,744,162
STATE OF CALIFORNIA	04/01/2039	7.550	2,760,000	3,507,491	3,484,804
STATE OF ILLINOIS	06/01/2033	5.100	1,560,000	1,516,273	1,543,526
TENNESSEE VALLEY AUTHORITY	09/15/2065	4.250	640,000	560,046	591,085
U.S. TREASURY BILL	01/04/2024	1.760	2,500,000	2,470,832	2,470,832
U.S. TREASURY BILL	01/18/2024	4.300	2,500,000	2,485,009	2,485,009
U.S. TREASURY BILL	01/25/2024	4.560	2,500,000	2,474,503	2,474,503
U.S. TREASURY BILL	02/01/2024	4.740	2,500,000	2,468,574	2,468,574
U.S. TREASURY BILL	02/06/2024	4.840	5,000,000	4,936,001	4,936,001
U.S. TREASURY BILL	02/08/2024	4.860	5,000,000	4,958,485	4,958,485
U.S. TREASURY BILL	02/22/2024	4.960	2,500,000	2,463,872	2,463,872
U.S. TREASURY BILL	04/18/2024	5.160	2,500,000	2,432,451	2,432,451
U.S. TREASURY BILL	06/06/2024	5.120	2,500,000	2,437,037	2,437,037
U.S. TREASURY BILL	VARIOUS	5.110	5,000,000	4,874,232	4,874,232
U.S. TREASURY BOND	05/15/2041	4.375	28,000,000	26,653,594	28,963,480
U.S. TREASURY BOND	08/15/2041	1.750	9,705,000	6,675,599	6,777,196
U.S. TREASURY BOND	11/15/2042	2.750	2,745,000	2,233,227	2,228,391
U.S. TREASURY BOND	02/15/2043	3.125	9,110,000	8,046,866	7,816,836
U.S. TREASURY BOND	02/15/2045	2.500	58,415,000	40,237,895	44,418,182
U.S. TREASURY BOND	08/15/2046	2.250	35,000,000	22,505,273	24,996,300
U.S. TREASURY BOND	08/15/2053	4.125	255,000	249,913	258,986
U.S. TREASURY BOND	11/15/2053	4.750	3,000,000	3,116,250	3,380,160
U.S. TREASURY NOTE	11/15/2026	4.625	165,000,000	165,638,672	167,681,250
U.S. TREASURY NOTE	05/15/2029	2.375	135,395,000	121,273,725	125,642,498
U.S. TREASURY NOTE	02/15/2030	1.500	85,290,000	71,420,380	74,408,702
U.S. TREASURY NOTE	11/30/2030	4.375	23,700,000	23,730,277	24,407,208
U.S. TREASURY NOTE	02/15/2032	1.875	33,485,000	27,462,932	28,841,635
U.S. TREASURY NOTE	08/15/2033	3.875	6,385,000	6,227,248	6,389,980
U.S. TREASURY NOTE	11/15/2033	4.500	10,000,000	10,123,047	10,520,300
U.S. TREASURY NOTE	VARIOUS	3.500	54,680,000	51,200,349	53,216,449
U.S. TREASURY STRIP COUPON	05/15/2045	4.420	55,000,000	19,881,950	21,623,800
U.S. TREASURY STRIP COUPON	05/15/2047	4.390	95,724,000	34,788,313	34,844,493
U.S. TREASURY STRIP COUPON	02/15/2048	4.370	47,862,000	16,798,373	16,865,612
U.S. TREASURY STRIP COUPON	05/15/2048	4.360	47,862,000	16,700,061	16,723,461
U.S. TREASURY STRIP COUPON	08/15/2048	4.350	15,247,000	5,284,472	5,277,139
U.S. TREASURY STRIP COUPON	11/15/2048	4.340	67,012,000	23,062,894	23,033,365
U.S. TREASURY STRIP COUPON	11/15/2049	4.270	47,862,000	16,001,254	16,045,736
U.S. TREASURY STRIP COUPON	02/15/2050	4.250	47,862,000	15,949,170	15,948,097
U.S. TREASURY STRIP COUPON	05/15/2050	4.230	21,904,000	7,256,161	7,267,966
U.S. TREASURY STRIP COUPON	11/15/2050	4.190	50,000,000	14,937,500	16,396,500
U.S. TREASURY STRIP COUPON	05/15/2051	4.170	50,000,000	14,698,000	16,132,500
U.S. TREASURY STRIP COUPON	08/15/2051	4.140	50,000,000	14,718,000	16,134,500
U.S. TREASURY STRIP COUPON	02/15/2052	4.080	19,611,000	6,271,924	6,299,445
U.S. TREASURY STRIP COUPON	05/15/2052	4.040	39,755,000	12,772,258	12,780,040
U.S. TREASURY STRIP COUPON	08/15/2052	3.990	34,202,000	10,954,039	11,038,011
U.S. TREASURY STRIP COUPON	11/15/2052	3.950	27,790,000	8,913,380	8,992,010
U.S. TREASURY STRIP COUPON	VARIOUS	4.380	95,678,000	34,122,975	34,204,486
U.S. TREASURY STRIP COUPON	VARIOUS	4.410	318,999,000	118,148,467	120,482,424
U.S. TREASURY STRIP COUPON	VARIOUS	4.430	459,992,000	190,320,324	191,208,310
U.S. TREASURY STRIP COUPON	VARIOUS	4.440	185,874,000	78,417,332	78,555,929
U.S. TREASURY STRIP PRINCIPAL	11/15/2045	4.250	135,575,000	53,809,582	54,072,733
U.S. TREASURY STRIP PRINCIPAL	05/15/2048	4.190	125,913,000	46,284,087	45,768,116
U.S. TREASURY STRIP PRINCIPAL	08/15/2048	4.180	363,602,000	131,522,595	131,136,697
U.S. TREASURY STRIP PRINCIPAL	11/15/2048	4.170	224,100,000	80,867,361	80,250,210
U.S. TREASURY STRIP PRINCIPAL	02/15/2049	4.160	323,116,000	115,293,719	114,790,190
U.S. TREASURY STRIP PRINCIPAL	05/15/2049	4.140	267,404,000	95,118,826	94,404,308
U.S. TREASURY STRIP PRINCIPAL	08/15/2049	4.120	255,789,000	90,149,442	89,845,886
U.S. TREASURY STRIP PRINCIPAL	11/15/2049	4.110	193,504,000	68,004,289	67,558,052
U.S. TREASURY STRIP PRINCIPAL	02/15/2050	4.100	236,209,000	84,527,860	81,787,366
U.S. TREASURY STRIP PRINCIPAL	05/15/2051	4.050	312,013,000	108,663,534	103,987,693
U.S. TREASURY STRIP PRINCIPAL	08/15/2051	4.040	312,013,000	109,226,572	103,469,751
U.S. TREASURY STRIP PRINCIPAL	11/15/2051	4.020	312,013,000	109,330,227	102,923,728
U.S. TREASURY STRIP PRINCIPAL	02/15/2052	4.000	312,013,000	106,512,737	102,346,504
U.S. TREASURY STRIP PRINCIPAL	05/15/2052	3.980	551,324,000	184,081,239	179,974,207
U.S. TREASURY STRIP PRINCIPAL	08/15/2052	3.960	552,307,000	184,408,732	179,538,436
U.S. TREASURY STRIP PRINCIPAL	11/15/2052	3.920	600,861,800	202,313,832	195,556,481
U.S. TREASURY STRIP PRINCIPAL	08/15/2053	3.890	150,000,000	48,412,500	47,859,000
U.S. TREASURY STRIP PRINCIPAL	11/15/2053	3.840	250,000,000	81,012,332	80,132,500

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, 2023

IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL	COST	CURRENT VALUE
U.S. TREASURY STRIP PRINCIPAL	VARIOUS	4.060 %	$ 394,188,000	$ 140,235,907	$ 132,900,161
U.S. TREASURY STRIP PRINCIPAL	VARIOUS	4.080	198,904,000	71,699,806	68,099,584
U.S. TREASURY STRIP PRINCIPAL	VARIOUS	4.200	654,839,000	241,486,721	241,157,052
U.S. TREASURY STRIP PRINCIPAL	VARIOUS	4.220	496,393,000	186,220,834	185,811,780
U.S. TREASURY STRIP PRINCIPAL	VARIOUS	4.230	709,931,000	270,303,393	270,983,867
U.S. TREASURY STRIP PRINCIPAL	VARIOUS	4.240	864,653,000	336,637,546	338,279,589
TOTAL LEGACY U.S. GOVERNMENT SECURITIES				$ 4,678,547,838	$ 4,668,107,908
SFA					
FEDERAL HOME LOAN BANK	01/12/2024	5.250 %	$ 15,000,000	$ 14,938,750	$ 14,938,750
FEDERAL HOME LOAN BANK	01/22/2024	5.270	15,000,000	14,821,125	14,821,125
FEDERAL HOME LOAN BANK	02/14/2024	5.310	15,000,000	14,766,594	14,766,594
FEDERAL HOME LOAN BANK	04/12/2024	5.330	15,000,000	14,741,919	14,741,919
FEDERAL HOME LOAN BANK	02/04/2036	1.800	94,000,000	69,048,254	68,049,420
FEDERAL HOME LOAN BANK	VARIOUS	5.300	30,000,000	29,791,458	29,791,458
FEDERAL HOME LOAN MORTGAGE CORPORATION	05/25/2032	2.580	65,000,000	56,131,055	56,726,150
FEDERAL HOME LOAN MORTGAGE CORPORATION	12/01/2034	4.450	16,069,000	16,308,152	16,071,732
FEDERAL HOME LOAN MORTGAGE CORPORATION	01/01/2037	3.470	4,798,614	4,736,519	4,322,831
FEDERAL HOME LOAN MORTGAGE CORPORATION	09/01/2037	4.200	29,540,000	28,659,570	28,210,995
FEDERAL HOME LOAN MORTGAGE CORPORATION	10/01/2037	4.100	24,563,889	23,800,106	23,512,309
FEDERAL HOME LOAN MORTGAGE CORPORATION	10/01/2037	4.500	21,644,860	21,576,375	21,179,712
FEDERAL HOME LOAN MORTGAGE CORPORATION	11/01/2037	3.610	14,221,000	12,754,459	12,781,550
FEDERAL HOME LOAN MORTGAGE CORPORATION	11/01/2037	4.030	74,013,000	69,708,103	69,869,012
FEDERAL HOME LOAN MORTGAGE CORPORATION	11/01/2037	4.390	4,400,444	4,357,814	4,283,260
FEDERAL HOME LOAN MORTGAGE CORPORATION	12/01/2037	2.550	7,499,747	6,078,897	6,065,496
FEDERAL HOME LOAN MORTGAGE CORPORATION	12/01/2037	2.950	3,684,037	3,135,461	3,124,910
FEDERAL HOME LOAN MORTGAGE CORPORATION	12/01/2037	3.800	9,251,446	8,630,587	8,543,433
FEDERAL HOME LOAN MORTGAGE CORPORATION	12/01/2037	3.900	9,615,511	8,988,249	8,982,041
FEDERAL HOME LOAN MORTGAGE CORPORATION	08/15/2038	3.500	11,434,731	11,138,142	11,177,792
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	3.200	15,709,540	13,655,448	13,623,584
FEDERAL NATIONAL MORTGAGE ASSOCIATION	04/01/2030	4.490	28,108,000	28,687,728	28,201,600
FEDERAL NATIONAL MORTGAGE ASSOCIATION	08/01/2032	3.700	39,000,000	37,066,758	36,455,250
FEDERAL NATIONAL MORTGAGE ASSOCIATION	09/01/2032	3.830	16,540,000	15,885,507	15,801,654
FEDERAL NATIONAL MORTGAGE ASSOCIATION	12/01/2032	5.060	54,157,300	56,742,465	56,396,163
FEDERAL NATIONAL MORTGAGE ASSOCIATION	07/01/2035	4.800	20,423,000	20,844,224	20,747,113
FEDERAL NATIONAL MORTGAGE ASSOCIATION	11/01/2036	2.350	4,413,000	3,541,950	3,513,233
FEDERAL NATIONAL MORTGAGE ASSOCIATION	01/01/2037	2.150	17,400,000	13,213,125	13,310,652
FEDERAL NATIONAL MORTGAGE ASSOCIATION	02/01/2037	2.220	3,000,000	2,296,406	2,305,980
FEDERAL NATIONAL MORTGAGE ASSOCIATION	04/01/2037	3.240	6,754,700	6,013,530	5,971,223
FEDERAL NATIONAL MORTGAGE ASSOCIATION	05/01/2037	2.760	8,253,606	6,941,089	6,904,967
FEDERAL NATIONAL MORTGAGE ASSOCIATION	06/01/2037	3.560	34,142,900	30,499,212	30,464,344
FEDERAL NATIONAL MORTGAGE ASSOCIATION	06/01/2037	4.210	7,675,000	7,448,348	7,350,731
FEDERAL NATIONAL MORTGAGE ASSOCIATION	07/01/2037	2.890	2,913,114	2,478,415	2,463,853
FEDERAL NATIONAL MORTGAGE ASSOCIATION	07/01/2037	4.080	5,517,000	5,238,779	5,237,729
FEDERAL NATIONAL MORTGAGE ASSOCIATION	07/01/2037	4.290	8,179,000	8,004,557	7,914,655
FEDERAL NATIONAL MORTGAGE ASSOCIATION	09/01/2037	4.090	7,359,140	7,156,763	7,042,181
FEDERAL NATIONAL MORTGAGE ASSOCIATION	09/01/2037	4.220	6,085,000	5,905,302	5,826,509
FEDERAL NATIONAL MORTGAGE ASSOCIATION	04/01/2038	4.810	5,100,000	5,205,188	5,183,436
FEDERAL NATIONAL MORTGAGE ASSOCIATION	12/25/2043	4.500	23,726,198	23,233,300	23,420,842
FEDERAL NATIONAL MORTGAGE ASSOCIATION	11/01/2052	4.065	7,160,880	7,061,019	6,995,750
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	3.460	18,260,518	16,494,167	16,218,545
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	05/20/2041	3.500	8,716,229	8,489,727	8,433,911
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	06/20/2052	5.000	24,296,382	24,108,935	24,187,048
LOS ANGELES COMMUNITY COLLEGE DISTRICT	08/01/2028	1.606	485,000	419,341	435,021
NEW JERSEY STATE TURNPIKE AUTHORITY	01/01/2040	7.414	3,585,000	4,542,195	4,466,802
SALT RIVER PROJECT AGRICULTURAL IMPROVEMENT & POWER DISTRIC	01/01/2041	4.839	4,905,000	4,843,344	4,843,589
STATE BOARD OF ADMINISTRATION FINANCE CORPORATION, FL	07/01/2027	1.705	965,000	839,955	873,721
STATE OF CALIFORNIA	02/01/2028	1.700	965,000	834,243	872,051
STATE OF CALIFORNIA	04/01/2034	7.500	3,500,000	4,230,240	4,247,285
STATE OF ILLINOIS	06/01/2033	5.100	7,705,000	7,532,639	7,623,635
TENNESSEE VALLEY AUTHORITY	06/15/2035	4.650	43,789,000	46,062,321	44,694,994
TENNESSEE VALLEY AUTHORITY	04/01/2036	5.880	64,918,000	75,212,714	74,296,054
TENNESSEE VALLEY AUTHORITY	06/15/2038	5.500	41,282,000	44,559,791	45,976,589
TENNESSEE VALLEY AUTHORITY	09/15/2039	5.250	55,000,000	59,620,330	58,528,250
TENNESSEE VALLEY AUTHORITY STRIP	09/15/2034	4.550	7,039,000	4,364,462	4,348,413
TENNESSEE VALLEY AUTHORITY STRIP	03/15/2035	4.580	5,906,000	3,577,441	3,555,530
TENNESSEE VALLEY AUTHORITY STRIP	06/15/2035	4.730	21,828,000	13,001,830	12,770,690
TENNESSEE VALLEY AUTHORITY STRIP	01/15/2038	4.850	63,312,000	32,493,999	32,285,954
TENNESSEE VALLEY AUTHORITY STRIP	03/15/2038	4.650	1,459,000	745,140	759,176
TENNESSEE VALLEY AUTHORITY STRIP	04/01/2038	4.630	3,302,000	1,683,029	1,718,922
TENNESSEE VALLEY AUTHORITY STRIP	06/15/2038	4.830	37,000,000	18,757,453	18,568,450
TENNESSEE VALLEY AUTHORITY STRIP	10/01/2038	4.690	2,654,000	1,312,589	1,339,872
TENNESSEE VALLEY AUTHORITY STRIP	VARIOUS	4.680	6,240,000	3,099,401	3,164,064
TEXAS NATURAL GAS SECURITIZATION FINANCE CORP.	04/01/2035	5.102	8,435,000	8,469,117	8,596,446
THE OHIO STATE UNIVERSITY	06/01/2040	4.910	2,955,000	2,979,408	2,958,723
U.S. TREASURY BILL	01/02/2024	5.516	15,000,000	14,892,421	14,892,421
U.S. TREASURY BILL	01/04/2024	1.760	15,000,000	14,824,992	14,824,992
U.S. TREASURY BILL	01/09/2024	3.400	15,000,000	14,881,729	14,881,729
U.S. TREASURY BILL	01/11/2024	3.680	15,000,000	14,905,534	14,905,534
U.S. TREASURY BILL	01/16/2024	4.170	15,000,000	14,894,720	14,894,720
U.S. TREASURY BILL	01/18/2024	4.300	15,000,000	14,910,056	14,910,056
U.S. TREASURY BILL	01/30/2024	4.730	15,000,000	14,755,502	14,755,502
U.S. TREASURY BILL	02/01/2024	4.740	15,000,000	14,873,246	14,873,246
U.S. TREASURY BILL	02/06/2024	4.840	15,000,000	14,879,321	14,879,321

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, 2023

IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL	COST	CURRENT VALUE
U.S. TREASURY BILL	02/22/2024	4.960 %	$ 15,000,000	$ 14,783,231	$ 14,783,231
U.S. TREASURY BILL	04/09/2024	5.150	15,000,000	14,742,858	14,742,858
U.S. TREASURY BILL	04/18/2024	5.160	15,000,000	14,594,709	14,594,709
U.S. TREASURY BILL	06/06/2024	5.120	15,000,000	14,622,223	14,622,223
U.S. TREASURY BILL	VARIOUS	5.110	30,000,000	29,245,390	29,245,390
U.S. TREASURY BOND	11/15/2024	7.500	98,431,000	102,168,302	100,873,073
U.S. TREASURY BOND	02/15/2025	7.625	110,270,000	115,303,196	114,138,272
U.S. TREASURY BOND	08/15/2025	6.875	95,339,000	99,591,454	99,066,755
U.S. TREASURY BOND	02/15/2026	6.000	40,485,000	41,860,925	41,921,003
U.S. TREASURY BOND	08/15/2026	6.750	36,396,000	38,795,297	38,811,603
U.S. TREASURY BOND	11/15/2026	6.500	31,570,000	33,631,916	33,654,251
U.S. TREASURY BOND	02/15/2027	6.625	41,174,000	44,280,279	44,377,749
U.S. TREASURY BOND	08/15/2027	6.375	29,722,000	31,993,189	32,130,076
U.S. TREASURY BOND	08/15/2029	6.125	83,649,000	92,497,062	92,918,982
U.S. TREASURY BOND	05/15/2030	6.250	123,749,000	139,618,843	140,064,068
U.S. TREASURY BOND	02/15/2031	5.375	33,464,000	36,333,277	36,724,063
U.S. TREASURY BOND	02/15/2037	4.750	180,712,000	197,053,730	198,297,085
U.S. TREASURY BOND	05/15/2037	5.000	178,112,000	198,723,814	199,763,295
U.S. TREASURY BOND	02/15/2039	3.500	315,000,000	295,851,563	299,347,650
U.S. TREASURY BOND	05/15/2039	4.250	275,000,000	281,006,837	284,218,000
U.S. TREASURY BOND	08/15/2040	1.125	184,580,000	116,256,559	118,312,088
U.S. TREASURY BOND	02/15/2043	3.125	35,000,000	31,213,031	30,031,750
U.S. TREASURY BOND	02/15/2053	3.625	489,900,000	462,279,977	454,573,311
U.S. TREASURY BOND	VARIOUS	2.750	93,009,000	78,163,176	75,629,358
U.S. TREASURY BOND	VARIOUS	4.375	440,730,000	459,907,896	463,672,864
U.S. TREASURY BOND	VARIOUS	4.500	540,637,900	572,640,759	576,446,702
U.S. TREASURY BOND	VARIOUS	5.250	165,513,000	173,561,011	176,032,788
U.S. TREASURY NOTE	01/15/2024	0.125	224,829,000	215,158,579	224,415,315
U.S. TREASURY NOTE	07/15/2025	3.000	190,036,000	182,597,715	185,916,020
U.S. TREASURY NOTE	10/15/2025	4.250	175,163,000	173,017,551	174,868,726
U.S. TREASURY NOTE	12/15/2025	4.000	121,562,000	119,492,023	120,939,603
U.S. TREASURY NOTE	08/15/2026	4.375	20,640,000	20,753,681	20,786,750
U.S. TREASURY NOTE	11/15/2026	2.000	32,813,000	30,437,961	31,036,504
U.S. TREASURY NOTE	VARIOUS	0.250	447,748,000	423,071,403	440,527,172
U.S. TREASURY NOTE	VARIOUS	0.375	906,277,000	832,740,209	867,238,582
U.S. TREASURY NOTE	VARIOUS	0.500	371,007,000	319,766,934	332,561,023
U.S. TREASURY NOTE	VARIOUS	0.625	806,759,000	674,876,015	699,614,400
U.S. TREASURY NOTE	VARIOUS	0.750	215,424,900	194,097,664	200,375,603
U.S. TREASURY NOTE	VARIOUS	0.875	338,647,000	281,460,417	291,002,744
U.S. TREASURY NOTE	VARIOUS	1.000	221,710,000	205,573,867	212,113,068
U.S. TREASURY NOTE	VARIOUS	1.125	730,074,000	636,237,575	654,799,253
U.S. TREASURY NOTE	VARIOUS	1.250	1,104,322,800	955,698,136	979,827,856
U.S. TREASURY NOTE	VARIOUS	1.375	423,349,000	355,429,923	363,663,506
U.S. TREASURY NOTE	VARIOUS	1.500	267,581,000	233,011,793	238,473,463
U.S. TREASURY NOTE	VARIOUS	1.625	327,820,000	281,766,966	287,939,108
U.S. TREASURY NOTE	VARIOUS	1.750	337,943,000	302,142,401	310,404,301
U.S. TREASURY NOTE	VARIOUS	1.875	310,956,000	269,131,812	274,502,856
U.S. TREASURY NOTE	VARIOUS	2.125	77,781,000	72,742,862	74,620,276
U.S. TREASURY NOTE	VARIOUS	2.250	202,207,000	187,875,777	191,798,543
U.S. TREASURY NOTE	VARIOUS	2.375	416,740,000	387,506,488	396,101,870
U.S. TREASURY NOTE	VARIOUS	2.500	268,325,000	255,817,369	261,796,705
U.S. TREASURY NOTE	VARIOUS	2.625	343,377,000	322,316,939	329,530,912
U.S. TREASURY NOTE	VARIOUS	2.750	785,488,000	732,977,686	746,887,073
U.S. TREASURY NOTE	VARIOUS	2.875	707,393,000	660,424,135	670,678,949
U.S. TREASURY NOTE	VARIOUS	3.125	232,959,000	221,205,225	225,477,515
U.S. TREASURY NOTE	VARIOUS	3.250	193,489,000	184,294,961	188,654,033
U.S. TREASURY NOTE	VARIOUS	3.500	345,569,000	336,606,016	338,293,689
U.S. TREASURY NOTE	VARIOUS	3.875	235,914,000	232,884,783	235,733,692
U.S. TREASURY NOTE	VARIOUS	4.125	349,976,000	355,056,129	355,588,789
U.S. TREASURY NOTE	VARIOUS	4.500	803,563,000	837,340,136	841,316,471
U.S. TREASURY NOTE	VARIOUS	4.625	75,075,000	77,073,145	77,261,096
U.S. TREASURY STRIP COUPON	02/15/2024	4.720	7,162,000	6,822,687	7,118,169
U.S. TREASURY STRIP COUPON	05/15/2024	4.960	7,162,000	6,732,504	7,029,789
U.S. TREASURY STRIP COUPON	08/15/2024	4.830	7,162,000	6,651,405	6,949,647
U.S. TREASURY STRIP COUPON	11/15/2024	4.400	7,162,000	6,580,087	6,893,210
U.S. TREASURY STRIP COUPON	02/15/2025	4.460	7,147,000	6,491,270	6,799,656
U.S. TREASURY STRIP COUPON	05/15/2025	4.440	7,147,000	6,423,778	6,726,971
U.S. TREASURY STRIP COUPON	08/15/2025	4.330	7,147,000	6,367,103	6,665,364
U.S. TREASURY STRIP COUPON	11/15/2025	4.310	11,459,000	10,261,098	10,576,886
U.S. TREASURY STRIP COUPON	11/15/2026	4.040	14,519,000	12,593,097	12,941,511
U.S. TREASURY STRIP COUPON	11/15/2030	3.940	286,670,000	209,098,136	219,265,283
U.S. TREASURY STRIP COUPON	08/15/2031	3.950	293,121,000	208,319,942	217,498,713
U.S. TREASURY STRIP COUPON	05/15/2032	3.970	198,394,000	136,974,797	142,694,885
U.S. TREASURY STRIP COUPON	05/15/2033	4.010	447,314,000	295,611,604	308,154,615
U.S. TREASURY STRIP COUPON	08/15/2033	4.020	489,711,000	312,787,448	333,777,223
U.S. TREASURY STRIP COUPON	02/15/2035	4.060	352,418,000	223,461,676	225,202,150
U.S. TREASURY STRIP COUPON	05/15/2035	4.070	345,013,000	215,254,444	218,158,620
U.S. TREASURY STRIP COUPON	08/15/2035	4.080	485,198,000	298,021,455	303,224,490
U.S. TREASURY STRIP COUPON	08/15/2036	4.110	456,144,000	271,518,584	272,910,955
U.S. TREASURY STRIP COUPON	11/15/2037	4.140	560,482,000	310,783,075	317,210,393
U.S. TREASURY STRIP COUPON	02/15/2038	4.160	383,385,000	212,556,601	214,350,554
U.S. TREASURY STRIP COUPON	05/15/2038	4.170	352,915,000	192,715,770	194,974,950
U.S. TREASURY STRIP COUPON	08/15/2038	4.190	567,774,000	305,018,123	309,709,362
U.S. TREASURY STRIP COUPON	11/15/2038	4.210	513,382,000	273,450,507	276,271,389
U.S. TREASURY STRIP COUPON	05/15/2039	4.230	171,761,000	89,226,089	90,243,229
U.S. TREASURY STRIP COUPON	08/15/2039	4.240	171,761,000	88,693,945	89,185,182

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, 2023

IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL	COST	CURRENT VALUE
U.S. TREASURY STRIP COUPON	11/15/2039	4.260 %	$ 171,761,000	$ 87,258,023	$ 87,886,668
U.S. TREASURY STRIP COUPON	02/15/2041	4.350	35,366,000	17,497,329	16,928,290
U.S. TREASURY STRIP COUPON	05/15/2041	4.370	60,000,000	29,320,989	28,306,200
U.S. TREASURY STRIP COUPON	08/15/2041	4.390	2,025,000	978,815	942,273
U.S. TREASURY STRIP COUPON	VARIOUS	3.900	35,288,000	27,853,992	29,415,530
U.S. TREASURY STRIP COUPON	VARIOUS	3.910	198,101,000	151,307,691	159,483,725
U.S. TREASURY STRIP COUPON	VARIOUS	3.920	909,902,000	681,780,737	714,315,327
U.S. TREASURY STRIP COUPON	VARIOUS	3.930	761,597,000	567,021,586	592,460,221
U.S. TREASURY STRIP COUPON	VARIOUS	3.960	523,721,000	365,927,549	383,630,731
U.S. TREASURY STRIP COUPON	VARIOUS	3.980	436,240,000	299,258,007	311,301,851
U.S. TREASURY STRIP COUPON	VARIOUS	4.000	236,442,000	160,125,697	165,980,677
U.S. TREASURY STRIP COUPON	VARIOUS	4.030	550,014,000	355,630,583	368,384,635
U.S. TREASURY STRIP COUPON	VARIOUS	4.050	1,162,632,000	740,552,874	758,900,061
U.S. TREASURY STRIP COUPON	VARIOUS	4.090	219,118,000	136,888,623	136,062,878
U.S. TREASURY STRIP COUPON	VARIOUS	4.100	935,328,000	559,899,403	571,161,874
U.S. TREASURY STRIP COUPON	VARIOUS	4.120	754,982,000	446,084,879	445,138,268
U.S. TREASURY STRIP COUPON	VARIOUS	4.130	962,450,000	542,034,125	553,527,002
U.S. TREASURY STRIP COUPON	VARIOUS	4.220	178,879,000	96,553,434	97,861,486
U.S. TREASURY STRIP PRINCIPAL	08/15/2029	3.880	10,166,000	7,788,187	8,189,221
U.S. TREASURY STRIP PRINCIPAL	08/15/2030	3.850	9,031,000	6,696,167	7,011,128
TOTAL SFA U.S. GOVERNMENT SECURITIES				$ 25,557,500,729	$ 26,081,833,099
TOTAL U.S. GOVERNMENT SECURITIES				$ 30,236,048,567	$ 30,749,941,007

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, 2023

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	LEGACY CORPORATE DEBT						
	3M COMPANY	04/15/2050	3.700 %	USD	$ 620,000	$ 475,570	$ 492,274
	AASET 2021-1 TRUST	11/16/2041	2.950	USD	316,093	280,137	283,219
	ABBVIE INC.	05/14/2046	4.450	USD	3,325,000	2,837,205	3,063,323
	ABBVIE INC.	11/21/2049	4.250	USD	6,370,000	5,336,298	5,695,799
	AEP TEXAS INC.	01/15/2050	3.450	USD	8,108,000	5,801,994	5,865,327
	AEP TRANSMISSION COMPANY, LLC	12/01/2047	3.750	USD	1,619,000	1,286,683	1,288,514
	AEP TRANSMISSION COMPANY, LLC	04/01/2050	3.650	USD	435,000	333,527	344,094
	AERCAP IRELAND CAPITAL D.A.C.	04/15/2027	6.450	USD	5,400,000	5,466,150	5,594,670
	ALABAMA POWER COMPANY	12/01/2042	3.850	USD	1,580,000	1,267,622	1,335,685
	ALABAMA POWER COMPANY	03/15/2052	3.000	USD	2,870,000	1,899,283	2,015,343
	ALCOA NEDERLAND HOLDING B.V.	05/15/2028	6.125	USD	364,000	359,889	366,097
	ALFA, S.A.B. DE C.V.	03/25/2044	6.875	USD	1,620,000	1,616,097	1,611,268
	ALLY FINANCIAL INC.	06/13/2029	6.992	USD	2,700,000	2,700,513	2,794,284
	ALTRIA GROUP, INC.	02/04/2051	3.700	USD	6,025,000	3,803,798	4,256,422
	AMAZON.COM, INC.	12/05/2044	4.950	USD	3,910,000	3,806,421	4,033,869
	AMAZON.COM, INC.	06/03/2050	2.500	USD	3,185,000	1,997,804	2,125,478
	AMERICAN INTERNATIONAL GROUP, INC.	07/16/2044	4.500	USD	11,429,000	9,967,238	10,348,274
	AMERICAN INTERNATIONAL GROUP, INC.	04/01/2048	4.750	USD	2,020,000	1,792,217	1,910,617
	AMGEN INC.	03/02/2033	5.250	USD	2,700,000	2,658,204	2,772,063
	AMGEN INC.	02/21/2050	3.375	USD	4,525,000	3,139,043	3,381,849
*	ANHEUSER-BUSCH INBEV FINANCE, INC.	02/01/2044	4.625	USD	11,094,000	9,915,065	10,596,323
*	ANHEUSER-BUSCH INBEV WORLDWIDE, INC.	02/01/2046	4.900	USD	5,385,000	4,894,962	5,281,554
*	ANHEUSER-BUSCH INBEV WORLDWIDE, INC.	01/23/2049	5.550	USD	2,470,000	2,454,621	2,663,055
	AON CORPORATION	09/12/2032	5.000	USD	2,700,000	2,605,608	2,706,534
	AON CORPORATION	02/28/2052	3.900	USD	2,365,000	1,810,420	1,887,246
	APPALACHIAN POWER COMPANY	05/01/2050	3.700	USD	1,020,000	761,673	766,112
	APPLE INC.	11/13/2047	3.750	USD	5,535,000	4,595,329	4,750,303
	APPLE INC.	02/08/2051	2.650	USD	1,795,000	1,181,480	1,235,211
	ASTRAZENECA PLC	08/06/2050	2.125	USD	18,016,000	11,155,180	11,562,849
	ASTRAZENECA PLC	05/28/2051	3.000	USD	10,076,000	7,224,414	7,561,836
	AT&T INC.	12/01/2033	2.550	USD	7,300,000	5,658,084	5,955,486
	AT&T INC.	02/01/2052	3.300	USD	3,092,000	2,103,808	2,216,067
	AT&T INC.	09/15/2053	3.500	USD	16,503,000	11,805,664	12,030,522
	AT&T INC.	12/01/2057	3.800	USD	18,100,000	12,669,630	13,515,089
	AUTOZONE, INC.	04/15/2030	4.000	USD	2,000,000	1,847,760	1,923,880
	AVOLON HOLDINGS FUNDING LIMITED	11/18/2027	2.528	USD	2,500,000	2,156,975	2,216,375
	AVOLON HOLDINGS FUNDING LIMITED	05/04/2028	6.375	USD	1,000,000	1,002,960	1,020,610
	B.A.T. CAPITAL CORPORATION	08/15/2037	4.390	USD	3,575,000	2,761,640	3,002,893
	B.A.T. CAPITAL CORPORATION	04/02/2050	5.282	USD	1,265,000	1,008,690	1,087,774
	B.A.T. CAPITAL CORPORATION	08/02/2053	7.081	USD	465,000	465,000	498,903
	BALTIMORE GAS AND ELECTRIC COMPANY	08/15/2046	3.500	USD	1,280,000	975,102	981,542
	BALTIMORE GAS AND ELECTRIC COMPANY	06/01/2052	4.550	USD	11,743,000	10,368,744	10,806,965
	BANCO SANTANDER S.A.	03/25/2026	1.849	USD	1,000,000	891,720	925,990
	BANK OF AMERICA CORPORATION	09/15/2029	5.819	USD	10,900,000	10,987,091	11,258,937
	BANK OF AMERICA CORPORATION	04/25/2034	5.288	USD	3,100,000	2,976,899	3,116,368
	BANK OF AMERICA CORPORATION	01/29/2037	6.110	USD	2,285,000	2,360,016	2,440,540
	BANK OF AMERICA CORPORATION	04/22/2042	3.311	USD	4,030,000	2,994,511	3,168,023
	BANK OF AMERICA CORPORATION	10/24/2051	2.831	USD	2,205,000	1,398,614	1,497,151
	BARCLAYS PLC	01/12/2026	4.375	USD	375,000	363,373	370,163
	BARCLAYS PLC	09/13/2029	6.490	USD	3,600,000	3,637,800	3,751,128
	BARCLAYS PLC	09/13/2034	6.692	USD	1,800,000	1,822,680	1,927,152
	BARCLAYS PLC	01/10/2047	4.950	USD	2,020,000	1,801,025	1,897,447
	BARINGS CLO LTD. 2021-I	04/25/2034	6.660	USD	273,000	269,861	272,099
	BARINGS CLO LTD. 2023-IV	01/20/2037	0.010	USD	1,129,000	1,129,000	1,129,000
	BARRICK NORTH AMERICA FINANCE LLC	05/30/2041	5.700	USD	815,000	820,376	861,553
	BBFI LIQUIDATING TRUST	12/30/2099	0.000	USD	224,389	134,790	224,389
	BELL TELEPHONE CO. OF CANADA OR BELL CANADA	04/01/2048	4.464	USD	840,000	713,207	757,554
	BERKSHIRE HATHAWAY ENERGY COMPANY	05/15/2051	2.850	USD	22,593,000	15,279,822	15,331,384
	BERKSHIRE HATHAWAY FINANCE CORPORATION	05/15/2042	4.400	USD	1,480,000	1,363,510	1,429,887
	BERKSHIRE HATHAWAY FINANCE CORPORATION	01/15/2051	2.500	USD	3,030,000	1,892,854	1,988,953
	BG ENERGY CAPITAL PLC	10/15/2041	5.125	USD	2,055,000	1,947,091	1,960,984
	BLACKBIRD CAPITAL II AIRCRAFT LEASE LTD.	07/15/2046	2.443	USD	191,479	163,236	165,099
	BOMBARDIER INC.	04/15/2027	7.875	USD	144,000	143,225	144,032
	BOSTON PROPERTIES LIMITED PARTNERSHIP	03/15/2030	2.900	USD	2,900,000	2,313,852	2,486,257
	BRISTOL-MYERS SQUIBB COMPANY	11/13/2050	2.550	USD	20,755,000	13,558,750	13,217,822
	BRISTOL-MYERS SQUIBB COMPANY	03/15/2052	3.700	USD	11,575,000	8,858,851	9,134,296
	BROADCOM INC.	02/15/2031	2.450	USD	4,500,000	3,681,180	3,851,460
	BROADCOM INC.	02/15/2051	3.750	USD	3,080,000	2,126,661	2,432,060
	BROWN-FORMAN CORPORATION	04/15/2038	4.000	USD	765,000	668,599	694,658
	BURLINGTON NORTHERN SANTA FE, LLC	09/01/2044	4.550	USD	4,625,000	4,180,602	4,328,723
	BURLINGTON NORTHERN SANTA FE, LLC	06/15/2052	2.875	USD	715,000	476,072	502,116
	BX COMMERCIAL MORTGAGE TRUST 2021-SOAR	06/15/2038	6.146	USD	1,002,677	983,564	986,644
	BX COMMERCIAL MORTGAGE TRUST 2022-LP2	02/15/2039	6.674	USD	81,007	78,627	79,076
	BX COMMERCIAL MORTGAGE TRUST 2023-XL3	12/09/2040	7.121	USD	680,000	678,300	680,422
	BX COMMERCIAL MORTGAGE TRUST 2023-XL3	12/09/2040	7.608	USD	150,000	149,625	149,952
	BX COMMERCIAL MORTGAGE TRUST 2023-XL3	12/09/2040	8.058	USD	100,000	99,750	99,968
	BX TRUST 2022-GPA	08/15/2039	7.532	USD	510,000	510,956	510,479
	CABOT CORPORATION	06/30/2032	5.000	USD	965,000	902,204	952,561
	CAMPBELL SOUP COMPANY	04/24/2050	3.125	USD	1,770,000	1,178,770	1,225,336
	CANADIAN NATURAL RESOURCES LIMITED	03/15/2038	6.250	USD	725,000	728,705	760,402
	CANADIAN NATURAL RESOURCES LIMITED	06/01/2047	4.950	USD	825,000	715,375	747,871
	CAPITAL ONE FINANCIAL CORPORATION	06/08/2029	6.312	USD	5,700,000	5,661,297	5,855,496
	CATERPILLAR INC.	08/15/2042	3.803	USD	1,320,000	1,125,417	1,162,220
	CATERPILLAR INC.	09/19/2049	3.250	USD	12,969,000	10,105,794	10,288,308
	CATERPILLAR INC.	04/09/2050	3.250	USD	11,094,000	8,469,277	8,806,084
	CELANESE US HOLDINGS LLC	11/15/2030	6.550	USD	1,300,000	1,323,153	1,376,128
	CENOVUS ENERGY INC.	06/15/2047	5.400	USD	956,000	859,181	905,600
	CENTENE CORPORATION	10/15/2030	3.000	USD	5,900,000	4,933,462	5,112,527
	CENTENE CORPORATION	03/01/2031	2.500	USD	2,630,000	2,040,643	2,190,553

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, 2023

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	CENTERPOINT ENERGY HOUSTON ELECTRIC, LLC	04/01/2051	3.350 %	USD	$ 5,740,000	$ 4,415,891	$ 4,370,666
	CENTERPOINT ENERGY HOUSTON ELECTRIC, LLC	10/01/2052	4.850	USD	5,576,000	5,308,497	5,450,986
	CHARTER COMMUNICATIONS OPERATING, LLC	02/01/2032	2.300	USD	5,500,000	4,204,200	4,384,050
	CHARTER COMMUNICATIONS OPERATING, LLC	03/01/2042	3.500	USD	1,480,000	959,114	1,032,833
	CHARTER COMMUNICATIONS OPERATING, LLC	05/01/2047	5.375	USD	1,850,000	1,489,002	1,577,218
	CHARTER COMMUNICATIONS OPERATING, LLC	04/01/2053	5.250	USD	2,357,000	1,868,700	1,982,826
	CHARTER COMMUNICATIONS OPERATING, LLC	12/01/2061	4.400	USD	6,300,000	4,063,073	4,371,570
	CHEVRON CORPORATION	05/11/2050	3.078	USD	445,000	318,722	337,448
	CHUBB INA HOLDINGS INC.	03/13/2043	4.150	USD	1,975,000	1,709,243	1,787,770
	CHUBB INA HOLDINGS INC.	11/03/2045	4.350	USD	12,825,000	11,398,421	12,088,076
	CHUBB INA HOLDINGS INC.	12/15/2051	2.850	USD	9,835,000	7,096,354	7,167,846
	CHURCH & DWIGHT CO., INC.	06/15/2052	5.000	USD	1,270,000	1,193,408	1,277,264
	CINCINNATI CHILDREN'S HOSPITAL MED. CTR., OH	05/15/2044	4.268	USD	1,045,000	931,650	969,206
	CITIGROUP INC.	02/24/2028	3.070	USD	5,900,000	5,462,102	5,562,933
	CITIGROUP INC.	11/17/2033	6.270	USD	2,700,000	2,781,567	2,894,103
	CITIGROUP INC.	05/18/2046	4.750	USD	5,430,000	4,731,137	4,874,185
	COLUMBIA PIPELINES HOLDING COMPANY LLC	08/15/2028	6.042	USD	2,300,000	2,322,586	2,376,061
	COMCAST CORPORATION	01/15/2051	2.800	USD	2,810,000	1,784,235	1,881,857
	COMCAST CORPORATION	08/15/2052	2.450	USD	27,009,000	16,406,836	16,851,725
	COMCAST CORPORATION	11/01/2052	4.049	USD	2,526,000	2,025,080	2,138,133
	COMCAST CORPORATION	11/01/2056	2.937	USD	11,535,000	7,154,409	7,626,365
	COMMONWEALTH EDISON COMPANY	06/15/2046	3.650	USD	4,165,000	3,198,705	3,295,556
	CONOCOPHILLIPS HOLDING COMPANY	03/15/2052	3.800	USD	595,000	468,191	482,837
	CONOCOPHILLIPS HOLDING COMPANY	03/15/2054	5.550	USD	610,000	608,445	650,089
	CONOCOPHILLIPS HOLDING COMPANY	03/15/2062	4.025	USD	2,525,000	1,989,142	2,060,173
	CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	03/15/2034	5.500	USD	2,200,000	2,215,114	2,312,662
	CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	04/01/2050	3.950	USD	1,800,000	1,423,530	1,508,364
	CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	12/01/2051	3.200	USD	1,395,000	962,282	990,659
	CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	11/15/2052	6.150	USD	1,665,000	1,772,081	1,891,806
	CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	11/15/2053	5.900	USD	2,200,000	2,221,538	2,428,866
	CONSTELLATION ENERGY GENERATION, LLC	10/01/2041	5.750	USD	252,000	243,044	252,078
	CONSTELLATION ENERGY GENERATION, LLC	10/01/2053	6.500	USD	627,000	626,749	709,814
	CONSUMERS ENERGY COMPANY	08/01/2051	3.500	USD	1,250,000	949,780	984,200
	CONSUMERS ENERGY COMPANY	09/01/2052	4.200	USD	8,364,000	7,077,420	7,389,761
	CONTINENTAL RESOURCES, INC.	06/01/2044	4.900	USD	785,000	639,178	636,470
	COREBRIDGE FINANCIAL, INC.	09/15/2033	6.050	USD	5,400,000	5,433,912	5,634,360
	CORPORATE OFFICE PROPERTIES, LP	12/01/2033	2.900	USD	3,200,000	2,316,608	2,485,472
	COX COMMUNICATIONS, INC.	12/15/2042	4.700	USD	590,000	492,055	512,592
	CROWN CASTLE INC.	04/01/2041	2.900	USD	1,955,000	1,334,404	1,399,956
	CROWN CASTLE INC.	07/01/2050	4.150	USD	140,000	107,726	113,285
	CSX CORPORATION	03/15/2044	4.100	USD	3,383,000	2,841,181	2,966,181
	CSX CORPORATION	11/01/2046	3.800	USD	1,568,000	1,233,403	1,307,383
	CSX CORPORATION	11/15/2052	4.500	USD	8,017,000	6,943,927	7,472,485
	CSX CORPORATION	08/01/2054	4.500	USD	555,000	471,368	513,253
*	CVS HEALTH CORPORATION	06/01/2033	5.300	USD	2,700,000	2,641,491	2,775,708
*	CVS HEALTH CORPORATION	07/20/2045	5.125	USD	3,890,000	3,489,933	3,691,999
*	CVS HEALTH CORPORATION	04/01/2050	4.250	USD	1,835,000	1,451,880	1,538,739
*	CVS HEALTH CORPORATION	06/01/2053	5.875	USD	830,000	825,709	876,198
	DANAHER CORPORATION	10/01/2050	2.600	USD	27,589,000	17,942,663	18,574,570
	DANAHER CORPORATION	12/10/2051	2.800	USD	961,000	633,225	669,481
	DEERE & COMPANY	04/15/2050	3.750	USD	21,785,000	18,784,513	19,129,844
	DELL INTERNATIONAL LLC	07/15/2046	8.350	USD	209,000	235,193	275,558
	DEVON ENERGY CORPORATION	06/15/2045	5.000	USD	1,040,000	887,626	921,138
	DISCOVERY COMMUNICATIONS, LLC	09/20/2047	5.200	USD	1,905,000	1,488,173	1,646,263
	DOLLAR GENERAL CORPORATION	04/03/2050	4.125	USD	890,000	701,137	707,256
	DOMINION ENERGY, INC.	12/01/2044	4.700	USD	2,265,000	1,954,906	2,007,968
	DTE ELECTRIC COMPANY	03/01/2052	3.650	USD	2,348,000	1,811,497	1,854,474
	DTE ELECTRIC COMPANY	04/01/2053	5.400	USD	425,000	424,218	447,916
	DTP COMMERCIAL MORTGAGE TRUST 2023-STE2	01/15/2041	6.038	USD	204,000	200,940	201,154
	DUKE ENERGY CAROLINAS, LLC	06/01/2045	3.750	USD	2,748,000	2,147,278	2,202,907
	DUKE ENERGY CAROLINAS, LLC	03/15/2046	3.875	USD	5,618,000	4,408,228	4,566,198
	DUKE ENERGY CAROLINAS, LLC	03/15/2052	3.550	USD	1,200,000	892,878	922,872
	DUKE ENERGY CORPORATION	09/01/2046	3.750	USD	3,340,000	2,476,478	2,583,423
	DUKE ENERGY FLORIDA, LLC	12/15/2051	3.000	USD	1,070,000	717,641	733,185
	DUKE ENERGY INDIANA, LLC	05/15/2046	3.750	USD	1,640,000	1,266,688	1,309,770
	DUKE ENERGY PROGRESS, LLC	12/01/2044	4.150	USD	4,886,000	4,064,620	4,172,155
	DUKE ENERGY PROGRESS, LLC	10/15/2046	3.700	USD	2,529,000	1,928,963	1,986,757
	DUKE ENERGY PROGRESS, LLC	08/15/2050	2.500	USD	200,000	126,842	125,400
	EATON CORPORATION	08/23/2052	4.700	USD	1,830,000	1,645,332	1,809,632
	EBAY INC.	07/15/2042	4.000	USD	870,000	689,854	725,919
	ELEVANCE HEALTH, INC.	01/15/2043	4.650	USD	4,220,000	3,792,882	3,908,395
	ELI LILLY AND COMPANY	05/15/2050	2.250	USD	29,574,000	18,805,875	19,208,904
	EMERSON ELECTRIC COMPANY	12/21/2051	2.800	USD	2,970,000	1,892,715	2,050,399
	EMPRESA NACIONAL DE TELECOMUNICACIONES S.A.	08/01/2026	4.750	USD	810,000	785,700	795,282
	ENBRIDGE INC.	11/15/2053	6.700	USD	4,500,000	4,511,041	5,254,155
	ENEL FINANCE INTERNATIONAL N.V.	10/07/2039	6.000	USD	1,570,000	1,505,940	1,599,233
	ENERGY TRANSFER LP	02/15/2033	5.750	USD	2,900,000	2,866,099	2,991,785
	ENERGY TRANSFER LP	02/01/2042	6.500	USD	2,945,000	2,933,875	3,119,108
	ENERGY TRANSFER LP	06/15/2048	6.000	USD	1,885,000	1,725,669	1,905,151
	ENLINK MIDSTREAM PARTNERS, LP	04/01/2045	5.050	USD	1,260,000	971,813	1,042,650
	ENTERGY CORPORATION	06/15/2050	3.750	USD	820,000	600,434	620,609
	ENTERGY LOUISIANA, LLC	04/01/2050	4.200	USD	1,175,000	970,088	996,365
	ENTERGY MISSISSIPPI, LLC	06/01/2049	3.850	USD	810,000	624,822	651,418
	ENTERPRISE PRODUCTS OPERATING, LLC	03/15/2044	4.850	USD	2,430,000	2,155,560	2,342,496
	ENTERPRISE PRODUCTS OPERATING, LLC	02/15/2053	3.300	USD	21,635,000	16,135,194	16,083,675
	EQUINOR ASA	08/17/2040	5.100	USD	1,315,000	1,305,923	1,351,794
	EQUINOR ASA	04/06/2050	3.700	USD	685,000	547,236	568,071
	ERAC USA FINANCE LLC	05/01/2053	5.400	USD	1,785,000	1,776,075	1,881,461
	ESSENTIAL UTILITIES, INC.	04/15/2050	3.351	USD	700,000	484,614	496,188
	EXELON CORPORATION	03/15/2033	5.300	USD	4,000,000	3,936,880	4,090,000
	EXELON CORPORATION	04/15/2050	4.700	USD	815,000	712,337	735,440

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NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	EXPEDIA GROUP, INC.	02/15/2028	3.800 %	USD	$ 1,305,000	$ 1,197,929	$ 1,259,260
	EXXON MOBIL CORPORATION	04/15/2051	3.452	USD	3,830,000	2,885,349	3,018,691
	FEDEX CORPORATION	02/15/2048	4.050	USD	2,500,000	1,923,173	2,089,925
	FLORIDA POWER & LIGHT COMPANY	10/01/2044	4.050	USD	3,389,000	2,856,580	2,972,255
	FLORIDA POWER & LIGHT COMPANY	12/01/2047	3.700	USD	11,339,000	8,914,610	9,200,918
	FLORIDA POWER & LIGHT COMPANY	12/04/2051	2.875	USD	19,259,000	13,209,455	13,400,797
	FMC CORPORATION	05/18/2053	6.375	USD	1,230,000	1,227,060	1,263,456
*	FORD MOTOR COMPANY	01/15/2043	4.750	USD	1,290,000	928,800	1,068,830
*	FORD MOTOR CREDIT COMPANY LLC	05/12/2028	6.800	USD	2,900,000	2,937,004	3,030,935
*	FORD MOTOR CREDIT COMPANY LLC	05/03/2029	5.113	USD	1,215,000	1,111,725	1,182,742
	FOX CORPORATION	01/25/2049	5.576	USD	630,000	566,702	610,457
*	GENERAL MOTORS COMPANY	10/02/2043	6.250	USD	2,560,000	2,395,932	2,619,213
	GEORGIA-PACIFIC LLC	11/15/2029	7.750	USD	1,060,000	1,188,835	1,224,077
	GILEAD SCIENCES, INC.	09/01/2035	4.600	USD	505,000	477,687	500,066
	GILEAD SCIENCES, INC.	02/01/2045	4.500	USD	3,220,000	2,843,045	2,987,452
	GLENCORE FUNDING LLC	09/23/2051	3.375	USD	1,510,000	1,003,854	1,066,785
	HASBRO, INC.	03/15/2040	6.350	USD	1,225,000	1,203,486	1,280,627
	HCA INC.	09/01/2030	3.500	USD	2,200,000	1,927,068	1,996,148
	HCA INC.	06/15/2049	5.250	USD	855,000	735,194	797,706
	HILTON WORLDWIDE FINANCE CORP.	04/01/2027	4.875	USD	1,255,000	1,190,879	1,236,112
	HSBC HOLDINGS PLC	05/02/2036	6.500	USD	1,535,000	1,573,797	1,601,466
	HYATT HOTELS CORPORATION	03/15/2026	4.850	USD	975,000	958,188	967,483
	INNOPHOS HOLDINGS, INC.	02/07/2027	9.222	USD	187,688	186,749	183,887
	INTEL CORPORATION	05/19/2046	4.100	USD	1,480,000	1,177,217	1,309,534
	INTERNATIONAL BUSINESS MACHINES CORPORATION	05/15/2050	2.950	USD	1,095,000	712,135	755,966
	JBS USA LUX S.A.	04/01/2033	5.750	USD	4,000,000	3,759,000	3,982,440
	JBS USA LUX S.A.	12/01/2052	6.500	USD	1,205,000	1,139,267	1,213,411
	JEFFERIES GROUP LLC	10/15/2031	2.625	USD	540,000	415,546	448,087
	JEFFERIES GROUP LLC	01/15/2036	6.250	USD	375,000	388,332	394,804
	JEFFERIES GROUP LLC	01/20/2043	6.500	USD	1,040,000	1,064,819	1,087,538
	JOHNSON & JOHNSON	01/15/2048	3.500	USD	4,885,000	4,023,776	4,129,242
	JOHNSON & JOHNSON	09/01/2050	2.250	USD	33,530,000	21,739,665	22,280,685
	JOHNSON CONTROLS INTERNATIONAL PLC	07/02/2064	4.950	USD	680,000	587,215	621,071
	JPMORGAN CHASE & COMPANY	07/24/2029	5.299	USD	8,600,000	8,560,268	8,734,504
	JPMORGAN CHASE & COMPANY	06/01/2034	5.350	USD	4,600,000	4,483,758	4,670,196
	JPMORGAN CHASE & COMPANY	05/15/2038	6.400	USD	1,455,000	1,597,647	1,670,646
	JPMORGAN CHASE & COMPANY	02/01/2044	4.850	USD	13,594,000	12,761,994	13,372,282
	JPMORGAN CHASE & COMPANY	04/22/2051	3.109	USD	7,245,000	4,946,267	5,229,079
	KELLANOVA	04/01/2046	4.500	USD	1,390,000	1,209,207	1,246,566
	KENTUCKY UTILITIES CO.	06/01/2050	3.300	USD	5,426,000	3,818,942	3,988,327
	KENVUE INC.	03/22/2053	5.050	USD	1,135,000	1,127,713	1,179,197
	KEURIG DR PEPPER INC.	05/01/2050	3.800	USD	2,225,000	1,651,047	1,812,485
	KIMCO REALTY OP LLC	03/01/2034	6.400	USD	1,900,000	1,968,495	2,087,074
*	KINDER MORGAN ENERGY PARTNERS, LP	08/15/2042	5.000	USD	1,655,000	1,424,028	1,494,068
	KRAFT HEINZ FOODS COMPANY	06/01/2046	4.375	USD	975,000	801,169	854,100
	LAM RESEARCH CORP.	06/15/2050	2.875	USD	925,000	611,828	660,839
	LEAR CORPORATION	09/15/2027	3.800	USD	295,000	275,417	284,442
	LEAR CORPORATION	01/15/2052	3.550	USD	1,935,000	1,197,442	1,353,745
	LOCKHEED MARTIN CORPORATION	06/15/2050	2.800	USD	4,645,000	3,184,236	3,311,931
	LOWE'S COMPANIES, INC.	04/15/2046	3.700	USD	17,070,000	12,647,864	13,519,269
	LOWE'S COMPANIES, INC.	10/15/2050	3.000	USD	5,457,000	3,754,997	3,726,367
	LOWE'S COMPANIES, INC.	04/15/2053	5.625	USD	3,000,000	2,887,410	3,157,710
	LYB INTERNATIONAL FINANCE III, LLC	05/01/2050	4.200	USD	3,040,000	2,279,432	2,431,392
	MARSH & MCLENNAN COMPANIES, INC.	01/30/2047	4.350	USD	560,000	480,290	504,179
	MASSACHUSETTS INSTITUTE OF TECHNOLOGY, MA	07/01/2051	2.294	USD	770,000	490,138	485,962
	MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY	04/15/2050	3.375	USD	680,000	491,918	497,746
	MASTERCARD INCORPORATED	03/26/2050	3.850	USD	575,000	477,894	503,746
	MATTEL, INC.	11/01/2041	5.450	USD	865,000	723,835	774,945
	MCDONALD'S CORPORATION	09/01/2048	4.450	USD	3,094,000	2,693,428	2,880,731
	MCDONALD'S CORPORATION	09/01/2049	3.625	USD	14,238,000	10,988,179	11,459,881
	MEDTRONIC, INC.	03/15/2045	4.625	USD	13,200,000	12,331,132	12,868,812
	MERCK & CO., INC.	05/18/2043	4.150	USD	10,600,000	9,465,461	9,773,518
	MERCK & CO., INC.	02/10/2045	3.700	USD	860,000	705,792	733,546
	MERCK & CO., INC.	12/10/2051	2.750	USD	4,788,000	3,189,912	3,306,258
	METLIFE, INC.	07/15/2033	5.375	USD	5,000,000	4,962,950	5,222,950
	METLIFE, INC.	11/13/2043	4.875	USD	13,556,000	12,663,861	13,256,277
	METLIFE, INC.	12/15/2044	4.721	USD	2,120,000	1,928,241	2,007,704
	METLIFE, INC.	03/01/2045	4.050	USD	6,287,000	5,500,186	5,438,821
	MEXICO CITY AIRPORT TRUST	07/31/2047	5.500	USD	370,000	277,774	318,200
	MICROSOFT CORPORATION	06/01/2050	2.525	USD	6,225,000	4,115,554	4,271,408
	MICROSOFT CORPORATION	09/15/2050	2.500	USD	2,050,000	1,244,514	1,390,761
	MIDAMERICAN ENERGY COMPANY	08/01/2048	3.650	USD	8,652,000	6,713,119	6,876,350
	MIRABELA NICKEL LTD.	06/24/2019	9.500	USD	857	29	41
	MOLSON COORS BEVERAGE COMPANY	07/15/2046	4.200	USD	1,365,000	1,058,760	1,167,416
	MOODY'S CORPORATION	07/15/2044	5.250	USD	980,000	935,543	992,289
	MORGAN STANLEY	04/20/2029	5.164	USD	7,300,000	7,168,016	7,347,815
	MORGAN STANLEY	07/21/2034	5.424	USD	4,000,000	3,873,760	4,067,600
	MORGAN STANLEY	04/22/2042	3.217	USD	2,595,000	1,936,465	2,000,382
	MORGAN STANLEY	01/27/2045	4.300	USD	13,059,000	11,239,474	11,818,656
	MORGAN STANLEY	01/22/2047	4.375	USD	1,571,000	1,372,621	1,419,807
	MORGAN STANLEY	01/25/2052	2.802	USD	3,055,000	1,956,368	2,053,540
	MPLX LP	03/01/2033	5.000	USD	2,100,000	1,971,501	2,059,974
	MPLX LP	04/15/2048	4.700	USD	2,995,000	2,399,440	2,587,740
	MYLAN INC.	11/29/2043	5.400	USD	1,835,000	1,488,664	1,592,578
	NATWEST GROUP PLC	04/05/2026	4.800	USD	965,000	947,520	956,894
	NEVADA POWER COMPANY	08/01/2050	3.125	USD	1,730,000	1,194,770	1,205,378
	NEW YORK LIFE INSURANCE COMPANY	05/15/2050	3.750	USD	600,000	469,430	481,998
	NIKE, INC.	03/27/2050	3.375	USD	895,000	692,866	734,365
	NISOURCE INC.	02/15/2043	5.250	USD	8,513,000	8,106,538	8,297,110
	NORFOLK SOUTHERN CORPORATION	05/15/2050	3.050	USD	2,850,000	1,871,892	2,033,504
	NORTHERN STATES POWER COMPANY (MINNESOTA)	03/01/2050	2.900	USD	11,152,000	7,615,838	7,844,428

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NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	NORTHERN STATES POWER COMPANY (MINNESOTA)	06/01/2051	2.600 %	USD	$ 17,239,000	$ 11,203,836	$ 11,327,919
	NORTHROP GRUMMAN CORPORATION	05/01/2050	5.250	USD	485,000	474,722	501,359
	NOVARTIS CAPITAL CORPORATION	11/20/2045	4.000	USD	905,000	794,062	815,812
	NOVARTIS CAPITAL CORPORATION	08/14/2050	2.750	USD	32,917,000	23,301,114	23,904,325
	NSTAR ELECTRIC COMPANY	09/15/2052	4.950	USD	5,633,000	5,388,783	5,510,708
	NUTRIEN LTD.	06/01/2043	4.900	USD	1,510,000	1,349,738	1,413,420
	NVIDIA CORPORATION	04/01/2050	3.500	USD	1,580,000	1,202,998	1,324,040
	OCCIDENTAL PETROLEUM CORPORATION	05/01/2031	7.500	USD	3,600,000	3,921,084	4,036,860
	OCCIDENTAL PETROLEUM CORPORATION	03/15/2040	6.200	USD	965,000	936,108	996,363
	OHIO POWER COMPANY	10/01/2051	2.900	USD	17,474,000	11,763,462	11,888,436
	OMEGA HEALTHCARE INVESTORS, INC.	04/15/2033	3.250	USD	1,501,000	1,202,841	1,213,438
	ONCOR ELECTRIC DELIVERY COMPANY LLC	11/15/2048	4.100	USD	8,324,000	7,040,388	7,176,120
	ONCOR ELECTRIC DELIVERY COMPANY LLC	11/15/2051	2.700	USD	11,285,000	7,459,954	7,484,099
	ONEOK, INC.	03/15/2050	4.500	USD	1,260,000	954,299	1,058,425
	OOREDOO INTERNATIONAL FINANCE LIMITED	01/31/2028	3.875	USD	815,000	785,816	791,870
	OPG TRUST 2021-PORT	10/15/2036	6.151	USD	386,453	374,014	375,779
	ORACLE CORPORATION	04/01/2050	3.600	USD	7,990,000	5,397,997	5,944,001
	PACIFICORP	03/15/2051	3.300	USD	875,000	629,740	607,233
	PARAMOUNT GLOBAL	05/19/2050	4.950	USD	2,105,000	1,560,041	1,711,912
	PECO ENERGY COMPANY	06/15/2050	2.800	USD	3,289,000	2,254,958	2,230,041
	PEPSICO, INC.	10/15/2049	2.875	USD	12,820,000	9,212,087	9,447,955
	PEPSICO, INC.	10/21/2051	2.750	USD	16,566,000	11,476,546	11,830,775
	PEPSICO, INC.	07/18/2052	4.200	USD	520,000	467,484	483,392
	PETROLEOS MEXICANOS	02/12/2048	6.350	USD	2,275,000	1,402,811	1,441,554
	PETROLEOS MEXICANOS	01/28/2060	6.950	USD	730,000	466,605	480,829
	PFIZER INC.	06/15/2043	4.300	USD	2,891,000	2,638,407	2,661,657
	PFIZER INC.	05/15/2044	4.400	USD	3,046,000	2,816,113	2,897,934
	PFIZER INC.	03/15/2049	4.000	USD	8,156,000	7,042,174	7,165,780
	PFIZER INC.	05/28/2050	2.700	USD	12,945,000	9,059,601	9,058,652
	PHILIP MORRIS INTERNATIONAL INC.	08/21/2042	3.875	USD	3,665,000	2,787,589	3,010,284
	PLAINS ALL AMERICAN PIPELINE LP	12/15/2029	3.550	USD	3,200,000	2,848,640	2,949,536
	PPL ELECTRIC UTILITIES CORPORATION	10/01/2049	3.000	USD	21,408,000	15,475,712	15,393,636
	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	10/15/2050	2.517	USD	805,000	536,741	546,064
	PRUDENTIAL FINANCIAL INC.	12/07/2049	3.935	USD	1,535,000	1,211,307	1,268,171
	PUBLIC SERVICE ELECTRIC AND GAS COMPANY	05/01/2050	2.700	USD	14,268,000	9,505,061	9,812,674
	QUALCOMM INCORPORATED	05/20/2052	4.500	USD	1,320,000	1,166,785	1,237,936
	REPUBLIC SERVICES, INC.	05/15/2041	5.700	USD	885,000	911,598	954,357
	RIO TINTO FINANCE (USA) LIMITED	11/02/2040	5.200	USD	900,000	897,169	928,998
	RR 24 LTD.	01/15/2036	7.090	USD	5,000,000	5,000,000	4,999,000
	RTX CORPORATION	11/01/2046	3.750	USD	3,090,000	2,431,463	2,462,792
	RTX CORPORATION	09/01/2051	2.820	USD	4,025,000	2,623,075	2,674,653
	RTX CORPORATION	03/15/2054	6.400	USD	4,515,000	4,514,080	5,246,972
	SAN DIEGO GAS & ELECTRIC COMPANY	05/15/2048	4.150	USD	1,545,000	1,288,802	1,322,149
	SAN DIEGO GAS & ELECTRIC COMPANY	04/01/2053	5.350	USD	830,000	821,268	843,330
	SHELL INTERNATIONAL FINANCE B.V.	04/06/2050	3.250	USD	5,755,000	4,202,590	4,343,011
	SIEMENS FINANCIERINGSMAATSCHAPPIJ N.V.	03/16/2047	4.200	USD	400,000	358,449	364,272
	SOUTHERN CALIFORNIA EDISON COMPANY	03/01/2048	4.125	USD	2,075,000	1,627,419	1,749,225
	SOUTHERN CALIFORNIA EDISON COMPANY	12/01/2053	5.875	USD	475,000	473,984	513,133
	SOUTHERN CALIFORNIA GAS COMPANY	06/01/2053	5.750	USD	625,000	621,975	659,631
	SOUTHWESTERN ELECTRIC POWER COMPANY	11/01/2051	3.250	USD	2,250,000	1,512,254	1,523,070
	SOUTHWESTERN PUBLIC SERVICE COMPANY	05/01/2050	3.150	USD	1,385,000	965,765	954,196
	STANDARD CHARTERED PLC	01/12/2028	2.608	USD	1,985,000	1,776,575	1,815,223
	STARBUCKS CORPORATION	11/15/2050	3.500	USD	3,815,000	2,759,173	2,973,373
	STEEL DYNAMICS, INC.	10/15/2050	3.250	USD	735,000	492,481	510,333
	SUNCOR ENERGY INC.	03/04/2051	3.750	USD	3,290,000	2,420,294	2,477,008
	SYSCO CORPORATION	04/01/2050	6.600	USD	660,000	723,246	777,566
	TEVA PHARMACEUTICAL FINANCE NETHERLANDS III B.V.	10/01/2026	3.150	USD	550,000	465,754	509,278
	TEVA PHARMACEUTICAL FINANCE NETHERLANDS III B.V.	10/01/2046	4.100	USD	915,000	583,803	619,336
	THE AES CORPORATION	01/15/2031	2.450	USD	4,600,000	3,692,558	3,869,934
	THE BOEING COMPANY	05/01/2030	5.150	USD	2,000,000	1,971,580	2,038,680
	THE BOEING COMPANY	05/01/2050	5.805	USD	4,635,000	4,422,113	4,819,056
	THE BOEING COMPANY	08/01/2059	3.950	USD	1,295,000	898,075	995,389
	THE CIGNA CORPORATION	03/15/2033	5.400	USD	1,900,000	1,903,534	1,979,496
	THE CIGNA CORPORATION	07/15/2046	4.800	USD	1,490,000	1,315,110	1,391,794
	THE CLEVELAND CLINIC FOUNDATION	01/01/2114	4.858	USD	515,000	457,015	486,175
	THE COCA-COLA COMPANY	06/01/2050	2.600	USD	9,626,000	6,410,440	6,680,540
	THE COCA-COLA COMPANY	03/15/2051	2.500	USD	21,883,000	14,631,194	14,766,430
	THE GOLDMAN SACHS GROUP, INC.	10/24/2029	6.484	USD	5,400,000	5,583,762	5,735,718
	THE GOLDMAN SACHS GROUP, INC.	07/21/2032	2.383	USD	3,700,000	2,905,869	3,041,770
	THE GOLDMAN SACHS GROUP, INC.	07/08/2044	4.800	USD	13,998,000	12,579,896	13,265,485
	THE GOLDMAN SACHS GROUP, INC.	10/21/2045	4.750	USD	5,990,000	5,375,040	5,694,993
	THE GOODYEAR TIRE & RUBBER COMPANY	04/30/2033	5.625	USD	2,025,000	1,692,141	1,815,757
	THE HOME DEPOT, INC.	04/01/2043	4.200	USD	15,399,000	13,518,388	14,054,513
	THE HOME DEPOT, INC.	03/15/2051	2.375	USD	9,276,000	5,962,317	5,895,733
	THE HOME DEPOT, INC.	09/15/2051	2.750	USD	6,855,000	4,469,772	4,699,994
	THE J.M. SMUCKER COMPANY	11/15/2053	6.500	USD	903,000	896,571	1,046,270
	THE LELAND STANFORD JUNIOR UNIVERSITY	06/01/2050	2.413	USD	1,135,000	745,552	754,889
	THE PROCTER & GAMBLE COMPANY	03/25/2050	3.600	USD	18,390,000	16,328,445	16,202,510
	THE SOUTHERN COMPANY	07/01/2046	4.400	USD	920,000	756,623	812,599
	THE TRAVELERS COMPANIES, INC.	11/01/2040	5.350	USD	1,215,000	1,232,636	1,269,481
	THE WALT DISNEY COMPANY	03/23/2050	4.700	USD	1,475,000	1,371,876	1,438,464
	THE WILLIAMS COMPANIES, INC.	08/15/2032	4.650	USD	2,100,000	1,959,132	2,048,361
	THE WILLIAMS COMPANIES, INC.	09/15/2045	5.100	USD	2,195,000	1,926,767	2,074,319
	TIME WARNER CABLE LLC	09/01/2041	5.500	USD	2,830,000	2,389,283	2,455,025
	T-MOBILE USA, INC.	02/15/2051	3.300	USD	2,840,000	1,892,194	2,061,045
	T-MOBILE USA, INC.	01/15/2054	5.750	USD	935,000	931,213	993,596
	T-MOBILE USA, INC.	06/15/2054	6.000	USD	16,000,000	17,746,038	17,618,720
	TRANSDIGM INC.	08/24/2028	8.598	USD	289,276	282,044	290,361
	TRANSPORTADORA DE GAS DEL PERU S.A.	04/30/2028	4.250	USD	1,885,000	1,772,352	1,857,837
	TUCSON ELECTRIC POWER COMPANY	06/15/2050	4.000	USD	555,000	432,984	438,744
	TYSON FOODS, INC.	06/02/2047	4.550	USD	1,115,000	924,852	936,879

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	UBS GROUP AG	09/22/2029	6.246 %	USD	$ 3,600,000	$ 3,643,344	$ 3,754,152
	UBS GROUP AG	08/12/2033	6.537	USD	1,800,000	1,831,878	1,920,798
	UNILEVER CAPITAL CORP.	08/12/2051	2.625	USD	26,857,000	18,273,473	18,514,410
	UNION ELECTRIC COMPANY	03/15/2051	2.625	USD	5,665,000	3,607,479	3,622,258
	UNION ELECTRIC COMPANY	04/01/2052	3.900	USD	10,953,000	8,779,051	9,062,403
	UNION PACIFIC CORPORATION	02/05/2050	3.250	USD	1,425,000	1,024,033	1,096,694
	UNITED PARCEL SERVICE, INC.	03/03/2053	5.050	USD	2,435,000	2,422,289	2,533,398
	UNITEDHEALTH GROUP INCORPORATED	07/15/2045	4.750	USD	2,035,000	1,904,785	1,982,884
	UNITEDHEALTH GROUP INCORPORATED	05/15/2050	2.900	USD	3,515,000	2,363,457	2,470,729
	VALERO ENERGY CORPORATION	03/15/2045	4.900	USD	892,000	799,130	821,880
	VERIZON COMMUNICATIONS INC.	03/15/2032	2.355	USD	4,500,000	3,581,865	3,749,040
	VERIZON COMMUNICATIONS INC.	03/15/2039	4.812	USD	2,600,000	2,383,762	2,520,856
	VERIZON COMMUNICATIONS INC.	08/15/2046	4.125	USD	12,335,000	10,033,595	10,598,232
	VERIZON COMMUNICATIONS INC.	11/20/2050	2.875	USD	5,256,000	3,619,060	3,582,122
	VERIZON COMMUNICATIONS INC.	10/30/2056	2.987	USD	8,945,000	5,410,505	5,940,822
	VIATRIS INC.	06/22/2030	2.700	USD	2,400,000	1,941,312	2,030,712
	VIATRIS INC.	06/22/2050	4.000	USD	770,000	491,805	543,743
	VICI PROPERTIES LP	02/15/2030	4.950	USD	2,100,000	1,951,887	2,032,443
	VIRGINIA ELECTRIC AND POWER COMPANY	01/15/2043	4.000	USD	9,294,000	7,612,946	7,927,038
	VIRGINIA ELECTRIC AND POWER COMPANY	12/15/2050	2.450	USD	17,884,000	10,886,037	11,032,997
	VIRGINIA ELECTRIC AND POWER COMPANY	11/15/2051	2.950	USD	3,200,000	2,097,510	2,185,856
	VISA INC.	12/14/2045	4.300	USD	530,000	476,102	495,789
	VODAFONE GROUP PLC	09/17/2050	4.250	USD	930,000	721,885	774,467
	WALMART INC.	06/29/2048	4.050	USD	11,748,000	10,339,819	10,778,085
	WALMART INC.	09/22/2051	2.650	USD	21,033,000	14,628,772	14,728,358
	WARNERMEDIA HOLDINGS, INC.	03/15/2032	4.279	USD	4,400,000	3,871,120	4,032,248
	WARNERMEDIA HOLDINGS, INC.	03/15/2052	5.141	USD	3,000,000	2,371,560	2,588,580
	WELLS FARGO & COMPANY	07/25/2029	5.574	USD	7,400,000	7,374,840	7,563,540
	WELLS FARGO & COMPANY	07/25/2034	5.557	USD	3,600,000	3,503,340	3,672,936
	WELLS FARGO & COMPANY	05/01/2045	3.900	USD	22,873,000	18,506,801	18,935,642
	WELLS FARGO & COMPANY	06/14/2046	4.400	USD	3,785,000	3,114,822	3,190,679
	WESTERN MIDSTREAM OPERATING, LP	02/01/2030	4.050	USD	3,200,000	2,892,832	3,000,480
	WESTLAKE CORPORATION	08/15/2051	3.125	USD	1,520,000	944,129	1,009,174
	WEYERHAEUSER COMPANY	03/15/2032	7.375	USD	860,000	953,080	999,483
	WEYERHAEUSER COMPANY	03/09/2052	4.000	USD	940,000	727,688	773,141
	WHIRLPOOL CORPORATION	05/15/2050	4.600	USD	1,495,000	1,204,463	1,264,008
	WISCONSIN POWER AND LIGHT COMPANY	04/01/2050	3.650	USD	1,305,000	960,056	1,007,356
	WISCONSIN PUBLIC SERVICE CORPORATION	09/01/2049	3.300	USD	5,576,000	4,049,099	4,080,294
	XCEL ENERGY INC.	12/01/2049	3.500	USD	985,000	718,352	728,687
	TOTAL LEGACY CORPORATE DEBT					$ 1,372,179,629	$ 1,422,247,397
	SFA CORPORATE DEBT						
	3M COMPANY	04/15/2025	2.650 %	USD	$ 1,931,000	$ 1,828,233	$ 1,870,772
	3M COMPANY	08/26/2029	2.375	USD	11,642,000	9,780,998	10,312,251
	3M COMPANY	04/15/2030	3.050	USD	483,000	420,055	436,062
	ABBOTT LABORATORIES	03/15/2025	2.950	USD	10,272,000	9,871,440	10,061,527
	ABBOTT LABORATORIES	11/30/2026	3.750	USD	8,809,000	8,463,039	8,689,286
	ABBOTT LABORATORIES	06/30/2030	1.400	USD	724,000	574,924	613,503
	ABBOTT LABORATORIES	11/30/2036	4.750	USD	9,912,000	9,804,830	10,171,992
	ABBVIE INC.	11/21/2024	2.600	USD	10,362,000	9,879,440	10,122,120
	ABBVIE INC.	05/14/2026	3.200	USD	9,500,000	8,870,681	9,204,930
	ABBVIE INC.	11/21/2026	2.950	USD	40,281,000	37,029,350	38,645,189
	ABBVIE INC.	11/14/2028	4.250	USD	10,000,000	9,732,600	9,957,300
	ABBVIE INC.	11/21/2029	3.200	USD	19,315,000	17,020,786	18,077,874
	ABBVIE INC.	05/14/2035	4.500	USD	22,733,000	21,514,827	22,284,705
	ABBVIE INC.	11/21/2039	4.050	USD	2,975,000	2,534,776	2,696,332
	ACUITY BRANDS LIGHTING, INC.	12/15/2030	2.150	USD	241,000	190,082	200,558
	ADOBE INC.	02/01/2025	1.900	USD	483,000	455,009	468,486
	ADOBE INC.	02/01/2030	2.300	USD	12,125,000	10,356,134	10,877,338
	ADVANCED MICRO DEVICES, INC.	06/01/2032	3.924	USD	483,000	443,160	468,008
	ADVENTIST HEALTH SYSTEM	03/01/2032	5.430	USD	241,000	236,649	245,540
	ADVOCATE HEALTH & HOSPITALS CORP.	06/15/2030	2.211	USD	5,950,000	5,025,668	5,119,440
	AEGON LTD.	04/11/2048	5.500	USD	483,000	457,378	458,623
	AEP TEXAS INC.	05/15/2032	4.700	USD	2,975,000	2,808,585	2,910,800
	AEP TEXAS INC.	06/01/2033	5.400	USD	1,196,000	1,191,824	1,216,751
	AERCAP IRELAND CAPITAL D.A.C.	01/30/2026	1.750	USD	2,172,000	1,955,430	2,017,636
	AERCAP IRELAND CAPITAL D.A.C.	10/29/2026	2.450	USD	2,414,000	2,122,099	2,235,412
	AERCAP IRELAND CAPITAL D.A.C.	10/29/2028	3.000	USD	2,414,000	2,050,849	2,206,396
	AFFILIATED MANAGERS GROUP, INC.	06/15/2030	3.300	USD	241,000	204,568	214,750
	AFLAC INCORPORATED	03/15/2026	1.125	USD	965,000	855,811	890,840
	AFLAC INCORPORATED	04/01/2030	3.600	USD	10,912,000	10,000,716	10,330,500
	AFRICAN DEVELOPMENT BANK	07/07/2025	3.375	USD	1,110,000	1,094,364	1,091,075
	AFRICAN DEVELOPMENT BANK	11/03/2027	4.375	USD	1,448,000	1,441,305	1,463,725
	AGILENT TECHNOLOGIES, INC.	03/12/2031	2.300	USD	483,000	390,016	419,316
	AGREE LIMITED PARTNERSHIP	06/15/2028	2.000	USD	483,000	398,645	419,254
	AIR LEASE CORPORATION	01/15/2027	2.200	USD	2,414,000	2,114,800	2,211,610
	AIR LEASE CORPORATION	09/01/2028	2.100	USD	965,000	793,562	845,321
*	AIR PRODUCTS AND CHEMICALS INC.	05/15/2027	1.850	USD	965,000	855,411	890,106
	ALABAMA POWER COMPANY	09/01/2027	3.750	USD	965,000	917,276	945,160
	ALBEMARLE CORPORATION	06/01/2027	4.650	USD	483,000	469,258	474,562
	ALEXANDRIA REAL ESTATE EQUITIES, INC.	01/15/2028	3.950	USD	4,233,000	3,967,464	4,064,146
	ALEXANDRIA REAL ESTATE EQUITIES, INC.	05/18/2032	2.000	USD	1,448,000	1,096,694	1,163,569
	ALEXANDRIA REAL ESTATE EQUITIES, INC.	02/01/2033	1.875	USD	4,125,000	2,979,983	3,217,830
	ALEXANDRIA REAL ESTATE EQUITIES, INC.	03/15/2034	2.950	USD	5,247,000	4,166,852	4,385,023
	ALIBABA GROUP HOLDING LIMITED	02/09/2031	2.125	USD	965,000	765,497	801,124
	ALLEGHANY CORPORATION	05/15/2030	3.625	USD	241,000	228,372	228,058
	ALLEGION US HOLDING COMPANY INC.	07/01/2032	5.411	USD	483,000	469,065	495,167
	ALLY FINANCIAL INC.	05/01/2025	5.800	USD	965,000	964,649	965,984

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	ALLY FINANCIAL INC.	11/15/2027	7.100 %	USD	$ 965,000	$ 997,523	$ 1,003,697
	ALLY FINANCIAL INC.	11/02/2028	2.200	USD	483,000	391,103	410,874
	ALPHABET HOLDING COMPANY, INC.	08/15/2025	0.450	USD	965,000	868,171	906,058
	ALPHABET HOLDING COMPANY, INC.	08/15/2027	0.800	USD	483,000	409,889	431,952
	ALPHABET HOLDING COMPANY, INC.	08/15/2030	1.100	USD	13,126,000	10,324,342	10,890,380
	ALTRIA GROUP, INC.	05/06/2025	2.350	USD	965,000	902,536	930,800
	ALTRIA GROUP, INC.	05/06/2030	3.400	USD	6,433,000	5,532,645	5,876,996
	ALTRIA GROUP, INC.	02/04/2032	2.450	USD	483,000	362,500	394,476
	AMAZON.COM, INC.	04/13/2027	3.300	USD	724,000	681,083	703,619
	AMAZON.COM, INC.	06/03/2027	1.200	USD	2,539,000	2,182,454	2,291,727
	AMAZON.COM, INC.	12/01/2027	4.550	USD	8,127,000	7,976,233	8,258,170
	AMAZON.COM, INC.	04/13/2029	3.450	USD	483,000	446,169	468,249
	AMAZON.COM, INC.	12/01/2029	4.650	USD	1,448,000	1,420,001	1,488,573
	AMAZON.COM, INC.	05/12/2031	2.100	USD	12,092,000	9,923,479	10,429,834
	AMAZON.COM, INC.	04/13/2032	3.600	USD	1,931,000	1,754,828	1,842,522
	AMAZON.COM, INC.	12/01/2032	4.700	USD	29,596,000	29,152,768	30,468,194
	AMAZON.COM, INC.	12/05/2034	4.800	USD	20,953,000	21,101,892	21,666,659
	AMCOR FLEXIBLES NORTH AMERICA INC.	06/19/2030	2.630	USD	241,000	198,143	208,834
	AMCOR FLEXIBLES NORTH AMERICA INC.	05/25/2031	2.690	USD	483,000	388,283	416,597
	AMDOCS LIMITED	06/15/2030	2.538	USD	338,000	277,323	292,404
	AMEREN CORPORATION	12/01/2026	5.700	USD	3,515,000	3,510,466	3,598,587
	AMEREN ILLINOIS COMPANY	09/01/2032	3.850	USD	965,000	876,370	901,156
	AMERICA MOVIL, S.A.B. DE C.V.	07/21/2032	4.700	USD	500,000	476,500	491,435
	AMERICAN AIRLINES 2019-1 CLASS AA PASS THROUGH TRUST	08/15/2033	3.150	USD	585,284	488,519	512,287
	AMERICAN ASSETS TRUST LP	02/01/2031	3.375	USD	338,000	266,196	276,082
	AMERICAN ELECTRIC POWER COMPANY, INC.	11/01/2027	5.750	USD	1,000,000	1,017,693	1,034,860
	AMERICAN ELECTRIC POWER COMPANY, INC.	11/13/2027	3.200	USD	6,489,000	5,917,387	6,180,578
	AMERICAN ELECTRIC POWER COMPANY, INC.	12/01/2028	4.300	USD	10,815,000	10,226,677	10,567,012
	AMERICAN ELECTRIC POWER COMPANY, INC.	11/01/2032	5.950	USD	2,682,000	2,741,943	2,868,506
	AMERICAN EXPRESS COMPANY	03/04/2025	2.250	USD	11,607,000	10,918,402	11,231,514
	AMERICAN EXPRESS COMPANY	08/01/2025	3.950	USD	965,000	935,259	949,531
	AMERICAN EXPRESS COMPANY	02/13/2026	4.900	USD	1,931,000	1,893,481	1,936,272
	AMERICAN EXPRESS COMPANY	11/04/2026	1.650	USD	483,000	425,627	444,032
	AMERICAN EXPRESS COMPANY	05/03/2027	3.300	USD	5,950,000	5,558,364	5,693,734
	AMERICAN EXPRESS COMPANY	11/05/2027	5.850	USD	1,448,000	1,484,782	1,511,089
	AMERICAN EXPRESS COMPANY	05/03/2029	4.050	USD	724,000	693,780	717,441
	AMERICAN EXPRESS COMPANY	08/03/2033	4.420	USD	16,216,000	15,112,652	15,641,791
	AMERICAN HOMES 4 RENT LP	04/15/2032	3.625	USD	483,000	404,892	433,521
	AMERICAN HONDA FINANCE CORPORATION	09/10/2025	1.000	USD	6,887,000	6,185,135	6,476,328
	AMERICAN HONDA FINANCE CORPORATION	07/07/2026	5.250	USD	2,323,000	2,321,126	2,364,930
	AMERICAN HONDA FINANCE CORPORATION	09/09/2026	2.300	USD	10,912,000	9,930,996	10,318,933
	AMERICAN HONDA FINANCE CORPORATION	01/08/2027	2.350	USD	18,307,000	16,637,242	17,196,680
	AMERICAN HONDA FINANCE CORPORATION	03/24/2028	2.000	USD	5,131,000	4,416,077	4,651,303
	AMERICAN HONDA FINANCE CORPORATION	01/12/2029	2.250	USD	483,000	412,273	436,685
	AMERICAN INTERNATIONAL GROUP, INC.	06/30/2030	3.400	USD	241,000	211,077	222,082
	AMERICAN TOWER CORPORATION	04/15/2026	1.600	USD	5,575,000	4,951,842	5,154,422
	AMERICAN TOWER CORPORATION	09/15/2026	1.450	USD	2,580,000	2,259,383	2,352,392
	AMERICAN TOWER CORPORATION	10/15/2026	3.375	USD	9,000,000	8,318,038	8,625,690
	AMERICAN TOWER CORPORATION	03/15/2027	3.650	USD	1,448,000	1,341,871	1,393,512
	AMERICAN TOWER CORPORATION	01/31/2028	1.500	USD	724,000	595,061	632,276
	AMERICAN TOWER CORPORATION	01/15/2030	2.900	USD	965,000	835,198	860,027
	AMERICAN TOWER CORPORATION	06/15/2030	2.100	USD	338,000	272,709	284,005
	AMERICAN TOWER CORPORATION	03/15/2032	4.050	USD	965,000	857,794	905,054
	AMERICAN WATER CAPITAL CORP.	06/01/2029	3.450	USD	1,110,000	1,001,648	1,050,404
	AMERIPRISE FINANCIAL, INC.	04/02/2025	3.000	USD	2,414,000	2,305,007	2,354,374
	AMGEN INC.	02/21/2025	1.900	USD	965,000	900,531	931,621
	AMGEN INC.	11/02/2027	3.200	USD	25,915,000	23,791,739	24,774,222
	AMGEN INC.	03/02/2028	5.150	USD	3,965,000	4,031,268	4,056,433
	AMGEN INC.	08/15/2028	1.650	USD	22,101,000	18,400,039	19,563,142
	AMGEN INC.	08/18/2029	4.050	USD	6,390,000	5,916,617	6,262,839
	AMGEN INC.	03/02/2030	5.250	USD	3,113,000	3,130,340	3,204,429
	AMGEN INC.	02/22/2032	3.350	USD	965,000	829,775	882,686
	AMGEN INC.	03/01/2033	4.200	USD	16,003,000	14,669,049	15,250,859
	AMPHENOL CORPORATION	03/01/2025	2.050	USD	1,931,000	1,808,500	1,863,821
	AMPHENOL CORPORATION	03/30/2026	4.750	USD	2,440,000	2,431,655	2,442,586
	ANALOG DEVICES, INC.	12/05/2026	3.500	USD	5,460,000	5,132,077	5,332,509
	ANALOG DEVICES, INC.	10/01/2028	1.700	USD	965,000	808,819	856,573
	ANGLOGOLD ASHANTI HOLDINGS PLC	11/01/2028	3.375	USD	483,000	416,729	434,922
*	ANHEUSER-BUSCH INBEV WORLDWIDE, INC.	01/23/2029	4.750	USD	33,964,000	33,804,309	34,522,029
*	ANHEUSER-BUSCH INBEV WORLDWIDE, INC.	06/01/2030	3.500	USD	2,317,000	2,098,071	2,209,352
*	ANHEUSER-BUSCH INBEV WORLDWIDE, INC.	02/01/2036	4.700	USD	25,620,000	25,222,096	25,635,628
*	ANHEUSER-BUSCH INBEV WORLDWIDE, INC.	02/01/2046	4.900	USD	3,370,000	3,135,049	3,305,262
	AON CORP. / AON GLOBAL HOLDINGS PLC	09/12/2032	5.000	USD	724,000	702,469	725,752
	AON CORPORATION	05/02/2029	3.750	USD	483,000	443,408	462,584
	APACHE CORPORATION	01/15/2030	4.250	USD	483,000	426,948	454,629
	APOLLO GLOBAL MANAGEMENT, INC.	11/15/2033	6.375	USD	300,000	325,566	323,571
	APPALACHIAN POWER CO.	08/01/2032	4.500	USD	9,978,000	9,270,021	9,622,085
	APPLE INC.	05/13/2025	3.200	USD	12,656,000	12,162,327	12,399,589
	APPLE INC.	08/20/2025	0.550	USD	1,931,000	1,739,380	1,814,986
	APPLE INC.	02/08/2026	0.700	USD	3,862,000	3,417,612	3,578,104
	APPLE INC.	09/11/2026	2.050	USD	6,882,000	6,232,938	6,486,423
	APPLE INC.	09/12/2027	2.900	USD	22,969,000	21,251,540	22,011,652
	APPLE INC.	08/05/2028	1.400	USD	965,000	810,868	855,820
	APPLE INC.	08/08/2029	3.250	USD	6,771,000	6,197,968	6,473,550
	APPLE INC.	08/08/2032	3.350	USD	10,912,000	9,812,669	10,267,756
	APPLE INC.	05/10/2033	4.300	USD	483,000	456,387	491,424
	APPLE INC.	02/23/2036	4.500	USD	16,572,000	16,568,619	16,974,037
	APPLIED MATERIALS INC.	06/01/2030	1.750	USD	12,575,000	10,214,585	10,709,876
	APTARGROUP, INC.	03/15/2032	3.600	USD	145,000	123,048	130,733
	APTIV PLC	03/01/2032	3.250	USD	10,904,000	9,062,032	9,652,548
	ARCELORMITTAL S.A.	11/29/2027	6.550	USD	965,000	981,164	1,013,983

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, 2023

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	ARCHER-DANIELS-MIDLAND COMPANY	03/27/2030	3.250 %	USD	$ 11,002,000	$ 9,888,145	$ 10,291,931
	ARCHER-DANIELS-MIDLAND COMPANY	03/01/2032	2.900	USD	603,000	516,199	536,965
	ARES CAPITAL CORPORATION	06/15/2027	2.875	USD	724,000	627,183	661,678
	ARES CAPITAL CORPORATION	06/15/2028	2.875	USD	965,000	788,378	855,752
	ARES MANAGEMENT CORPORATION	11/10/2028	6.375	USD	200,000	210,408	209,894
	ARIZONA PUBLIC SERVICE COMPANY	08/15/2029	2.600	USD	483,000	403,632	432,000
	ARIZONA PUBLIC SERVICE COMPANY	08/01/2033	5.550	USD	5,100,000	5,085,218	5,276,868
	ARROW ELECTRONICS, INC.	02/15/2032	2.950	USD	483,000	386,000	408,884
	ARTHUR J. GALLAGHER & CO.	03/02/2033	5.500	USD	193,000	195,706	196,536
	ASIAN DEVELOPMENT BANK	01/09/2026	4.250	USD	3,862,000	3,844,916	3,859,065
	ASIAN DEVELOPMENT BANK	08/20/2027	3.125	USD	3,500,000	3,314,115	3,391,535
	ASIAN DEVELOPMENT BANK	03/15/2029	1.875	USD	2,414,000	2,092,127	2,175,207
	ASIAN DEVELOPMENT BANK	09/28/2032	3.875	USD	1,448,000	1,409,061	1,429,162
	ASIAN DEVELOPMENT BANK	06/14/2033	3.875	USD	1,689,000	1,577,779	1,666,857
	ASSURANT, INC.	01/15/2032	2.650	USD	145,000	107,396	117,275
	ASSURED GUARANTY US HOLDINGS INC.	06/15/2031	3.150	USD	241,000	203,554	213,957
	ASTRAZENECA FINANCE LLC	05/28/2026	1.200	USD	965,000	852,726	893,301
	ASTRAZENECA FINANCE LLC	03/03/2028	4.875	USD	5,950,000	6,031,337	6,071,499
	ASTRAZENECA FINANCE LLC	05/28/2028	1.750	USD	25,965,000	22,571,559	23,253,475
	ASTRAZENECA FINANCE LLC	05/28/2031	2.250	USD	200,000	165,327	172,716
	ASTRAZENECA FINANCE LLC	03/03/2033	4.875	USD	483,000	493,979	500,441
	ASTRAZENECA PLC	04/08/2026	0.700	USD	1,842,000	1,600,063	1,696,464
	AT&T INC.	03/25/2026	1.700	USD	1,448,000	1,296,811	1,355,285
	AT&T INC.	03/01/2027	4.250	USD	25,000,000	24,107,919	24,735,750
	AT&T INC.	06/01/2027	2.300	USD	41,150,000	36,472,031	38,229,996
	AT&T INC.	02/01/2028	1.650	USD	1,207,000	1,020,353	1,075,739
	AT&T INC.	03/01/2029	4.350	USD	1,500,000	1,483,875	1,481,715
	AT&T INC.	06/01/2031	2.750	USD	25,573,000	21,755,313	22,456,163
	AT&T INC.	02/01/2032	2.250	USD	3,312,000	2,576,547	2,739,852
	AT&T INC.	12/01/2033	2.550	USD	11,504,000	8,791,394	9,385,193
	AT&T INC.	02/15/2034	5.400	USD	3,680,000	3,667,893	3,802,912
	AT&T INC.	05/15/2035	4.500	USD	16,273,000	14,576,053	15,446,006
	ATHENE HOLDING LTD.	01/15/2031	3.500	USD	483,000	403,517	425,876
	ATLANTIC CITY ELECTRIC CO.	03/15/2031	2.300	USD	3,965,000	3,220,798	3,347,729
	ATMOS ENERGY CORPORATION	09/15/2029	2.625	USD	531,000	455,838	484,065
	ATMOS ENERGY CORPORATION	11/15/2033	5.900	USD	1,895,000	1,892,663	2,059,619
	AUSTRALIA & NEW ZEALAND BANKING GROUP LTD.	11/16/2025	3.700	USD	10,272,000	9,887,152	10,089,980
	AUSTRALIA & NEW ZEALAND BANKING GROUP LTD.	12/08/2025	5.088	USD	10,233,000	10,141,520	10,296,956
	AUTODESK, INC.	12/15/2031	2.400	USD	483,000	382,851	414,037
	AUTOMATIC DATA PROCESSING, INC.	05/15/2028	1.700	USD	965,000	830,175	871,241
	AUTOMATIC DATA PROCESSING, INC.	09/01/2030	1.250	USD	12,643,000	9,930,488	10,539,205
	AUTONATION, INC.	03/01/2032	3.850	USD	483,000	401,142	429,827
	AUTOZONE, INC.	02/01/2028	4.500	USD	5,041,000	4,885,468	5,010,804
	AUTOZONE, INC.	08/01/2032	4.750	USD	483,000	456,758	479,006
	AUTOZONE, INC.	08/01/2033	5.200	USD	8,112,000	8,098,696	8,270,590
	AVALONBAY COMMUNITIES, INC.	12/01/2028	1.900	USD	8,658,000	7,224,116	7,648,044
	AVALONBAY COMMUNITIES, INC.	02/15/2033	5.000	USD	6,309,000	6,225,729	6,427,925
	AVANGRID, INC.	04/15/2025	3.200	USD	483,000	461,762	469,196
	AVERY DENNISON CORPORATION	02/15/2032	2.250	USD	483,000	368,317	397,712
	AVNET, INC.	06/01/2032	5.500	USD	386,000	366,323	382,680
	AXIS SPECIALTY FINANCE LLC	01/15/2040	4.900	USD	241,000	191,518	200,331
	B.A.T. CAPITAL CORPORATION	04/02/2027	4.700	USD	965,000	929,712	955,823
	B.A.T. CAPITAL CORPORATION	08/15/2027	3.557	USD	1,219,000	1,118,810	1,164,047
	B.A.T. CAPITAL CORPORATION	08/02/2030	6.343	USD	240,000	240,000	252,300
	B.A.T. CAPITAL CORPORATION	10/19/2032	7.750	USD	965,000	1,028,256	1,089,717
	B.A.T. INTERNATIONAL FINANCE P.L.C.	03/25/2026	1.668	USD	5,413,000	4,809,407	5,029,868
	B.A.T. INTERNATIONAL FINANCE P.L.C.	03/16/2028	4.448	USD	2,745,000	2,564,181	2,700,366
	B.A.T. INTERNATIONAL FINANCE P.L.C.	02/02/2029	5.931	USD	1,965,000	1,957,224	2,043,266
	BAIDU, INC.	02/23/2027	1.625	USD	483,000	418,431	437,593
	BAIDU, INC.	08/23/2031	2.375	USD	483,000	383,291	399,354
	BAKER HUGHES HOLDINGS LLC	12/15/2026	2.061	USD	965,000	858,295	903,394
	BAKER HUGHES HOLDINGS LLC	12/15/2027	3.337	USD	11,492,000	10,527,222	10,991,179
	BALTIMORE GAS AND ELECTRIC CO.	06/15/2031	2.250	USD	12,000,000	9,633,761	10,237,440
	BANCO BILBAO VIZCAYA ARGENTARIA, S.A.	09/14/2026	5.862	USD	1,400,000	1,387,004	1,407,000
	BANCO SANTANDER S.A.	08/18/2025	5.147	USD	1,000,000	985,653	994,500
	BANCO SANTANDER S.A.	08/18/2027	5.294	USD	44,997,000	43,811,904	45,178,338
	BANCO SANTANDER S.A.	03/24/2028	4.175	USD	1,000,000	928,977	962,950
	BANCO SANTANDER S.A.	06/27/2029	3.306	USD	2,000,000	1,757,043	1,845,600
	BANCO SANTANDER S.A.	05/28/2030	3.490	USD	20,026,000	17,118,425	18,030,009
	BANCO SANTANDER S.A.	03/25/2031	2.958	USD	5,901,000	4,774,163	5,077,811
	BANCO SANTANDER S.A.	08/08/2033	6.921	USD	1,200,000	1,199,412	1,282,056
	BANCO SANTANDER S.A.	11/07/2033	6.938	USD	4,400,000	4,400,000	4,890,820
	BANK OF AMERICA CORPORATION	03/15/2025	3.458	USD	10,272,000	10,030,485	10,223,311
	BANK OF AMERICA CORPORATION	04/25/2025	3.841	USD	10,182,000	9,966,467	10,116,530
	BANK OF AMERICA CORPORATION	04/02/2026	3.384	USD	10,757,000	10,276,880	10,463,549
	BANK OF AMERICA CORPORATION	07/22/2026	4.827	USD	2,414,000	2,369,727	2,396,016
	BANK OF AMERICA CORPORATION	01/20/2027	5.080	USD	965,000	957,000	963,205
	BANK OF AMERICA CORPORATION	10/21/2027	3.248	USD	23,000,000	21,298,460	21,903,590
	BANK OF AMERICA CORPORATION	02/04/2028	2.551	USD	2,414,000	2,149,557	2,237,657
	BANK OF AMERICA CORPORATION	07/22/2028	4.948	USD	2,414,000	2,353,040	2,415,569
	BANK OF AMERICA CORPORATION	11/10/2028	6.204	USD	3,379,000	3,466,255	3,526,899
	BANK OF AMERICA CORPORATION	04/25/2029	5.202	USD	2,414,000	2,428,001	2,430,898
	BANK OF AMERICA CORPORATION	06/14/2029	2.087	USD	3,138,000	2,632,496	2,768,218
	BANK OF AMERICA CORPORATION	07/23/2029	4.271	USD	19,835,000	18,661,352	19,173,304
	BANK OF AMERICA CORPORATION	10/22/2030	2.884	USD	2,414,000	2,032,636	2,143,825
	BANK OF AMERICA CORPORATION	07/22/2033	5.015	USD	15,643,000	15,028,699	15,495,487
	BANK OF AMERICA CORPORATION	03/08/2037	3.846	USD	4,103,000	3,436,023	3,608,753
	BANK OF AMERICA N.A.	08/18/2026	5.526	USD	26,138,000	26,196,138	26,631,747
	BANK OF MONTREAL	01/10/2025	1.500	USD	483,000	449,320	465,462
	BANK OF MONTREAL	06/07/2025	3.700	USD	965,000	932,733	945,768
	BANK OF MONTREAL	06/05/2026	5.300	USD	25,000,000	24,982,250	25,257,000

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
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SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
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NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	BANK OF MONTREAL	03/08/2027	2.650 %	USD	$ 3,233,000	$ 2,931,306	$ 3,045,486
	BANK OF MONTREAL	09/14/2027	4.700	USD	16,558,000	16,065,720	16,614,628
	BANK OF MONTREAL	02/01/2028	5.203	USD	483,000	478,850	492,365
	BANK OF MONTREAL	09/25/2028	5.717	USD	500,000	509,430	518,550
	BANK OZK	10/01/2031	2.750	USD	200,000	154,726	162,038
	BANKUNITED, INC.	06/11/2030	5.125	USD	241,000	185,462	220,139
	BARCLAYS BANK PLC	05/15/2024	3.750	USD	3,048,000	2,979,356	3,023,768
	BARCLAYS PLC	05/07/2026	2.852	USD	483,000	452,281	465,887
	BARCLAYS PLC	08/09/2026	5.304	USD	965,000	949,431	961,217
	BARCLAYS PLC	05/09/2027	5.829	USD	1,689,000	1,680,799	1,704,589
	BARCLAYS PLC	11/24/2027	2.279	USD	3,965,000	3,478,982	3,644,787
	BARCLAYS PLC	05/09/2028	4.836	USD	4,955,000	4,626,869	4,831,175
	BARCLAYS PLC	08/09/2028	5.501	USD	965,000	942,109	969,738
	BARCLAYS PLC	11/02/2028	7.385	USD	965,000	1,013,338	1,032,135
	BARCLAYS PLC	06/20/2030	5.088	USD	1,448,000	1,326,984	1,404,459
	BARCLAYS PLC	11/24/2032	2.894	USD	483,000	371,900	396,562
	BARCLAYS PLC	08/09/2033	5.746	USD	483,000	462,347	488,414
	BARCLAYS PLC	11/02/2033	7.437	USD	965,000	1,036,727	1,082,402
	BARCLAYS PLC	05/09/2034	6.224	USD	1,550,000	1,545,497	1,610,791
	BARCLAYS PLC	06/27/2034	7.119	USD	1,250,000	1,262,188	1,334,700
	BARRICK GOLD CORPORATION	11/15/2034	5.800	USD	2,975,000	2,862,367	3,065,053
	BAXTER INTERNATIONAL INC.	02/01/2027	1.915	USD	483,000	419,387	442,621
	BAXTER INTERNATIONAL INC.	12/01/2028	2.272	USD	483,000	403,457	432,217
	BAXTER INTERNATIONAL INC.	02/01/2032	2.539	USD	483,000	371,788	405,633
	BECTON, DICKINSON AND COMPANY	02/13/2028	4.693	USD	3,965,000	3,876,858	3,985,340
	BECTON, DICKINSON AND COMPANY	08/22/2032	4.298	USD	965,000	890,816	932,634
	BELL CANADA	03/17/2024	0.750	USD	2,949,000	2,803,588	2,918,802
	BELL CANADA	02/15/2032	2.150	USD	200,000	157,064	166,458
	BELL CANADA	05/11/2033	5.100	USD	145,000	140,999	149,043
	BERKSHIRE HATHAWAY ENERGY COMPANY	07/15/2030	3.700	USD	1,431,000	1,310,505	1,355,100
	BERKSHIRE HATHAWAY ENERGY COMPANY	04/01/2036	6.125	USD	15,560,000	16,371,997	16,892,092
	BERKSHIRE HATHAWAY FINANCE CORPORATION	03/15/2027	2.300	USD	1,931,000	1,778,642	1,827,653
	BERRY GLOBAL INC.	01/15/2026	1.570	USD	4,360,000	3,905,564	4,051,574
	BERRY GLOBAL INC.	01/15/2027	1.650	USD	965,000	824,938	869,378
	BEST BUY CO., INC.	10/01/2030	1.950	USD	483,000	377,340	401,803
	BGC GROUP INC.	05/25/2028	8.000	USD	97,000	94,329	101,338
	BHP BILLITON FINANCE (USA) LIMITED	02/27/2026	4.875	USD	6,405,000	6,344,520	6,438,882
	BHP BILLITON FINANCE (USA) LIMITED	09/08/2026	5.250	USD	1,931,000	1,917,329	1,975,143
	BHP BILLITON FINANCE (USA) LIMITED	09/08/2033	5.250	USD	1,675,000	1,660,880	1,740,945
	BIOGEN INC.	05/01/2030	2.250	USD	483,000	389,646	412,583
	BLACK HILLS CORPORATION	06/15/2030	2.500	USD	379,000	310,534	318,235
	BLACKSTONE PRIVATE CREDIT FUND	01/15/2029	4.000	USD	965,000	815,209	878,198
	BLACKSTONE SECURED LENDING FUND	09/30/2028	2.850	USD	628,000	504,655	544,219
	BLOCK FINANCIAL LLC	07/15/2028	2.500	USD	483,000	406,874	431,198
	BLUE OWL CAPITAL CORPORATION	07/22/2025	3.750	USD	1,448,000	1,349,727	1,387,227
	BLUE OWL CREDIT INCOME CORP.	09/23/2026	3.125	USD	724,000	635,875	661,432
	BOARDWALK PIPELINES, LP	09/01/2032	3.600	USD	483,000	402,476	429,551
	BOOKING HOLDINGS INC.	04/13/2030	4.625	USD	483,000	466,138	487,192
	BOOZ ALLEN HAMILTON INC.	08/04/2033	5.950	USD	2,330,000	2,307,725	2,461,412
	BORGWARNER INC.	07/01/2027	2.650	USD	483,000	431,988	448,094
	BOSTON PROPERTIES LIMITED PARTNERSHIP	12/01/2027	6.750	USD	965,000	997,975	1,011,002
	BOSTON PROPERTIES LIMITED PARTNERSHIP	04/01/2032	2.550	USD	965,000	731,029	768,169
	BOSTON SCIENTIFIC CORPORATION	06/01/2030	2.650	USD	4,448,000	3,799,215	3,978,247
	BP CAPITAL MARKETS AMERICA INC.	02/11/2026	3.410	USD	1,207,000	1,152,733	1,178,949
	BP CAPITAL MARKETS AMERICA INC.	04/06/2027	3.543	USD	1,448,000	1,365,573	1,408,745
	BP CAPITAL MARKETS AMERICA INC.	04/06/2030	3.633	USD	13,580,000	12,937,101	13,021,319
	BP CAPITAL MARKETS AMERICA INC.	08/10/2030	1.749	USD	20,483,000	16,354,294	17,372,861
	BP CAPITAL MARKETS AMERICA INC.	01/12/2032	2.721	USD	13,022,000	10,866,346	11,367,425
	BP CAPITAL MARKETS AMERICA INC.	09/11/2033	4.893	USD	4,348,000	4,319,131	4,431,308
	BP CAPITAL MARKETS PLC	09/19/2027	3.279	USD	4,771,000	4,428,451	4,590,465
	BPCE S.A.	04/15/2024	4.000	USD	6,050,000	5,938,721	6,022,049
	BPCE S.A.	12/02/2026	3.375	USD	400,000	370,744	385,440
	BRIGHTHOUSE FINANCIAL, INC.	05/15/2030	5.625	USD	483,000	471,371	489,767
	BRISTOL-MYERS SQUIBB COMPANY	07/26/2024	2.900	USD	8,704,000	8,405,443	8,585,800
	BRISTOL-MYERS SQUIBB COMPANY	11/13/2025	0.750	USD	965,000	862,511	900,731
	BRISTOL-MYERS SQUIBB COMPANY	11/13/2027	1.125	USD	6,186,000	5,230,386	5,499,663
	BRISTOL-MYERS SQUIBB COMPANY	02/20/2028	3.900	USD	1,448,000	1,380,989	1,424,050
	BRISTOL-MYERS SQUIBB COMPANY	02/01/2031	5.750	USD	300,000	322,365	321,927
	BRISTOL-MYERS SQUIBB COMPANY	03/15/2032	2.950	USD	12,755,000	10,993,230	11,352,843
	BRITISH TELECOMMUNICATIONS PLC	12/04/2028	5.125	USD	1,448,000	1,417,544	1,469,170
	BRIXMOR OPERATING PARTNERSHIP LP	03/15/2027	3.900	USD	2,655,000	2,440,871	2,532,419
	BRIXMOR OPERATING PARTNERSHIP LP	04/01/2028	2.250	USD	2,243,000	1,876,258	1,993,825
	BROADCOM INC.	04/15/2029	4.750	USD	1,448,000	1,413,668	1,452,590
	BROADCOM INC.	11/15/2030	4.150	USD	7,930,000	7,149,680	7,585,521
	BROADRIDGE FINANCIAL SOLUTIONS INC.	05/01/2031	2.600	USD	483,000	387,909	413,569
	BROOKFIELD FINANCE LLC	03/29/2029	4.850	USD	1,448,000	1,385,202	1,440,326
	BROWN & BROWN, INC.	03/17/2032	4.200	USD	483,000	419,524	440,834
	BRUNSWICK CORPORATION	09/15/2032	4.400	USD	483,000	407,187	440,984
	BUNGE LIMITED FINANCE CORP.	09/25/2027	3.750	USD	1,985,000	1,859,310	1,914,453
	BUNGE LIMITED FINANCE CORP.	05/14/2031	2.750	USD	1,688,000	1,402,000	1,472,105
	BURLINGTON NORTHERN SANTA FE, LLC	09/01/2024	3.400	USD	10,182,000	9,922,967	10,054,012
	BURLINGTON RESOURCES LLC	12/01/2031	7.400	USD	1,485,000	1,717,046	1,732,535
	BURLINGTON RESOURCES LLC	10/15/2036	5.950	USD	5,000,000	5,520,000	5,407,500
	C.H. ROBINSON WORLDWIDE, INC.	04/15/2028	4.200	USD	241,000	230,432	233,143
	CABOT CORPORATION	06/30/2032	5.000	USD	145,000	138,849	143,131
	CAMDEN PROPERTY TRUST	05/15/2030	2.800	USD	483,000	411,960	431,768
	CAMPBELL SOUP COMPANY	03/15/2025	3.950	USD	1,931,000	1,877,782	1,900,954
	CANADIAN IMPERIAL BANK OF COMMERCE	04/07/2025	3.300	USD	483,000	462,171	471,809
	CANADIAN IMPERIAL BANK OF COMMERCE	04/28/2025	5.144	USD	29,440,000	29,440,000	29,443,238
	CANADIAN IMPERIAL BANK OF COMMERCE	08/04/2025	3.945	USD	1,931,000	1,869,964	1,900,529
	CANADIAN IMPERIAL BANK OF COMMERCE	04/07/2032	3.600	USD	483,000	423,219	440,680

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, 2023

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	CANADIAN IMPERIAL BANK OF COMMERCE	10/03/2033	6.092 %	USD	$ 300,000	$ 307,704	$ 320,784
	CANADIAN NATIONAL RAILWAY COMPANY	08/05/2032	3.850	USD	11,125,000	10,184,647	10,605,018
	CANADIAN NATIONAL RAILWAY COMPANY	11/01/2033	5.850	USD	3,770,000	3,761,254	4,150,431
	CANADIAN NATIONAL RAILWAY COMPANY	08/01/2034	6.250	USD	13,453,000	14,633,389	15,184,939
	CANADIAN NATURAL RESOURCES LIMITED	07/15/2025	2.050	USD	483,000	445,145	460,289
	CANADIAN NATURAL RESOURCES LIMITED	07/15/2030	2.950	USD	772,000	659,466	681,560
	CANADIAN PACIFIC RAILWAY COMPANY	12/02/2031	2.450	USD	965,000	796,003	896,765
	CAPITAL ONE FINANCIAL CORPORATION	03/03/2026	2.636	USD	965,000	905,826	924,808
	CAPITAL ONE FINANCIAL CORPORATION	07/24/2026	4.985	USD	965,000	946,883	954,018
	CAPITAL ONE FINANCIAL CORPORATION	05/11/2027	3.650	USD	500,000	469,215	477,390
	CAPITAL ONE FINANCIAL CORPORATION	11/02/2027	1.878	USD	965,000	838,483	868,413
	CAPITAL ONE FINANCIAL CORPORATION	05/10/2028	4.927	USD	965,000	930,071	948,962
	CAPITAL ONE FINANCIAL CORPORATION	07/26/2030	5.247	USD	965,000	918,614	949,946
	CAPITAL ONE FINANCIAL CORPORATION	05/10/2033	5.268	USD	483,000	453,998	474,779
	CAPITAL ONE FINANCIAL CORPORATION	06/08/2034	6.377	USD	2,295,000	2,289,162	2,365,640
	CARLISLE COMPANIES INCORPORATED	03/01/2032	2.200	USD	483,000	362,422	394,027
	CARRIER GLOBAL CORPORATION	02/15/2027	2.493	USD	1,448,000	1,298,805	1,362,264
	CATERPILLAR FINANCIAL SERVICES CORPORATION	01/17/2025	4.900	USD	2,896,000	2,881,706	2,896,261
	CATERPILLAR FINANCIAL SERVICES CORPORATION	11/13/2025	0.800	USD	11,092,000	9,936,260	10,355,935
	CATERPILLAR FINANCIAL SERVICES CORPORATION	05/15/2026	4.350	USD	13,614,000	13,607,601	13,589,495
	CATERPILLAR FINANCIAL SERVICES CORPORATION	08/12/2027	3.600	USD	16,448,000	15,593,140	16,072,986
	CATERPILLAR FINANCIAL SERVICES CORPORATION	09/14/2027	1.100	USD	5,221,000	4,438,634	4,668,566
	CBOE GLOBAL MARKETS, INC.	01/12/2027	3.650	USD	965,000	918,267	936,542
*	CBRE SERVICES, INC.	04/01/2031	2.500	USD	241,000	191,793	204,301
	CDW LLC	12/01/2024	5.500	USD	1,985,000	1,970,122	1,978,787
	CDW LLC	12/01/2026	2.670	USD	5,507,000	4,931,614	5,149,926
	CDW LLC	12/01/2028	3.276	USD	241,000	207,318	220,240
	CDW LLC	02/15/2029	3.250	USD	500,000	428,435	457,200
	CEDARS-SINAI HEALTH SYSTEM	08/15/2031	2.288	USD	7,860,000	6,478,687	6,548,638
	CELANESE US HOLDINGS LLC	03/15/2025	6.050	USD	1,933,000	1,925,446	1,945,023
	CELANESE US HOLDINGS LLC	08/05/2026	1.400	USD	1,265,000	1,113,265	1,153,250
	CELANESE US HOLDINGS LLC	07/15/2029	6.330	USD	1,207,000	1,181,493	1,266,071
	CELULOSA ARAUCO Y CONSTITUCION S.A.	11/02/2027	3.875	USD	483,000	441,668	452,006
	CENCORA, INC.	12/15/2027	3.450	USD	4,065,000	3,788,196	3,913,904
	CENCORA, INC.	03/15/2031	2.700	USD	724,000	597,358	636,012
	CENOVUS ENERGY INC.	01/15/2032	2.650	USD	2,706,000	2,147,279	2,243,490
	CENTENE CORPORATION	12/15/2027	4.250	USD	1,448,000	1,332,276	1,395,785
	CENTENE CORPORATION	07/15/2028	2.450	USD	3,379,000	2,829,000	3,015,251
	CENTERPOINT ENERGY HOUSTON ELECTRIC, LLC	10/01/2032	4.450	USD	483,000	459,713	475,412
	CENTERPOINT ENERGY HOUSTON ELECTRIC, LLC	04/01/2033	4.950	USD	241,000	236,720	245,728
	CENTERPOINT ENERGY RESOURCES CORP.	03/01/2028	5.250	USD	5,280,000	5,256,874	5,418,547
	CENTERPOINT ENERGY RESOURCES CORP.	04/01/2028	4.000	USD	4,128,000	3,915,286	4,022,364
	CENTERPOINT ENERGY RESOURCES CORP.	03/01/2033	5.400	USD	241,000	241,713	251,968
	CENTERPOINT ENERGY, INC.	06/01/2026	1.450	USD	483,000	426,611	444,853
	CHARTER COMMUNICATIONS OPERATING, LLC	07/23/2025	4.908	USD	21,000,000	20,453,455	20,804,070
	CHARTER COMMUNICATIONS OPERATING, LLC	01/15/2029	2.250	USD	10,568,000	8,845,688	9,178,731
	CHARTER COMMUNICATIONS OPERATING, LLC	02/01/2032	2.300	USD	965,000	704,607	769,202
	CHENIERE CORPUS CHRISTI HOLDINGS, LLC	11/15/2029	3.700	USD	483,000	431,945	456,478
	CHENIERE ENERGY PARTNERS, LP	01/31/2032	3.250	USD	1,448,000	1,151,768	1,233,783
	CHEVRON CORPORATION	05/11/2027	1.995	USD	20,000,000	17,778,519	18,574,400
	CHEVRON CORPORATION	05/11/2030	2.236	USD	12,417,000	10,577,992	11,018,225
	CHEVRON U.S.A. INC.	08/12/2027	1.018	USD	965,000	819,547	858,879
	CHOICE HOTELS INTERNATIONAL, INC.	01/15/2031	3.700	USD	145,000	120,926	125,203
	CHUBB INA HOLDINGS INC.	05/03/2026	3.350	USD	10,362,000	9,860,940	10,062,745
	CHUBB INA HOLDINGS INC.	09/15/2030	1.375	USD	628,000	484,484	517,422
	CHURCH & DWIGHT CO., INC.	11/15/2032	5.600	USD	241,000	247,688	258,704
	CI FINANCIAL CORP.	12/17/2030	3.200	USD	241,000	178,675	190,701
	CINTAS CORP. NO. 2	05/01/2025	3.450	USD	1,448,000	1,391,220	1,421,154
	CISCO SYSTEMS, INC.	02/28/2026	2.950	USD	965,000	911,664	934,506
	CISCO SYSTEMS, INC.	09/20/2026	2.500	USD	1,720,000	1,585,045	1,640,691
	CITIBANK N.A.	09/29/2028	5.803	USD	4,931,000	4,994,116	5,154,917
	CITIGROUP INC.	04/24/2025	3.352	USD	10,272,000	9,987,732	10,193,830
	CITIGROUP INC.	01/12/2026	3.700	USD	965,000	918,632	942,351
	CITIGROUP INC.	01/25/2026	2.014	USD	3,862,000	3,611,356	3,711,498
	CITIGROUP INC.	09/29/2026	5.610	USD	3,327,000	3,320,548	3,352,052
	CITIGROUP INC.	10/21/2026	3.200	USD	63,300,000	58,353,767	60,406,557
	CITIGROUP INC.	01/10/2028	3.887	USD	7,565,000	7,103,689	7,322,012
	CITIGROUP INC.	11/05/2030	2.976	USD	2,414,000	2,042,615	2,152,033
	CITIGROUP INC.	03/31/2031	4.412	USD	338,000	318,731	323,716
	CITIGROUP INC.	06/03/2031	2.572	USD	13,880,000	11,412,497	11,873,507
	CITIGROUP INC.	05/01/2032	2.561	USD	9,240,000	7,433,212	7,721,776
	CITIGROUP INC.	03/17/2033	3.785	USD	3,138,000	2,707,871	2,827,150
	CITIGROUP INC.	11/17/2033	6.270	USD	2,414,000	2,514,015	2,587,542
	CITIGROUP INC.	05/25/2034	6.174	USD	955,000	955,000	989,982
	CITIZENS BANK N.A.	08/09/2028	4.575	USD	1,207,000	1,166,034	1,146,759
	CME GROUP INC.	06/15/2028	3.750	USD	5,074,000	4,816,910	4,966,330
	CNA FINANCIAL CORPORATION	05/15/2024	3.950	USD	1,270,000	1,246,224	1,260,691
	CNA FINANCIAL CORPORATION	03/01/2026	4.500	USD	3,834,000	3,762,036	3,791,404
	CNA FINANCIAL CORPORATION	05/01/2029	3.900	USD	483,000	440,932	462,651
	CNA FINANCIAL CORPORATION	06/15/2033	5.500	USD	1,985,000	1,956,595	2,050,505
	CNH INDUSTRIAL CAPITAL LLC	05/23/2025	3.950	USD	1,450,000	1,400,677	1,424,509
	CNH INDUSTRIAL CAPITAL LLC	07/15/2026	1.450	USD	3,258,000	2,872,342	2,989,313
	CNH INDUSTRIAL CAPITAL LLC	04/10/2028	4.550	USD	241,000	231,459	237,959
	CNO FINANCIAL GROUP, INC.	05/30/2025	5.250	USD	965,000	949,683	958,428
	COCA-COLA FEMSA, S.A.B. DE C.V.	09/01/2032	1.850	USD	483,000	368,046	384,173
	COLGATE-PALMOLIVE COMPANY	03/02/2026	4.800	USD	483,000	482,899	488,337
	COLGATE-PALMOLIVE COMPANY	08/15/2027	3.100	USD	483,000	452,951	466,452
	COMCAST CORPORATION	10/15/2025	3.950	USD	19,015,000	18,430,853	18,759,058
	COMCAST CORPORATION	11/07/2025	5.250	USD	2,414,000	2,420,472	2,438,406
	COMCAST CORPORATION	01/15/2027	2.350	USD	10,000,000	9,012,868	9,392,600
	COMCAST CORPORATION	02/01/2027	3.300	USD	23,917,000	22,367,699	23,087,798

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
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CORPORATE DEBT SECURITIES
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NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	COMCAST CORPORATION	11/15/2027	5.350 %	USD	$ 19,058,000	$ 19,214,933	$ 19,713,595
	COMCAST CORPORATION	10/15/2028	4.150	USD	15,000,000	14,520,664	14,803,800
	COMCAST CORPORATION	02/01/2030	2.650	USD	965,000	852,954	869,764
	COMCAST CORPORATION	04/01/2030	3.400	USD	965,000	901,165	904,504
	COMCAST CORPORATION	11/15/2032	5.500	USD	3,916,000	3,988,531	4,176,140
	COMCAST CORPORATION	01/15/2033	4.250	USD	17,641,000	16,158,163	17,169,456
	COMCAST CORPORATION	08/15/2034	4.200	USD	8,400,000	7,652,595	8,048,292
	COMCAST CORPORATION	06/15/2035	5.650	USD	10,000,000	10,790,800	10,741,900
	COMERICA BANK	08/25/2033	5.332	USD	483,000	459,270	444,239
	COMMONSPIRIT HEALTH	10/01/2030	2.782	USD	483,000	402,027	419,012
	COMMONWEALTH BANK OF AUSTRALIA	03/13/2026	5.316	USD	965,000	978,278	979,842
	COMMONWEALTH EDISON COMPANY	08/15/2028	3.700	USD	11,000,000	10,246,707	10,635,240
	COMMONWEALTH EDISON COMPANY	03/01/2030	2.200	USD	483,000	412,245	418,065
*	CONAGRA BRANDS INC.	11/01/2027	1.375	USD	1,448,000	1,198,992	1,271,228
	CONOCOPHILLIPS COMPANY	03/07/2025	2.400	USD	4,285,000	4,073,664	4,162,963
	CONOCOPHILLIPS COMPANY	04/15/2029	6.950	USD	4,051,000	4,419,080	4,518,404
	CONOCOPHILLIPS COMPANY	09/15/2033	5.050	USD	2,500,000	2,495,175	2,573,725
	CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	12/01/2028	4.000	USD	9,013,000	8,465,627	8,807,143
	CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	06/15/2031	2.400	USD	18,483,000	15,064,118	15,977,075
	CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	03/01/2033	5.200	USD	241,000	240,822	249,372
	CONSTELLATION BRANDS, INC.	05/09/2032	4.750	USD	724,000	683,297	722,472
	CONSTELLATION BRANDS, INC.	05/01/2033	4.900	USD	483,000	467,781	486,782
	CONSTELLATION ENERGY GENERATION, LLC	03/01/2033	5.800	USD	483,000	494,848	508,541
	CONSTELLATION ENERGY GENERATION, LLC	01/15/2034	6.125	USD	7,823,000	7,816,194	8,386,491
	CONSUMERS ENERGY COMPANY	02/15/2029	4.900	USD	338,000	335,421	344,273
	CONSUMERS ENERGY COMPANY	08/15/2032	3.600	USD	483,000	429,609	448,002
	CONTINENTAL RESOURCES, INC.	01/15/2028	4.375	USD	483,000	445,817	468,070
	COOPERATIEVE RABOBANK U.A.	08/22/2024	3.875	USD	10,092,000	9,893,779	9,991,181
	COOPERATIEVE RABOBANK U.A.	01/13/2025	5.000	USD	965,000	960,433	964,682
	COOPERATIEVE RABOBANK U.A.	10/05/2026	5.500	USD	500,000	505,640	511,690
	COREBRIDGE FINANCIAL INC.	04/05/2029	3.850	USD	1,352,000	1,222,673	1,274,395
	COREBRIDGE FINANCIAL INC.	01/15/2034	5.750	USD	14,262,000	14,234,617	14,648,500
	CORP. ANDINA DE FOMENTO	11/21/2025	5.250	USD	965,000	957,900	965,376
	CORPORATE OFFICE PROPERTIES, LP	01/15/2029	2.000	USD	386,000	293,348	321,700
	COSTCO WHOLESALE CORPORATION	06/20/2027	1.375	USD	6,965,000	6,040,827	6,324,011
	COSTCO WHOLESALE CORPORATION	04/20/2030	1.600	USD	12,092,000	9,851,893	10,373,485
	COSTCO WHOLESALE CORPORATION	04/20/2032	1.750	USD	483,000	377,754	404,290
	COTERRA ENERGY INC.	03/15/2029	4.375	USD	483,000	458,198	469,032
	COUNCIL OF EUROPE DEVELOPMENT BANK	06/16/2025	3.000	USD	1,448,000	1,388,125	1,414,595
	CREDIT SUISSE AG (NEW YORK BRANCH)	01/09/2025	7.950	USD	1,931,000	1,947,142	1,973,733
	CREDIT SUISSE AG (NEW YORK BRANCH)	04/09/2025	2.950	USD	3,965,000	3,769,169	3,842,363
	CREDIT SUISSE AG (NEW YORK BRANCH)	07/09/2027	5.000	USD	1,448,000	1,319,534	1,449,187
	CROWN CASTLE INC.	07/15/2026	1.050	USD	9,520,000	8,223,445	8,592,276
	CROWN CASTLE INC.	03/15/2027	2.900	USD	648,000	586,624	606,172
	CROWN CASTLE INC.	09/01/2028	4.800	USD	579,000	557,890	571,873
	CROWN CASTLE INC.	06/01/2029	5.600	USD	500,000	514,030	511,785
	CROWN CASTLE INC.	07/15/2031	2.500	USD	1,448,000	1,161,274	1,209,008
	CSX CORPORATION	11/01/2025	3.350	USD	7,930,000	7,550,470	7,724,613
	CSX CORPORATION	03/15/2029	4.250	USD	15,073,000	14,256,789	15,070,287
	CSX CORPORATION	11/15/2032	4.100	USD	4,240,000	3,892,508	4,129,548
	CUBESMART LP	12/15/2028	2.250	USD	965,000	802,994	851,236
	CUMMINS, INC.	09/01/2030	1.500	USD	338,000	274,270	282,362
*	CVS HEALTH CORPORATION	07/20/2025	3.875	USD	7,906,000	7,616,589	7,770,570
*	CVS HEALTH CORPORATION	06/01/2026	2.875	USD	31,038,000	28,674,087	29,652,774
*	CVS HEALTH CORPORATION	04/01/2027	3.625	USD	483,000	452,762	468,380
*	CVS HEALTH CORPORATION	08/21/2027	1.300	USD	16,053,000	13,485,370	14,269,030
*	CVS HEALTH CORPORATION	03/25/2028	4.300	USD	26,591,000	25,602,915	26,170,862
*	CVS HEALTH CORPORATION	02/21/2030	5.125	USD	965,000	946,810	981,280
*	CVS HEALTH CORPORATION	08/21/2030	1.750	USD	965,000	748,512	798,412
*	CVS HEALTH CORPORATION	02/28/2031	1.875	USD	365,000	281,804	300,884
*	CVS HEALTH CORPORATION	09/15/2031	2.125	USD	965,000	751,751	800,612
*	CVS HEALTH CORPORATION	02/21/2033	5.250	USD	5,950,000	5,942,741	6,092,800
*	CVS HEALTH CORPORATION	06/01/2033	5.300	USD	483,000	474,910	496,543
*	CVS HEALTH CORPORATION	07/20/2035	4.875	USD	25,630,000	25,262,862	25,238,374
	D.R. HORTON, INC.	10/15/2026	1.300	USD	1,398,000	1,202,201	1,275,088
	DCP MIDSTREAM OPERATING, LP	02/15/2032	3.250	USD	2,863,000	2,360,658	2,475,550
	DELL INTERNATIONAL LLC	07/15/2025	5.850	USD	483,000	485,006	487,545
	DELL INTERNATIONAL LLC	06/15/2026	6.020	USD	9,822,000	9,921,644	10,054,192
	DELL INTERNATIONAL LLC	02/01/2028	5.250	USD	724,000	709,351	742,491
	DELL INTERNATIONAL LLC	10/01/2029	5.300	USD	965,000	932,060	994,616
	DELL INTERNATIONAL LLC	07/15/2030	6.200	USD	483,000	487,140	518,926
	DEUTSCHE BANK AG	05/13/2025	4.162	USD	483,000	469,908	476,562
	DEUTSCHE BANK AG	07/14/2026	6.119	USD	1,448,000	1,441,523	1,462,147
	DEUTSCHE BANK AG	11/24/2026	2.129	USD	3,965,000	3,555,018	3,717,346
	DEUTSCHE BANK AG	07/13/2027	7.146	USD	460,000	460,000	477,590
	DEUTSCHE BANK AG	09/09/2027	5.371	USD	965,000	953,127	978,539
	DEUTSCHE BANK AG	01/07/2028	2.552	USD	4,930,000	4,277,972	4,528,797
	DEUTSCHE BANK AG	01/14/2032	3.729	USD	1,985,000	1,561,128	1,669,623
	DEUTSCHE BANK AG	05/28/2032	3.035	USD	483,000	378,866	404,339
	DEUTSCHE BANK AG	01/07/2033	3.742	USD	1,500,000	1,136,178	1,232,580
	DEVON ENERGY CORPORATION	06/15/2028	5.875	USD	965,000	967,459	975,335
	DEVON ENERGY CORPORATION	01/15/2030	4.500	USD	483,000	446,627	464,371
	DH EUROPE FINANCE II SARL	11/15/2029	2.600	USD	500,000	453,290	453,160
	DIAGEO CAPITAL PLC	10/24/2025	5.200	USD	483,000	485,834	486,772
	DIAGEO CAPITAL PLC	10/05/2026	5.375	USD	500,000	512,125	511,055
	DIAGEO CAPITAL PLC	10/24/2027	5.300	USD	33,063,000	33,348,269	34,082,002
	DIAGEO CAPITAL PLC	10/24/2029	2.375	USD	3,442,000	2,897,702	3,095,941
	DIAGEO CAPITAL PLC	04/29/2032	2.125	USD	483,000	382,084	403,716
	DIAGEO CAPITAL PLC	01/24/2033	5.500	USD	14,424,000	14,925,332	15,384,061
	DIAMONDBACK ENERGY, INC.	03/24/2031	3.125	USD	821,000	682,167	730,698
	DIAMONDBACK ENERGY, INC.	03/15/2033	6.250	USD	3,965,000	4,051,007	4,241,400

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, 2023

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	DICK'S SPORTING GOODS, INC.	01/15/2032	3.150 %	USD	$ 241,000	$ 188,875	$ 205,636
	DIGITAL REALTY TRUST LP	01/15/2028	5.550	USD	4,735,000	4,643,451	4,820,988
	DISCOVER FINANCIAL SERVICES	11/29/2032	6.700	USD	724,000	742,166	759,563
	DISCOVERY COMMUNICATIONS, LLC	05/15/2029	4.125	USD	8,725,000	7,843,455	8,267,636
	DOLLAR GENERAL CORPORATION	11/01/2027	4.625	USD	6,345,000	6,178,457	6,308,072
	DOLLAR GENERAL CORPORATION	11/01/2032	5.000	USD	483,000	463,151	482,604
	DOLLAR GENERAL CORPORATION	07/05/2033	5.450	USD	338,000	330,256	344,797
	DOLLAR TREE, INC.	12/01/2031	2.650	USD	483,000	385,989	410,666
	DOMINION ENERGY, INC.	04/01/2030	3.375	USD	483,000	439,303	445,297
	DOMINION ENERGY, INC.	08/15/2031	2.250	USD	3,041,000	2,392,031	2,521,993
	DOMINION ENERGY, INC.	11/15/2032	5.375	USD	16,789,000	16,444,862	17,270,005
	DTE ELECTRIC COMPANY	03/01/2030	2.250	USD	2,242,000	1,876,551	1,969,709
	DTE ELECTRIC COMPANY	03/01/2032	3.000	USD	965,000	815,912	856,312
	DUKE ENERGY CAROLINAS, LLC	11/15/2028	3.950	USD	9,915,000	9,422,142	9,751,105
	DUKE ENERGY CAROLINAS, LLC	02/01/2030	2.450	USD	483,000	423,900	429,184
	DUKE ENERGY CORPORATION	09/15/2025	0.900	USD	483,000	430,893	450,658
	DUKE ENERGY CORPORATION	09/01/2026	2.650	USD	16,679,000	15,166,186	15,836,877
	DUKE ENERGY CORPORATION	03/15/2028	4.300	USD	5,068,000	4,813,440	5,001,204
	DUKE ENERGY CORPORATION	06/15/2031	2.550	USD	35,410,000	29,123,750	30,265,281
	DUKE ENERGY CORPORATION	01/15/2082	3.250	USD	1,448,000	1,143,920	1,119,652
	DUKE ENERGY OHIO, INC.	04/01/2033	5.250	USD	1,607,000	1,667,611	1,658,199
	DUKE ENERGY PROGRESS, LLC	08/15/2031	2.000	USD	12,143,000	9,498,560	10,040,804
	DUPONT DE NEMOURS INC.	11/15/2025	4.493	USD	8,647,000	8,431,496	8,584,828
	DUPONT DE NEMOURS INC.	11/15/2028	4.725	USD	965,000	944,337	979,803
	DXC TECHNOLOGY COMPANY	09/15/2028	2.375	USD	362,000	301,508	317,061
	EAGLE MATERIALS INC.	07/01/2031	2.500	USD	483,000	374,969	411,139
	EASTERN ENERGY GAS HOLDINGS, LLC	11/15/2024	2.500	USD	1,910,000	1,815,140	1,860,073
	EASTERN GAS TRANSMISSION & STORAGE INC.	11/15/2029	3.000	USD	483,000	415,875	434,024
	EASTMAN CHEMICAL COMPANY	12/01/2028	4.500	USD	9,496,000	9,001,405	9,286,233
	EATON CORPORATION	03/15/2033	4.150	USD	579,000	553,437	567,304
	EBAY INC.	11/22/2032	6.300	USD	917,000	959,197	1,009,305
	ECOLAB INC.	12/01/2027	3.250	USD	9,013,000	8,324,780	8,654,643
	ECOLAB INC.	01/15/2028	5.250	USD	1,448,000	1,454,177	1,495,538
	EDISON INTERNATIONAL	08/15/2025	4.700	USD	5,950,000	5,791,168	5,877,232
	EDISON INTERNATIONAL	11/15/2029	6.950	USD	965,000	1,005,637	1,048,366
	EIDP INC.	05/15/2026	4.500	USD	4,289,000	4,272,196	4,273,817
	ELECTRONIC ARTS, INC.	02/15/2031	1.850	USD	483,000	375,438	403,774
	ELEVANCE HEALTH, INC.	10/15/2025	5.350	USD	1,448,000	1,445,111	1,457,238
	ELEVANCE HEALTH, INC.	02/08/2026	4.900	USD	1,448,000	1,430,754	1,445,452
	ELEVANCE HEALTH, INC.	03/15/2026	1.500	USD	1,448,000	1,291,082	1,349,565
	ELEVANCE HEALTH, INC.	10/15/2032	5.500	USD	483,000	487,555	505,889
	ELI LILLY AND COMPANY	03/15/2029	3.375	USD	5,736,000	5,287,146	5,521,474
	EMERA US FINANCE LP	06/15/2026	3.550	USD	1,190,000	1,113,362	1,146,993
	EMERA US FINANCE LP	06/15/2031	2.639	USD	241,000	192,827	197,926
	EMERSON ELECTRIC COMPANY	10/15/2026	0.875	USD	1,931,000	1,662,964	1,752,440
	EMERSON ELECTRIC COMPANY	12/21/2031	2.200	USD	12,182,000	9,754,774	10,429,010
	ENBRIDGE INC.	02/14/2025	2.500	USD	7,090,000	6,671,065	6,874,960
	ENBRIDGE INC.	10/04/2026	1.600	USD	1,931,000	1,688,212	1,769,626
	ENBRIDGE INC.	12/01/2026	4.250	USD	7,243,000	6,908,151	7,148,769
	ENBRIDGE INC.	11/15/2028	6.000	USD	2,135,000	2,132,694	2,243,501
	ENBRIDGE INC.	11/15/2029	3.125	USD	8,311,000	7,188,167	7,591,600
	ENBRIDGE INC.	03/08/2033	5.700	USD	483,000	497,002	503,054
	ENEL CHILE S.A.	06/12/2028	4.875	USD	483,000	469,814	477,276
	ENERGY TRANSFER LP	05/15/2025	2.900	USD	1,448,000	1,363,958	1,403,344
	ENERGY TRANSFER LP	04/15/2029	5.250	USD	579,000	565,550	583,968
	ENERGY TRANSFER LP	05/15/2030	3.750	USD	1,448,000	1,278,172	1,346,959
	ENERGY TRANSFER LP	02/15/2033	5.750	USD	3,965,000	3,913,217	4,090,492
	ENERGY TRANSFER LP	06/01/2041	6.050	USD	5,950,000	5,726,294	5,990,996
	ENSTAR FINANCE LLC	09/01/2040	5.750	USD	724,000	633,797	677,316
	ENTERGY CORPORATION	06/15/2028	1.900	USD	628,000	547,748	556,640
	ENTERGY LOUISIANA, LLC	10/01/2024	0.950	USD	1,865,000	1,736,744	1,804,182
	ENTERGY LOUISIANA, LLC	04/01/2028	3.250	USD	1,585,000	1,442,557	1,491,422
	ENTERGY LOUISIANA, LLC	06/15/2032	2.350	USD	1,448,000	1,139,945	1,206,647
	ENTERGY LOUISIANA, LLC	03/15/2033	4.000	USD	9,486,000	8,479,925	8,849,774
	ENTERGY TEXAS, INC.	03/15/2031	1.750	USD	10,050,000	7,930,958	8,245,020
	ENTERPRISE PRODUCTS OPERATING, LLC	01/10/2026	5.050	USD	821,000	818,808	828,750
	ENTERPRISE PRODUCTS OPERATING, LLC	07/31/2029	3.125	USD	5,041,000	4,415,571	4,720,241
	ENTERPRISE PRODUCTS OPERATING, LLC	01/31/2030	2.800	USD	1,448,000	1,233,612	1,311,410
	EOG RESOURCES, INC.	04/15/2030	4.375	USD	483,000	461,035	481,730
	EPR PROPERTIES	11/15/2031	3.600	USD	483,000	363,005	401,276
	EQT CORPORATION	04/01/2028	5.700	USD	965,000	944,499	979,330
	EQUIFAX INC.	12/15/2027	5.100	USD	5,950,000	5,863,361	6,009,738
	EQUIFAX INC.	09/15/2031	2.350	USD	724,000	565,898	601,637
	EQUINIX, INC.	09/15/2025	1.000	USD	4,344,000	3,861,933	4,052,822
	EQUINIX, INC.	05/15/2026	1.450	USD	483,000	424,768	446,374
	EQUINIX, INC.	11/18/2026	2.900	USD	12,000,000	10,859,833	11,408,400
	EQUINIX, INC.	05/15/2028	2.000	USD	338,000	283,193	301,692
	EQUINIX, INC.	04/15/2032	3.900	USD	965,000	845,885	897,633
	EQUINOR ASA	04/06/2025	2.875	USD	2,510,000	2,397,116	2,448,831
	EQUINOR ASA	01/22/2026	1.750	USD	1,448,000	1,318,833	1,369,417
	EQUITABLE HOLDINGS, INC.	04/20/2028	4.350	USD	483,000	456,994	466,766
	EQUITABLE HOLDINGS, INC.	01/11/2033	5.594	USD	145,000	134,013	149,573
	ERP OPERATING LIMITED PARTNERSHIP	08/01/2027	3.250	USD	5,000,000	4,598,664	4,753,200
	ERP OPERATING LIMITED PARTNERSHIP	08/01/2031	1.850	USD	701,000	545,303	576,019
	ESSENTIAL UTILITIES, INC.	04/15/2030	2.704	USD	338,000	283,234	295,885
	ESSEX PORTFOLIO, LP	03/01/2028	1.700	USD	1,448,000	1,213,004	1,267,014
	EUROPEAN BANK FOR RECONSTRUCTION & DEVELOPMENT	02/13/2025	1.500	USD	2,414,000	2,305,273	2,328,665
	EUROPEAN BANK FOR RECONSTRUCTION & DEVELOPMENT	11/25/2025	0.500	USD	1,448,000	1,291,268	1,345,786
	EUROPEAN INVESTMENT BANK	08/15/2025	2.750	USD	5,793,000	5,528,607	5,638,674
	EUROPEAN INVESTMENT BANK	11/15/2027	3.250	USD	3,200,000	3,048,537	3,113,120
	EUROPEAN INVESTMENT BANK	03/15/2028	3.875	USD	5,165,000	5,054,085	5,145,373

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
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SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2023

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	EUROPEAN INVESTMENT BANK	10/16/2028	4.500 %	USD	$ 483,000	$ 486,096	$ 494,167
	EUROPEAN INVESTMENT BANK	03/15/2029	1.750	USD	1,448,000	1,249,761	1,298,537
	EUROPEAN INVESTMENT BANK	07/15/2030	3.625	USD	579,000	560,808	567,096
	EUROPEAN INVESTMENT BANK	02/14/2033	3.750	USD	483,000	450,426	474,306
	EVERGY, INC.	09/15/2029	2.900	USD	579,000	498,409	524,342
	EVERSOURCE ENERGY	05/15/2026	4.750	USD	1,448,000	1,426,294	1,441,441
	EVERSOURCE ENERGY	07/01/2027	4.600	USD	483,000	468,667	479,431
	EVERSOURCE ENERGY	03/01/2032	3.375	USD	965,000	818,247	855,637
	EXELON CORPORATION	03/15/2027	2.750	USD	2,896,000	2,620,167	2,729,190
	EXELON CORPORATION	06/15/2035	5.625	USD	18,648,000	19,678,116	19,236,717
	EXPEDIA GROUP, INC.	03/15/2031	2.950	USD	965,000	772,596	850,754
	EXTRA SPACE STORAGE LP	10/15/2031	2.400	USD	483,000	385,410	398,939
	EXTRA SPACE STORAGE LP	03/15/2032	2.350	USD	483,000	367,024	394,389
	EXXON MOBIL CORPORATION	03/19/2025	2.992	USD	7,678,000	7,342,420	7,520,371
	EXXON MOBIL CORPORATION	03/01/2026	3.043	USD	7,810,000	7,359,799	7,588,821
	EXXON MOBIL CORPORATION	08/16/2029	2.440	USD	5,131,000	4,491,144	4,672,853
	EXXON MOBIL CORPORATION	10/15/2030	2.610	USD	1,248,000	1,075,191	1,115,837
	F.N.B CORPORATION	08/25/2025	5.150	USD	97,000	94,527	96,279
	FACTSET RESEARCH SYSTEMS INC.	03/01/2027	2.900	USD	3,151,000	2,902,727	2,953,747
	FACTSET RESEARCH SYSTEMS INC.	03/01/2032	3.450	USD	362,000	301,916	324,663
	FAIRFAX FINANCIAL HOLDINGS LTD.	04/17/2028	4.850	USD	4,525,000	4,388,987	4,457,578
	FAIRFAX FINANCIAL HOLDINGS LTD.	04/29/2030	4.625	USD	1,750,000	1,632,085	1,683,623
	FAIRFAX FINANCIAL HOLDINGS LTD.	03/03/2031	3.375	USD	1,390,000	1,123,718	1,223,144
	FEDERAL REALTY OP LP	02/15/2026	1.250	USD	965,000	855,814	890,898
	FEDERAL REALTY OP LP	05/01/2028	5.375	USD	3,965,000	3,948,744	4,011,113
	FEDEX CORPORATION	05/15/2031	2.400	USD	965,000	780,639	831,917
	FIDELITY NATIONAL FINANCIAL, INC.	03/15/2031	2.450	USD	483,000	377,136	400,866
	FIDELITY NATIONAL INFORMATION SERVICES, INC.	07/15/2025	4.500	USD	483,000	470,202	478,213
	FIDELITY NATIONAL INFORMATION SERVICES, INC.	03/01/2028	1.650	USD	724,000	603,244	645,888
	FIDELITY NATIONAL INFORMATION SERVICES, INC.	03/01/2031	2.250	USD	24,232,000	18,965,347	20,506,572
	FIDELITY NATIONAL INFORMATION SERVICES, INC.	07/15/2032	5.100	USD	241,000	228,700	246,565
	FIFTH THIRD BANCORP	10/27/2028	6.361	USD	965,000	990,175	1,001,795
	FIFTH THIRD BANCORP	07/27/2029	6.339	USD	1,650,000	1,650,000	1,719,432
	FIFTH THIRD BANCORP	07/28/2030	4.772	USD	483,000	460,704	472,403
	FIFTH THIRD BANK, NATIONAL ASSOCIATION	10/27/2025	5.852	USD	8,912,000	8,938,490	8,888,561
	FIFTH THIRD BANK, NATIONAL ASSOCIATION	02/01/2027	2.250	USD	400,000	362,188	369,716
	FIRST AMERICAN FINANCIAL CORPORATION	08/15/2031	2.400	USD	338,000	261,761	267,781
	FIRST CITIZENS BANCSHARES INC.	03/15/2030	3.375	USD	97,000	88,756	91,681
	FIRST HORIZON BANK	05/01/2030	5.750	USD	500,000	428,085	471,670
	FISERV, INC.	07/01/2026	3.200	USD	6,292,000	5,825,673	6,058,818
	FISERV, INC.	06/01/2027	2.250	USD	965,000	852,352	892,577
	FISERV, INC.	08/21/2028	5.375	USD	6,605,000	6,587,827	6,800,508
	FISERV, INC.	07/01/2029	3.500	USD	15,257,000	13,518,338	14,367,059
	FISERV, INC.	06/01/2030	2.650	USD	965,000	801,004	849,663
	FISERV, INC.	08/21/2033	5.625	USD	579,000	561,364	607,678
	FLEX LTD.	02/01/2026	3.750	USD	965,000	914,409	934,168
	FLEX LTD.	01/15/2028	6.000	USD	483,000	484,674	499,267
	FLORIDA POWER & LIGHT COMPANY	04/01/2025	2.850	USD	9,200,000	8,798,160	8,983,800
	FLORIDA POWER & LIGHT COMPANY	05/15/2030	4.625	USD	821,000	813,874	827,921
	FLORIDA POWER & LIGHT COMPANY	02/03/2032	2.450	USD	4,899,000	3,999,562	4,214,512
	FLOWERS FOODS, INC.	03/15/2031	2.400	USD	241,000	192,143	202,565
	FLOWSERVE CORPORATION	01/15/2032	2.800	USD	2,132,000	1,675,989	1,765,936
	FMC CORPORATION	10/01/2026	3.200	USD	795,000	753,827	752,197
	FMC CORPORATION	10/01/2029	3.450	USD	483,000	424,816	436,613
	FMC CORPORATION	05/18/2033	5.650	USD	2,210,000	2,209,669	2,198,906
*	FORD MOTOR CREDIT COMPANY LLC	06/10/2026	6.950	USD	2,500,000	2,529,425	2,565,450
*	FORD MOTOR CREDIT COMPANY LLC	08/10/2026	2.700	USD	7,315,000	6,603,117	6,777,786
*	FORD MOTOR CREDIT COMPANY LLC	06/10/2030	7.200	USD	2,414,000	2,414,000	2,574,169
*	FORD MOTOR CREDIT COMPANY LLC	11/13/2030	4.000	USD	1,315,000	1,097,617	1,182,159
*	FORD MOTOR CREDIT COMPANY LLC	11/07/2033	7.122	USD	3,240,000	3,316,212	3,496,835
	FORTIS INC.	10/04/2026	3.055	USD	5,585,000	5,128,251	5,293,016
	FORTUNE BRANDS INNOVATIONS INC.	09/15/2029	3.250	USD	483,000	408,084	446,939
	FOX CORPORATION	01/25/2029	4.709	USD	965,000	916,054	960,194
	FOX CORPORATION	10/13/2033	6.500	USD	6,191,000	6,138,912	6,712,716
	FRANKLIN RESOURCES, INC.	10/30/2030	1.600	USD	386,000	295,987	315,289
	FREEPORT-MCMORAN INC.	09/01/2027	5.000	USD	2,800,000	2,722,826	2,765,000
	FREEPORT-MCMORAN INC.	03/01/2028	4.125	USD	3,638,000	3,397,780	3,480,584
	FREEPORT-MCMORAN INC.	08/01/2030	4.625	USD	483,000	445,002	471,485
	FS KKR CAPITAL CORP.	01/15/2026	3.400	USD	1,448,000	1,327,570	1,370,677
	GATX CORPORATION	09/15/2033	5.450	USD	483,000	440,472	486,874
	GE CAPITAL FUNDING, LLC	05/15/2032	4.550	USD	579,000	545,953	567,686
	GE HEALTHCARE TECHNOLOGIES INC.	11/15/2025	5.600	USD	965,000	967,905	973,714
	GE HEALTHCARE TECHNOLOGIES INC.	03/15/2030	5.857	USD	965,000	997,057	1,014,910
	GENERAL DYNAMICS CORPORATION	04/01/2027	3.500	USD	10,362,000	9,804,339	10,100,463
	GENERAL DYNAMICS CORPORATION	11/15/2027	2.625	USD	5,853,000	5,275,271	5,480,691
	GENERAL DYNAMICS CORPORATION	05/15/2028	3.750	USD	4,681,000	4,418,740	4,598,474
	GENERAL MILLS, INC.	11/18/2025	5.241	USD	1,448,000	1,438,028	1,445,423
	GENERAL MILLS, INC.	10/14/2031	2.250	USD	483,000	384,549	407,464
	GENERAL MILLS, INC.	03/29/2033	4.950	USD	483,000	471,848	489,844
*	GENERAL MOTORS COMPANY	10/15/2029	5.400	USD	1,448,000	1,385,107	1,474,991
*	GENERAL MOTORS COMPANY	10/15/2032	5.600	USD	1,448,000	1,366,177	1,483,592
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	04/07/2025	3.800	USD	1,448,000	1,390,172	1,417,679
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	06/20/2025	2.750	USD	1,035,000	976,957	995,308
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	10/10/2025	6.050	USD	1,448,000	1,456,292	1,464,797
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	01/17/2027	4.350	USD	9,915,000	9,482,937	9,722,252
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	04/09/2027	5.000	USD	2,414,000	2,344,960	2,408,810
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	06/23/2028	5.800	USD	6,497,000	6,495,636	6,681,775
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	04/06/2030	5.850	USD	3,549,000	3,533,366	3,665,372
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	01/07/2034	6.100	USD	2,310,000	2,306,350	2,379,554
	GENPACT LUXEMBOURG S.A R.L.	12/01/2024	3.375	USD	1,080,000	1,030,290	1,052,082
	GENPACT LUXEMBOURG S.A.R.L. / GENPACT USA INC.	04/10/2026	1.750	USD	1,800,000	1,613,640	1,671,714

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, 2023

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	GENUINE PARTS COMPANY	02/01/2025	1.750 %	USD	$ 965,000	$ 898,928	$ 926,728
	GENUINE PARTS COMPANY	11/01/2028	6.500	USD	1,670,000	1,662,569	1,774,976
	GILEAD SCIENCES, INC.	03/01/2027	2.950	USD	13,000,000	11,958,775	12,382,630
	GILEAD SCIENCES, INC.	10/01/2027	1.200	USD	965,000	811,455	859,255
	GILEAD SCIENCES, INC.	10/01/2030	1.650	USD	878,000	688,821	736,668
	GILEAD SCIENCES, INC.	10/15/2033	5.250	USD	2,890,000	2,885,318	3,006,929
	GILEAD SCIENCES, INC.	09/01/2035	4.600	USD	2,100,000	1,980,681	2,079,483
	GILEAD SCIENCES, INC.	09/01/2036	4.000	USD	2,125,000	1,970,449	1,959,399
	GLAXOSMITHKLINE CAPITAL INC.	05/15/2028	3.875	USD	4,681,000	4,440,960	4,618,649
	GLAXOSMITHKLINE CAPITAL PLC	06/01/2029	3.375	USD	965,000	877,041	930,299
	GLOBAL PAYMENTS INC.	02/15/2025	2.650	USD	8,092,000	7,636,166	7,841,067
	GLOBAL PAYMENTS INC.	08/15/2027	4.950	USD	483,000	465,244	483,932
	GLOBAL PAYMENTS INC.	08/15/2029	5.300	USD	483,000	462,324	486,589
	GLOBAL PAYMENTS INC.	08/15/2032	5.400	USD	483,000	457,968	488,699
	GLOBE LIFE INC.	06/15/2032	4.800	USD	338,000	304,423	327,897
	GLP CAPITAL LP	06/01/2025	5.250	USD	4,717,000	4,629,468	4,697,283
	GLP CAPITAL LP	04/15/2026	5.375	USD	1,985,000	1,931,781	1,972,713
	GLP CAPITAL LP	01/15/2029	5.300	USD	793,000	749,877	787,663
	GLP CAPITAL LP	01/15/2032	3.250	USD	965,000	763,993	814,701
	GXO LOGISTICS	07/15/2031	2.650	USD	241,000	186,392	197,974
	HALEON UK CAPITAL PLC	03/24/2025	3.125	USD	10,623,000	10,073,319	10,375,378
	HALEON US CAPITAL LLC	03/24/2027	3.375	USD	4,698,000	4,341,736	4,523,093
	HALEON US CAPITAL LLC	03/24/2029	3.375	USD	483,000	427,494	457,116
	HALEON US CAPITAL LLC	03/24/2032	3.625	USD	483,000	418,813	446,239
	HALLIBURTON COMPANY	03/01/2030	2.920	USD	483,000	417,278	435,062
	HASBRO, INC.	11/19/2026	3.550	USD	965,000	893,902	915,737
	HCA INC.	02/01/2025	5.375	USD	14,000,000	13,833,565	13,981,380
	HCA INC.	06/15/2026	5.250	USD	25,000,000	24,457,988	25,094,500
	HCA INC.	06/01/2028	5.200	USD	4,827,000	4,764,762	4,880,773
	HEALTHCARE REALTY HOLDINGS LP	03/15/2031	2.000	USD	579,000	444,469	464,196
	HEALTHPEAK OP, LLC	02/01/2027	1.350	USD	1,448,000	1,256,516	1,300,536
	HEALTHPEAK OP, LLC	12/01/2028	2.125	USD	1,516,000	1,275,526	1,332,155
	HEALTHPEAK OP, LLC	12/15/2032	5.250	USD	3,205,000	3,152,310	3,245,864
	HEICO CORPORATION	08/01/2028	5.250	USD	890,000	888,754	909,482
	HEICO CORPORATION	08/01/2033	5.350	USD	241,000	238,723	247,534
	HELMERICH & PAYNE, INC.	09/29/2031	2.900	USD	4,110,000	3,351,580	3,462,017
	HESS CORPORATION	04/01/2027	4.300	USD	5,965,000	5,748,979	5,906,245
	HEWLETT PACKARD ENTERPRISE COMPANY	07/01/2028	5.250	USD	724,000	712,097	740,847
	HF SINCLAIR CORP.	10/01/2030	4.500	USD	483,000	434,845	451,151
	HIGHWOODS REALTY LP	02/01/2031	2.600	USD	483,000	356,865	375,953
	HONDA MOTOR CO., LTD.	03/10/2025	2.271	USD	19,565,000	18,381,154	18,963,768
	HONDA MOTOR CO., LTD.	03/10/2027	2.534	USD	33,066,000	30,170,677	31,151,809
	HONDA MOTOR CO., LTD.	03/10/2032	2.967	USD	483,000	416,200	442,607
	HONEYWELL INTERNATIONAL INC.	06/01/2025	1.350	USD	11,643,000	10,753,715	11,116,969
	HONEYWELL INTERNATIONAL INC.	03/01/2027	1.100	USD	11,362,000	9,874,496	10,314,651
	HONEYWELL INTERNATIONAL INC.	09/01/2031	1.750	USD	1,448,000	1,137,012	1,210,470
	HONEYWELL INTERNATIONAL INC.	02/15/2033	5.000	USD	22,768,000	22,947,327	23,850,163
	HORMEL FOODS CORPORATION	06/03/2028	1.700	USD	483,000	411,469	434,903
	HOST HOTELS & RESORTS LP	02/01/2026	4.500	USD	475,000	456,584	465,932
	HOST HOTELS & RESORTS LP	12/15/2031	2.900	USD	483,000	370,175	406,333
	HP INC.	01/15/2028	4.750	USD	965,000	925,383	966,660
	HP INC.	04/15/2029	4.000	USD	483,000	436,834	469,109
	HSBC HOLDINGS PLC	03/11/2025	3.803	USD	10,272,000	10,045,572	10,230,193
	HSBC HOLDINGS PLC	03/10/2026	2.999	USD	3,880,000	3,648,131	3,762,436
	HSBC HOLDINGS PLC	05/25/2026	3.900	USD	20,000,000	18,873,086	19,476,000
	HSBC HOLDINGS PLC	06/04/2026	2.099	USD	3,745,000	3,433,678	3,565,802
	HSBC HOLDINGS PLC	11/03/2026	7.336	USD	2,793,000	2,900,820	2,899,888
	HSBC HOLDINGS PLC	06/09/2028	4.755	USD	1,448,000	1,386,930	1,427,742
	HSBC HOLDINGS PLC	08/11/2028	5.210	USD	1,448,000	1,410,100	1,447,783
	HSBC HOLDINGS PLC	11/03/2028	7.390	USD	2,414,000	2,541,727	2,588,677
	HSBC HOLDINGS PLC	03/31/2030	4.950	USD	1,200,000	1,170,792	1,191,288
	HSBC HOLDINGS PLC	08/11/2033	5.402	USD	18,930,000	18,018,333	19,046,798
	HSBC HOLDINGS PLC	03/09/2034	6.254	USD	965,000	993,834	1,027,735
	HSBC HOLDINGS PLC	06/20/2034	6.547	USD	1,000,000	996,740	1,047,060
	HUBBELL INCORPORATED	03/15/2031	2.300	USD	241,000	195,468	202,939
	HUDSON PACIFIC PROPERTIES LP	02/15/2028	5.950	USD	483,000	452,835	427,233
	HUMANA INC.	03/13/2026	5.700	USD	1,207,000	1,211,502	1,207,193
	HUMANA INC.	03/01/2028	5.750	USD	1,448,000	1,467,885	1,505,790
	HUNTINGTON BANCSHARES INC.	08/04/2028	4.443	USD	1,448,000	1,378,432	1,404,632
	HUNTINGTON INGALLS INDUSTRIES, INC.	08/16/2028	2.043	USD	483,000	394,948	424,934
	HUNTSMAN INTERNATIONAL LLC	05/01/2029	4.500	USD	483,000	436,763	465,390
	HYATT HOTELS CORPORATION	01/30/2027	5.750	USD	1,095,000	1,094,726	1,118,937
	HYATT HOTELS CORPORATION	04/23/2030	5.750	USD	483,000	482,907	499,446
	IBRD (WORLD BANK)	06/15/2027	3.125	USD	4,827,000	4,570,947	4,681,369
	IBRD (WORLD BANK)	07/12/2028	3.500	USD	2,414,000	2,390,632	2,365,792
	IBRD (WORLD BANK)	09/13/2028	1.125	USD	2,896,000	2,434,123	2,543,354
	IBRD (WORLD BANK)	09/21/2029	3.625	USD	2,896,000	2,782,484	2,842,887
	IBRD (WORLD BANK)	02/14/2030	3.875	USD	1,303,000	1,271,298	1,294,127
	IBRD (WORLD BANK)	03/29/2032	2.500	USD	4,344,000	3,799,371	3,889,270
	IDEX CORPORATION	05/01/2030	3.000	USD	241,000	208,925	215,136
	ING GROEP N.V.	03/28/2026	3.869	USD	11,810,000	11,356,316	11,576,162
	ING GROEP N.V.	03/28/2028	4.017	USD	965,000	904,054	936,610
	ING GROEP N.V.	10/02/2028	4.550	USD	10,000,000	9,528,608	9,873,000
	ING GROEP N.V.	04/09/2029	4.050	USD	500,000	468,510	483,030
	ING GROEP N.V.	03/28/2033	4.252	USD	483,000	431,075	453,769
	INGERSOLL RAND INC.	08/14/2028	5.400	USD	1,375,000	1,369,651	1,418,093
	INGERSOLL RAND INC.	08/14/2033	5.700	USD	1,528,000	1,533,820	1,617,617
	INTEL CORPORATION	08/05/2027	3.750	USD	5,646,000	5,346,280	5,534,435
	INTEL CORPORATION	08/12/2028	1.600	USD	5,221,000	4,364,622	4,622,934
	INTEL CORPORATION	08/05/2029	4.000	USD	965,000	896,887	950,776
	INTEL CORPORATION	11/15/2029	2.450	USD	13,068,000	10,925,949	11,774,268

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
	INTEL CORPORATION	02/10/2030	5.125 %	USD	$ 1,448,000	$ 1,429,697	$ 1,503,458
	INTEL CORPORATION	08/12/2031	2.000	USD	34,985,000	27,446,951	29,594,161
	INTEL CORPORATION	08/05/2032	4.150	USD	1,007,000	923,078	985,893
	INTER-AMERICAN DEVELOPMENT BANK	04/20/2026	0.875	USD	1,207,000	1,105,998	1,119,396
	INTER-AMERICAN DEVELOPMENT BANK	01/12/2028	4.000	USD	3,138,000	3,085,811	3,134,988
	INTER-AMERICAN DEVELOPMENT BANK	09/14/2029	3.500	USD	4,344,000	4,156,239	4,238,571
	INTER-AMERICAN DEVELOPMENT BANK	01/13/2031	1.125	USD	965,000	762,766	796,260
	INTER-AMERICAN INVESTMENT CORP.	04/22/2025	2.625	USD	965,000	916,911	938,771
	INTERCONTINENTAL EXCHANGE, INC.	05/23/2025	3.650	USD	4,827,000	4,699,933	4,736,356
	INTERCONTINENTAL EXCHANGE, INC.	09/15/2027	3.100	USD	12,935,000	11,919,895	12,332,286
	INTERCONTINENTAL EXCHANGE, INC.	09/15/2027	4.000	USD	24,381,000	23,893,641	23,964,225
	INTERCONTINENTAL EXCHANGE, INC.	06/15/2029	4.350	USD	724,000	708,210	721,850
	INTERCONTINENTAL EXCHANGE, INC.	03/15/2033	4.600	USD	15,453,000	14,665,512	15,430,996
	INTERNATIONAL BUSINESS MACHINES CORPORATION	07/27/2025	4.000	USD	2,414,000	2,347,491	2,387,736
	INTERNATIONAL BUSINESS MACHINES CORPORATION	02/06/2026	4.500	USD	7,930,000	7,759,188	7,912,316
	INTERNATIONAL BUSINESS MACHINES CORPORATION	05/15/2026	3.300	USD	31,318,000	29,445,961	30,390,987
	INTERNATIONAL BUSINESS MACHINES CORPORATION	02/09/2027	2.200	USD	2,414,000	2,162,892	2,248,665
	INTERNATIONAL BUSINESS MACHINES CORPORATION	05/15/2027	1.700	USD	22,638,000	19,698,634	20,688,868
	INTERNATIONAL BUSINESS MACHINES CORPORATION	07/27/2027	4.150	USD	18,285,000	17,569,850	18,078,197
	INTERNATIONAL BUSINESS MACHINES CORPORATION	05/15/2029	3.500	USD	11,791,000	10,654,917	11,254,863
	INTERNATIONAL BUSINESS MACHINES CORPORATION	07/27/2032	4.400	USD	965,000	897,825	949,290
	INTERNATIONAL FINANCE CORPORATION	09/15/2025	3.625	USD	2,510,000	2,446,260	2,475,839
	INTERNATIONAL FINANCE CORPORATION	07/13/2028	4.500	USD	724,000	717,658	739,769
	INTUIT INC.	07/15/2027	1.350	USD	7,658,000	6,600,067	6,908,741
	INTUIT INC.	09/15/2033	5.200	USD	483,000	470,848	506,928
	INVITATION HOMES OPERATING PARTNERSHIP LP	11/15/2028	2.300	USD	483,000	397,593	428,537
	INVITATION HOMES OPERATING PARTNERSHIP LP	08/15/2030	5.450	USD	4,218,000	4,151,730	4,255,498
	ITC HOLDINGS CORP.	11/15/2027	3.350	USD	193,000	179,100	183,207
	JABIL INC.	01/15/2030	3.600	USD	579,000	506,956	524,933
	JACKSON FINANCIAL INC.	06/08/2027	5.170	USD	483,000	476,548	482,406
	JACOBS ENGINEERING GROUP INC.	08/18/2028	6.350	USD	2,900,000	2,898,521	3,028,673
	JACOBS ENGINEERING GROUP INC.	03/01/2033	5.900	USD	241,000	237,901	246,516
	JBS USA LUX S.A.	04/01/2033	5.750	USD	1,400,000	1,278,284	1,393,854
	JD.COM, INC.	01/14/2030	3.375	USD	241,000	211,888	217,936
	JEFFERIES GROUP LLC	07/21/2028	5.875	USD	2,633,000	2,618,722	2,702,274
	JEFFERIES GROUP LLC	10/15/2031	2.625	USD	821,000	635,381	681,258
	JETBLUE 2020-1 CLASS A PASS THROUGH TRUST	05/15/2034	4.000	USD	200,582	176,861	183,828
	JOHN DEERE CAPITAL CORPORATION	09/08/2025	4.050	USD	15,000,000	14,603,827	14,862,750
	JOHN DEERE CAPITAL CORPORATION	09/08/2027	2.800	USD	9,013,000	8,224,827	8,544,234
	JOHN DEERE CAPITAL CORPORATION	09/15/2027	4.150	USD	4,591,000	4,437,575	4,563,959
	JOHN DEERE CAPITAL CORPORATION	07/14/2028	4.950	USD	33,905,000	33,854,482	34,791,616
	JOHN DEERE CAPITAL CORPORATION	04/18/2029	3.350	USD	2,896,000	2,641,371	2,778,307
	JOHN DEERE CAPITAL CORPORATION	07/18/2029	2.800	USD	5,041,000	4,425,305	4,682,787
	JOHN DEERE CAPITAL CORPORATION	09/15/2032	4.350	USD	465,000	444,055	465,051
	JOHN DEERE CAPITAL CORPORATION	09/08/2033	5.150	USD	2,629,000	2,595,193	2,771,834
	JOHN HOPKINS UNIVERSITY	07/01/2032	4.705	USD	6,433,000	6,402,649	6,581,924
	JOHNSON & JOHNSON	09/01/2025	0.550	USD	1,448,000	1,307,312	1,356,747
	JOHNSON & JOHNSON	09/01/2027	0.950	USD	965,000	820,874	861,668
	JOHNSON & JOHNSON	09/01/2030	1.300	USD	483,000	384,459	406,034
	JOHNSON & JOHNSON	12/05/2033	4.375	USD	32,003,000	31,588,046	32,905,165
	JOHNSON & JOHNSON	03/03/2037	3.625	USD	11,092,000	9,744,393	10,222,720
	JOHNSON CONTROLS INTERNATIONAL PLC	09/16/2031	2.000	USD	483,000	378,198	402,556
	JOHNSON CONTROLS INTERNATIONAL PLC	12/01/2032	4.900	USD	8,000,000	7,821,992	8,110,160
	JPMORGAN CHASE & COMPANY	06/15/2026	3.200	USD	5,791,000	5,412,492	5,589,879
	JPMORGAN CHASE & COMPANY	02/01/2028	3.782	USD	11,895,000	11,145,803	11,497,945
	JPMORGAN CHASE & COMPANY	02/24/2028	2.947	USD	2,414,000	2,180,748	2,272,612
	JPMORGAN CHASE & COMPANY	04/26/2028	4.323	USD	2,896,000	2,757,222	2,854,819
	JPMORGAN CHASE & COMPANY	07/25/2028	4.851	USD	2,414,000	2,349,959	2,416,486
	JPMORGAN CHASE & COMPANY	06/01/2029	2.069	USD	2,414,000	2,024,987	2,142,401
	JPMORGAN CHASE & COMPANY	06/14/2030	4.565	USD	3,000,000	2,854,485	2,938,770
	JPMORGAN CHASE & COMPANY	09/01/2030	8.750	USD	1,207,000	1,365,346	1,450,078
	JPMORGAN CHASE & COMPANY	04/22/2031	2.522	USD	7,930,000	6,578,710	6,868,252
	JPMORGAN CHASE & COMPANY	04/22/2032	2.580	USD	9,915,000	8,052,554	8,402,268
	JPMORGAN CHASE & COMPANY	11/08/2032	2.545	USD	9,915,000	7,930,657	8,292,212
	JPMORGAN CHASE & COMPANY	04/26/2033	4.586	USD	483,000	448,480	467,496
	JPMORGAN CHASE & COMPANY	07/25/2033	4.912	USD	15,643,000	14,942,486	15,491,576
	JPMORGAN CHASE & COMPANY	09/14/2033	5.717	USD	3,620,000	3,586,327	3,748,727
	JUNIPER NETWORKS, INC.	12/10/2030	2.000	USD	483,000	370,247	391,317
	KELLANOVA	06/01/2030	2.100	USD	965,000	781,329	830,016
	KEMPER CORPORATION	02/23/2032	3.800	USD	483,000	404,731	405,792
	KENNAMETAL INC.	03/01/2031	2.800	USD	145,000	115,029	123,524
	KENVUE INC.	03/22/2026	5.350	USD	1,200,000	1,213,092	1,220,280
	KENVUE INC.	03/22/2033	4.900	USD	400,000	415,224	413,028
	KEURIG DR PEPPER INC.	04/15/2029	3.950	USD	965,000	887,999	941,715
	KEURIG DR PEPPER INC.	04/15/2032	4.050	USD	483,000	432,236	464,603
	KEYBANK NATIONAL ASSOCIATION	08/08/2025	4.150	USD	9,182,000	8,936,139	8,902,224
	KEYBANK NATIONAL ASSOCIATION	11/15/2027	5.850	USD	965,000	983,591	964,875
	KEYBANK NATIONAL ASSOCIATION	08/08/2032	4.900	USD	965,000	901,916	850,512
	KEYCORP	04/06/2027	2.250	USD	395,000	327,131	355,935
	KEYCORP	10/01/2029	2.550	USD	3,891,000	2,949,881	3,313,537
	KILROY REALTY LP	11/15/2032	2.500	USD	483,000	338,687	366,288
	KIMBERLY-CLARK CORPORATION	09/15/2027	1.050	USD	1,448,000	1,224,234	1,292,050
	KIMCO REALTY OP LLC	04/01/2027	3.800	USD	1,585,000	1,476,538	1,522,234
	KIMCO REALTY OP LLC	03/01/2028	1.900	USD	2,863,000	2,408,902	2,526,311
	KIMCO REALTY OP LLC	04/01/2032	3.200	USD	483,000	399,887	420,852
	KIMCO REALTY OP LLC	03/01/2034	6.400	USD	855,000	851,495	939,183
*	KINDER MORGAN, INC.	11/15/2026	1.750	USD	1,448,000	1,272,459	1,332,884
*	KINDER MORGAN, INC.	02/15/2031	2.000	USD	965,000	743,502	802,697
*	KINDER MORGAN, INC.	06/01/2033	5.200	USD	579,000	535,708	576,591
	KINROSS GOLD CORP.	07/15/2027	4.500	USD	4,045,000	3,850,056	3,957,507
	KLA CORPORATION	03/15/2029	4.100	USD	12,000,000	11,616,240	11,952,480

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
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NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	KLA CORPORATION	07/15/2032	4.650 %	USD	$ 483,000	$ 467,776	$ 494,312
	KRAFT HEINZ FOODS COMPANY	06/01/2026	3.000	USD	21,000,000	19,398,776	20,183,730
	KRAFT HEINZ FOODS COMPANY	05/15/2027	3.875	USD	1,448,000	1,369,229	1,421,125
	KYNDRYL HOLDINGS INC.	10/15/2026	2.050	USD	965,000	827,861	878,758
	L3HARRIS TECHNOLOGIES INC.	06/15/2028	4.400	USD	965,000	927,076	954,578
	L3HARRIS TECHNOLOGIES INC.	01/15/2031	1.800	USD	2,500,000	2,046,871	2,056,525
	L3HARRIS TECHNOLOGIES INC.	07/31/2033	5.400	USD	483,000	484,521	503,180
	LABORATORY CORPORATION OF AMERICA HOLDINGS	06/01/2026	1.550	USD	483,000	426,337	446,427
	LABORATORY CORPORATION OF AMERICA HOLDINGS	06/01/2031	2.700	USD	483,000	400,154	415,564
	LAM RESEARCH CORPORATION	03/15/2029	4.000	USD	4,681,000	4,409,338	4,621,739
	LAM RESEARCH CORPORATION	06/15/2030	1.900	USD	724,000	585,268	623,321
	LAZARD GROUP LLC	03/11/2029	4.375	USD	483,000	440,250	470,133
	LEAR CORPORATION	01/15/2032	2.600	USD	483,000	365,415	390,897
	LEGGETT & PLATT, INCORPORATED	03/15/2029	4.400	USD	241,000	227,181	233,298
	LEIDOS, INC.	05/15/2030	4.375	USD	483,000	437,341	463,115
	LENNAR CORPORATION	04/30/2024	4.500	USD	13,000,000	12,794,614	12,932,010
	LENNAR CORPORATION	06/01/2026	5.250	USD	676,000	673,602	678,616
	LENNOX INTERNATIONAL INC.	09/15/2028	5.500	USD	241,000	235,334	247,676
	LINCOLN NATIONAL CORPORATION	03/01/2032	3.400	USD	424,000	348,746	362,278
*	LINDE INC.	08/10/2030	1.100	USD	483,000	370,603	401,605
	LLOYDS BANKING GROUP PLC	05/08/2025	4.450	USD	300,000	291,952	296,406
	LLOYDS BANKING GROUP PLC	03/18/2026	3.511	USD	965,000	920,341	942,641
	LLOYDS BANKING GROUP PLC	08/11/2026	4.716	USD	965,000	938,787	952,407
	LLOYDS BANKING GROUP PLC	01/11/2027	3.750	USD	1,000,000	929,932	960,320
	LLOYDS BANKING GROUP PLC	03/18/2028	3.750	USD	1,931,000	1,780,917	1,848,546
	LLOYDS BANKING GROUP PLC	03/22/2028	4.375	USD	29,867,000	28,068,687	29,216,795
	LLOYDS BANKING GROUP PLC	08/11/2033	4.976	USD	483,000	447,178	471,239
	LLOYDS BANKING GROUP PLC	11/15/2033	7.953	USD	483,000	524,836	552,789
	LOCKHEED MARTIN CORPORATION	10/15/2025	4.950	USD	9,013,000	8,981,502	9,082,490
	LOCKHEED MARTIN CORPORATION	01/15/2026	3.550	USD	10,272,000	9,933,213	10,085,152
	LOCKHEED MARTIN CORPORATION	11/15/2027	5.100	USD	22,531,000	22,694,867	23,268,440
	LOCKHEED MARTIN CORPORATION	01/15/2033	5.250	USD	483,000	490,986	513,212
	LOCKHEED MARTIN CORPORATION	03/01/2035	3.600	USD	9,013,000	7,946,556	8,278,170
	LOCKHEED MARTIN CORPORATION	05/15/2036	4.500	USD	14,013,000	13,487,244	13,897,673
	LOEWS CORPORATION	04/01/2026	3.750	USD	483,000	462,746	470,316
	LOUISIANA LOCAL GOVERNMENT ENVIRONMENTAL FACILITIES	02/01/2029	3.615	USD	794,271	771,707	776,503
	LOWE'S COMPANIES, INC.	09/08/2025	4.400	USD	1,878,000	1,836,125	1,864,046
	LOWE'S COMPANIES, INC.	04/01/2026	4.800	USD	4,590,000	4,589,220	4,594,911
	LOWE'S COMPANIES, INC.	04/15/2026	2.500	USD	16,000,000	14,689,078	15,239,200
	LOWE'S COMPANIES, INC.	04/01/2027	3.350	USD	965,000	898,976	930,125
	LOWE'S COMPANIES, INC.	09/15/2028	1.700	USD	965,000	800,673	853,002
	LOWE'S COMPANIES, INC.	10/15/2030	1.700	USD	23,111,000	17,932,995	19,226,965
	LOWE'S COMPANIES, INC.	04/01/2032	3.750	USD	12,540,000	11,055,278	11,755,748
	LOWE'S COMPANIES, INC.	04/15/2033	5.000	USD	15,183,000	14,557,821	15,503,361
	LPL HOLDINGS INC.	11/17/2028	6.750	USD	4,825,000	4,838,482	5,143,547
	LYB INTERNATIONAL FINANCE II B.V.	03/02/2027	3.500	USD	10,649,000	9,890,265	10,220,910
	LYB INTERNATIONAL FINANCE III, LLC	10/01/2025	1.250	USD	1,892,000	1,713,487	1,767,147
	LYB INTERNATIONAL FINANCE III, LLC	10/01/2030	2.250	USD	9,496,000	7,581,336	8,112,908
	M.D.C. HOLDINGS, INC.	01/15/2031	2.500	USD	193,000	150,086	158,766
	MAGELLAN MIDSTREAM PARTNERS, LP	06/01/2030	3.250	USD	338,000	295,233	306,394
	MAGNA INTERNATIONAL INC.	03/21/2033	5.500	USD	338,000	343,381	358,726
	MANUFACTURERS AND TRADERS TRUST COMPANY	11/21/2025	5.400	USD	483,000	482,259	479,846
	MANUFACTURERS AND TRADERS TRUST COMPANY	01/27/2028	4.700	USD	1,265,000	1,216,008	1,230,035
	MANULIFE FINANCIAL CORP.	03/04/2026	4.150	USD	5,440,000	5,291,316	5,363,949
	MANULIFE FINANCIAL CORP.	03/16/2032	3.703	USD	483,000	430,638	453,933
*	MARATHON OIL CORPORATION	07/15/2027	4.400	USD	965,000	915,979	940,421
*	MARATHON PETROLEUM CORPORATION	05/01/2025	4.700	USD	8,483,000	8,314,959	8,426,843
*	MARATHON PETROLEUM CORPORATION	12/15/2026	5.125	USD	9,890,000	9,746,963	10,002,054
	MARKEL CORPORATION	09/17/2029	3.350	USD	241,000	218,560	221,161
	MARRIOTT INTERNATIONAL, INC.	05/01/2025	5.750	USD	483,000	486,876	485,884
	MARRIOTT INTERNATIONAL, INC.	10/15/2027	5.000	USD	2,468,000	2,431,679	2,498,702
	MARRIOTT INTERNATIONAL, INC.	04/15/2029	4.900	USD	759,000	721,653	764,655
	MARRIOTT INTERNATIONAL, INC.	04/15/2031	2.850	USD	965,000	789,966	836,423
	MARRIOTT INTERNATIONAL, INC.	10/15/2032	3.500	USD	3,965,000	3,360,190	3,541,379
	MARSH & MCLENNAN COMPANIES, INC.	11/01/2032	5.750	USD	9,851,000	10,157,422	10,610,808
	MARTIN MARIETTA MATERIALS, INC.	07/15/2031	2.400	USD	483,000	382,721	411,458
	MARVELL TECHNOLOGY, INC.	06/22/2028	4.875	USD	965,000	928,889	962,713
	MASCO CORPORATION	11/15/2027	3.500	USD	795,000	735,047	756,315
	MASCO CORPORATION	02/15/2028	1.500	USD	1,923,000	1,609,381	1,684,086
	MASTERCARD INCORPORATED	11/21/2026	2.950	USD	10,452,000	9,762,578	10,085,448
	MASTERCARD INCORPORATED	03/26/2027	3.300	USD	1,448,000	1,362,785	1,405,197
	MASTERCARD INCORPORATED	03/26/2030	3.350	USD	10,822,000	9,889,175	10,338,689
	MASTERCARD INCORPORATED	11/18/2031	2.000	USD	483,000	387,358	408,096
	MCCORMICK & COMPANY, INCORPORATED	02/15/2026	0.900	USD	2,425,000	2,133,004	2,233,207
	MCDONALD'S CORPORATION	07/01/2025	3.300	USD	483,000	463,558	471,857
	MCDONALD'S CORPORATION	07/01/2027	3.500	USD	965,000	905,075	938,086
	MCDONALD'S CORPORATION	08/14/2028	4.800	USD	18,000,000	17,993,700	18,327,420
	MCDONALD'S CORPORATION	09/01/2029	2.625	USD	483,000	417,338	442,500
	MCDONALD'S CORPORATION	03/01/2030	2.125	USD	14,500,000	12,669,071	12,690,255
	MCDONALD'S CORPORATION	09/09/2032	4.600	USD	483,000	463,172	488,313
	MCDONALD'S CORPORATION	08/14/2033	4.950	USD	9,570,000	9,543,864	9,855,377
	MCKESSON CORPORATION	02/15/2026	5.250	USD	1,207,000	1,201,750	1,207,060
	MCKESSON CORPORATION	07/15/2028	4.900	USD	23,540,000	23,495,733	23,969,134
	MCKESSON CORPORATION	07/15/2033	5.100	USD	2,060,000	2,083,690	2,121,100
	MEDTRONIC GLOBAL HOLDINGS S.C.A.	03/30/2033	4.500	USD	483,000	466,158	484,038
	MEDTRONIC, INC.	03/15/2035	4.375	USD	29,792,000	28,019,642	29,129,128
	MERCEDES-BENZ FINANCE NORTH AMERICA LLC	01/18/2031	8.500	USD	7,291,000	8,966,999	9,152,465
	MERCK & CO., INC.	12/10/2028	1.900	USD	965,000	822,136	868,799
	MERCK & CO., INC.	06/24/2030	1.450	USD	821,000	652,187	687,095
	MERCK & CO., INC.	12/10/2031	2.150	USD	965,000	780,510	825,384
	MERCK & CO., INC.	05/17/2033	4.500	USD	12,784,000	12,772,750	12,900,846

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NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	META PLATFORMS, INC.	08/15/2027	3.500 %	USD	$ 1,062,000	$ 998,567	$ 1,035,004
	META PLATFORMS, INC.	08/15/2032	3.850	USD	965,000	868,712	919,211
	META PLATFORMS, INC.	05/15/2033	4.950	USD	483,000	475,151	499,635
	METLIFE, INC.	04/10/2024	3.600	USD	4,485,000	4,393,437	4,459,794
	METLIFE, INC.	03/23/2030	4.550	USD	724,000	706,216	728,453
	METLIFE, INC.	06/15/2034	6.375	USD	13,363,000	14,809,182	15,033,509
	METLIFE, INC.	06/15/2035	5.700	USD	14,093,000	14,688,631	15,180,980
	MICRON TECHNOLOGY, INC.	11/01/2029	6.750	USD	1,448,000	1,484,987	1,566,519
	MICROSOFT CORPORATION	08/08/2026	2.400	USD	5,304,000	4,884,431	5,054,500
	MICROSOFT CORPORATION	02/06/2027	3.300	USD	3,583,000	3,405,807	3,490,523
	MICROSOFT CORPORATION	02/12/2035	3.500	USD	16,273,000	14,632,427	15,448,610
	MID-AMERICA APARTMENTS, LP	09/15/2026	1.100	USD	965,000	831,530	875,573
	MIDAMERICAN ENERGY COMPANY	10/15/2036	5.800	USD	1,190,000	1,218,822	1,275,442
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	07/17/2025	1.412	USD	1,200,000	1,087,877	1,132,596
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	09/13/2026	2.757	USD	11,000,000	10,004,609	10,390,490
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	07/20/2028	5.017	USD	965,000	939,292	966,448
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	09/13/2028	5.354	USD	1,931,000	1,905,486	1,958,304
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	07/18/2029	3.195	USD	1,448,000	1,264,609	1,331,784
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	02/22/2031	5.475	USD	1,062,000	1,050,637	1,089,177
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	07/20/2033	5.133	USD	965,000	924,511	981,376
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	09/13/2033	5.472	USD	965,000	947,612	1,002,384
	MIZUHO FINANCIAL GROUP, INC.	05/25/2026	2.226	USD	483,000	445,134	461,622
	MIZUHO FINANCIAL GROUP, INC.	07/09/2027	1.554	USD	1,931,000	1,676,195	1,765,262
	MIZUHO FINANCIAL GROUP, INC.	09/13/2028	5.414	USD	483,000	478,589	489,796
	MIZUHO FINANCIAL GROUP, INC.	05/27/2029	5.667	USD	724,000	728,648	741,803
	MIZUHO FINANCIAL GROUP, INC.	07/06/2029	5.778	USD	4,345,000	4,345,993	4,472,960
	MIZUHO FINANCIAL GROUP, INC.	09/13/2031	2.564	USD	883,000	686,122	719,451
	MIZUHO FINANCIAL GROUP, INC.	09/13/2033	5.669	USD	965,000	962,432	995,967
	MOHAWK INDUSTRIES INC.	05/15/2030	3.625	USD	241,000	215,440	223,270
	MOLSON COORS BEVERAGE COMPANY	07/15/2026	3.000	USD	6,674,000	6,174,818	6,395,294
	MONDELEZ INTERNATIONAL, INC.	03/17/2027	2.625	USD	11,153,000	10,121,303	10,526,424
	MONDELEZ INTERNATIONAL, INC.	03/17/2032	3.000	USD	483,000	421,688	429,450
	MOODY'S CORPORATION	08/08/2032	4.250	USD	483,000	443,894	470,770
	MORGAN STANLEY	10/23/2024	3.700	USD	7,805,000	7,582,303	7,703,691
	MORGAN STANLEY	01/27/2026	3.875	USD	3,597,000	3,444,458	3,524,161
	MORGAN STANLEY	04/28/2026	2.188	USD	10,732,000	10,004,405	10,311,198
	MORGAN STANLEY	07/27/2026	3.125	USD	34,821,000	32,323,359	33,353,643
	MORGAN STANLEY	01/21/2028	2.475	USD	1,448,000	1,288,296	1,345,279
	MORGAN STANLEY	04/20/2028	4.210	USD	2,414,000	2,287,195	2,361,013
	MORGAN STANLEY	10/18/2028	6.296	USD	12,329,000	12,681,608	12,923,751
	MORGAN STANLEY	01/22/2031	2.699	USD	1,448,000	1,205,793	1,266,942
	MORGAN STANLEY	10/20/2032	2.511	USD	11,895,000	9,442,314	9,872,374
	MORGAN STANLEY	07/20/2033	4.889	USD	3,379,000	3,186,059	3,300,810
	MORGAN STANLEY	10/18/2033	6.342	USD	17,683,000	18,598,257	19,101,530
	MORGAN STANLEY	07/21/2034	5.424	USD	965,000	963,446	981,309
	MORGAN STANLEY	04/20/2037	5.297	USD	2,172,000	2,008,412	2,117,526
	MORGAN STANLEY BANK N.A.	04/21/2026	4.754	USD	43,876,000	43,946,798	43,868,980
	MOTOROLA SOLUTIONS, INC.	05/24/2031	2.750	USD	1,770,000	1,404,140	1,515,315
	MOTOROLA SOLUTIONS, INC.	06/01/2032	5.600	USD	483,000	469,407	498,413
	MPLX LP	12/01/2024	4.875	USD	7,207,000	7,146,726	7,165,560
	MPLX LP	03/01/2026	1.750	USD	483,000	431,168	452,016
	MPLX LP	03/01/2027	4.125	USD	14,317,000	13,553,270	14,020,638
	MPLX LP	12/01/2027	4.250	USD	1,150,000	1,107,002	1,125,172
	MPLX LP	03/15/2028	4.000	USD	3,175,000	2,960,756	3,063,970
	MPLX LP	09/01/2032	4.950	USD	1,448,000	1,353,687	1,419,402
	NASDAQ, INC.	01/15/2031	1.650	USD	483,000	365,343	392,607
	NATIONAL AUSTRALIA BANK LTD.	07/12/2026	2.500	USD	10,822,000	9,938,047	10,290,748
	NATIONAL AUSTRALIA BANK LTD.	06/09/2027	3.905	USD	965,000	919,159	946,935
	NATIONAL AUSTRALIA BANK LTD.	06/13/2028	4.900	USD	579,000	577,396	586,313
	NATIONAL BANK OF CANADA	01/17/2025	5.250	USD	965,000	960,367	964,315
	NATIONAL FUEL GAS COMPANY	10/01/2026	5.500	USD	579,000	570,234	581,640
	NATIONAL GRID PLC	06/12/2033	5.809	USD	338,000	344,185	355,873
	NATIONAL RURAL UTILITIES COOP. FINANCE CORP.	03/15/2028	4.800	USD	965,000	945,584	976,792
	NATIONAL RURAL UTILITIES COOP. FINANCE CORP.	04/15/2032	2.750	USD	1,048,000	857,939	884,690
	NATWEST GROUP PLC	04/05/2026	4.800	USD	35,569,000	34,411,058	35,270,220
	NATWEST GROUP PLC	11/10/2026	7.472	USD	1,448,000	1,503,112	1,498,637
	NATWEST GROUP PLC	06/14/2027	1.642	USD	965,000	843,753	881,344
	NATWEST GROUP PLC	09/30/2028	5.516	USD	1,448,000	1,429,919	1,457,007
	NATWEST GROUP PLC	03/02/2034	6.016	USD	483,000	491,052	508,469
	NETAPP, INC.	06/22/2027	2.375	USD	483,000	432,330	448,833
	NETFLIX, INC.	05/15/2029	6.375	USD	1,148,000	1,238,554	1,248,083
	NEVADA POWER COMPANY	05/01/2030	2.400	USD	2,245,000	1,883,376	1,950,209
	NEWMONT CORPORATION	10/01/2029	2.800	USD	5,950,000	5,035,449	5,441,097
	NEWMONT CORPORATION	10/01/2030	2.250	USD	965,000	770,080	834,078
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	09/01/2024	4.255	USD	16,708,000	16,344,970	16,544,262
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	03/01/2025	6.051	USD	6,893,000	6,944,905	6,955,244
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	09/01/2025	5.749	USD	2,595,000	2,594,481	2,620,509
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	01/15/2027	1.875	USD	32,500,000	28,464,874	29,902,925
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	07/15/2027	4.625	USD	2,771,000	2,682,662	2,767,342
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	06/15/2028	1.900	USD	965,000	812,400	856,833
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	02/28/2030	5.000	USD	1,207,000	1,174,785	1,221,472
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	07/15/2032	5.000	USD	1,448,000	1,386,506	1,458,006
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	03/15/2082	3.800	USD	483,000	415,380	410,053
	NIKE, INC.	11/01/2026	2.375	USD	10,822,000	9,956,353	10,276,030
	NIKE, INC.	03/27/2030	2.850	USD	965,000	852,376	888,476
	NISOURCE INC.	03/30/2028	5.250	USD	14,170,000	14,192,899	14,457,651
	NISOURCE INC.	09/01/2029	2.950	USD	5,000,000	4,551,365	4,571,950
	NISOURCE INC.	05/01/2030	3.600	USD	14,961,000	13,298,437	13,937,219
	NISOURCE INC.	02/15/2031	1.700	USD	965,000	730,451	783,165
	NISOURCE INC.	06/30/2033	5.400	USD	338,000	315,232	349,140
	NNN REIT, INC.	04/15/2030	2.500	USD	338,000	282,064	290,599

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, 2023

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	NNN REIT, INC.	10/15/2033	5.600 %	USD	$ 3,811,000	$ 3,722,432	$ 3,941,984
	NOMURA HOLDINGS, INC.	01/16/2025	2.648	USD	1,845,000	1,742,786	1,789,982
	NOMURA HOLDINGS, INC.	07/03/2025	5.099	USD	5,793,000	5,738,035	5,754,477
	NOMURA HOLDINGS, INC.	01/09/2026	5.709	USD	983,000	984,576	992,211
	NOMURA HOLDINGS, INC.	01/22/2027	2.329	USD	3,252,000	2,865,090	2,983,677
	NOMURA HOLDINGS, INC.	07/12/2028	6.070	USD	3,470,000	3,470,000	3,585,967
	NOMURA HOLDINGS, INC.	07/06/2029	5.605	USD	965,000	942,380	986,693
	NORDIC INVESTMENT BANK	04/04/2025	2.625	USD	1,448,000	1,382,623	1,411,597
	NORDIC INVESTMENT BANK	09/08/2027	3.375	USD	483,000	461,883	471,896
	NORDSON CORPORATION	09/15/2028	5.600	USD	915,000	914,799	951,005
	NORDSON CORPORATION	09/15/2033	5.800	USD	241,000	229,878	256,718
	NORFOLK SOUTHERN CORPORATION	03/15/2032	3.000	USD	965,000	809,834	860,355
	NORFOLK SOUTHERN CORPORATION	03/15/2034	5.550	USD	4,828,000	4,864,318	5,109,231
	NORTHROP GRUMMAN CORPORATION	01/15/2025	2.930	USD	9,238,000	8,807,390	9,027,466
	NORTHROP GRUMMAN CORPORATION	01/15/2028	3.250	USD	15,000,000	14,034,450	14,339,850
	NORTHROP GRUMMAN CORPORATION	05/01/2030	4.400	USD	965,000	916,543	961,092
	NOVARTIS CAPITAL CORPORATION	11/20/2025	3.000	USD	29,037,000	27,488,681	28,240,805
	NOVARTIS CAPITAL CORPORATION	08/14/2030	2.200	USD	12,607,000	10,640,418	11,115,718
	NUCOR CORPORATION	06/01/2025	2.000	USD	3,965,000	3,678,648	3,806,995
	NUCOR CORPORATION	05/23/2027	4.300	USD	965,000	928,775	956,112
	NUTRIEN LTD.	11/07/2024	5.900	USD	10,000,000	10,006,384	10,026,500
	NUTRIEN LTD.	11/07/2025	5.950	USD	6,438,000	6,499,429	6,546,352
	NUTRIEN LTD.	03/27/2028	4.900	USD	3,045,000	3,045,096	3,074,445
	NVENT FINANCE S.A.R.L.	05/15/2033	5.650	USD	483,000	467,114	490,921
	NVIDIA CORPORATION	06/14/2024	0.584	USD	3,000,000	2,824,582	2,935,470
	NVIDIA CORPORATION	06/15/2028	1.550	USD	6,186,000	5,230,881	5,541,604
	NVIDIA CORPORATION	06/15/2031	2.000	USD	483,000	387,264	414,854
	NVR, INC.	05/15/2030	3.000	USD	241,000	206,236	215,073
	NXP B.V.	06/01/2027	4.400	USD	483,000	461,127	476,987
	NXP B.V.	12/01/2028	5.550	USD	724,000	720,050	746,053
	NXP B.V.	05/01/2030	3.400	USD	965,000	830,349	888,118
	OAKTREE SPECIALTY LENDING CORPORATION	02/15/2029	7.100	USD	241,000	230,432	248,755
	OCCIDENTAL PETROLEUM CORPORATION	12/01/2025	5.500	USD	965,000	963,794	964,807
	OCCIDENTAL PETROLEUM CORPORATION	09/01/2030	6.625	USD	1,448,000	1,513,160	1,539,962
	OHIO POWER COMPANY	04/01/2030	2.600	USD	483,000	422,451	423,557
	OHIO POWER COMPANY	06/01/2033	5.000	USD	2,975,000	2,960,958	2,997,937
	OHIOHEALTH CORP.	11/15/2031	2.297	USD	5,240,000	4,225,735	4,417,372
	OKLAHOMA GAS AND ELECTRIC CO.	04/01/2030	3.250	USD	483,000	434,024	440,786
	OMEGA HEALTHCARE INVESTORS, INC.	02/01/2031	3.375	USD	965,000	754,955	820,906
	OMNICOM GROUP INC.	08/01/2031	2.600	USD	8,049,000	6,575,772	6,926,165
	ONCOR ELECTRIC DELIVERY COMPANY LLC	10/01/2025	0.550	USD	2,896,000	2,578,663	2,695,162
	ONCOR ELECTRIC DELIVERY COMPANY LLC	09/15/2032	4.550	USD	145,000	138,188	143,915
	ONE GAS, INC.	09/01/2032	4.250	USD	145,000	135,191	139,288
	ONEOK PARTNERS LP	03/15/2025	4.900	USD	9,013,000	8,841,835	8,961,896
	ONEOK, INC.	09/15/2025	2.200	USD	483,000	441,144	459,092
	ONEOK, INC.	01/15/2026	5.850	USD	10,052,000	10,064,917	10,201,976
	ONEOK, INC.	07/15/2028	4.550	USD	3,166,000	2,993,092	3,118,763
	ONEOK, INC.	11/01/2028	5.650	USD	869,000	857,190	898,442
	ONEOK, INC.	03/15/2029	4.350	USD	2,775,000	2,569,483	2,699,825
	ONEOK, INC.	11/15/2032	6.100	USD	965,000	963,836	1,027,252
	ONEOK, INC.	09/01/2033	6.050	USD	1,640,000	1,639,606	1,738,088
	ORACLE CORPORATION	11/10/2025	5.800	USD	2,414,000	2,436,697	2,452,165
	ORACLE CORPORATION	03/25/2026	1.650	USD	1,931,000	1,720,461	1,802,144
	ORACLE CORPORATION	04/01/2027	2.800	USD	148,000	133,533	139,662
	ORACLE CORPORATION	05/06/2028	4.500	USD	965,000	927,288	965,801
	ORACLE CORPORATION	11/09/2029	6.150	USD	483,000	496,779	520,278
	ORACLE CORPORATION	04/01/2030	2.950	USD	11,642,000	9,896,388	10,516,335
	ORACLE CORPORATION	03/25/2031	2.875	USD	483,000	397,373	428,450
	ORACLE CORPORATION	11/09/2032	6.250	USD	23,499,000	24,401,260	25,603,100
	ORACLE CORPORATION	07/15/2036	3.850	USD	2,775,000	2,263,155	2,422,547
	O'REILLY AUTOMOTIVE INC.	09/01/2027	3.600	USD	6,740,000	6,319,217	6,500,932
	O'REILLY AUTOMOTIVE INC.	06/15/2032	4.700	USD	724,000	685,831	717,462
	ORIX CORPORATION	09/13/2027	5.000	USD	579,000	572,955	584,263
	OSHKOSH CORPORATION	03/01/2030	3.100	USD	145,000	125,711	130,725
	OTIS WORLDWIDE CORPORATION	04/05/2027	2.293	USD	965,000	863,342	899,920
	OTIS WORLDWIDE CORPORATION	08/16/2028	5.250	USD	2,235,000	2,226,954	2,293,959
	OVINTIV INC.	01/01/2026	5.375	USD	1,000,000	991,380	1,000,450
	OVINTIV INC.	05/15/2028	5.650	USD	145,000	141,245	148,081
*	OWENS CORNING	08/15/2029	3.950	USD	1,948,000	1,788,361	1,857,827
*	OWENS CORNING	06/01/2030	3.875	USD	483,000	435,284	454,146
	PACCAR FINANCIAL CORPORATION	10/03/2025	4.950	USD	965,000	960,532	970,636
	PACCAR FINANCIAL CORPORATION	03/30/2026	4.450	USD	1,985,000	1,983,670	1,982,003
	PACIFIC GAS & ELECTRIC COMPANY	06/15/2027	5.450	USD	1,931,000	1,876,018	1,947,085
	PACIFIC GAS & ELECTRIC COMPANY	01/15/2029	6.100	USD	724,000	707,971	749,861
	PACIFIC GAS & ELECTRIC COMPANY	03/01/2029	4.200	USD	965,000	862,653	912,938
	PACIFIC GAS & ELECTRIC COMPANY	01/15/2033	6.150	USD	965,000	946,838	1,001,988
	PACIFIC GAS & ELECTRIC COMPANY	02/15/2044	4.750	USD	5,550,000	4,330,244	4,645,017
	PACIFICORP	09/15/2030	2.700	USD	1,190,000	965,233	1,032,492
	PACKAGING CORPORATION OF AMERICA	12/01/2033	5.700	USD	250,000	265,283	263,133
	PARAMOUNT GLOBAL	07/30/2030	7.875	USD	965,000	1,033,883	1,046,697
	PARAMOUNT GLOBAL	05/19/2032	4.200	USD	500,000	451,145	447,390
	PARKER-HANNIFIN CORPORATION	09/15/2027	4.250	USD	1,448,000	1,379,460	1,436,387
	PAYPAL HOLDINGS, INC.	10/01/2024	2.400	USD	10,362,000	9,922,338	10,141,393
	PAYPAL HOLDINGS, INC.	06/01/2025	1.650	USD	1,473,000	1,359,842	1,406,111
	PAYPAL HOLDINGS, INC.	10/01/2026	2.650	USD	19,804,000	18,123,003	18,818,949
	PAYPAL HOLDINGS, INC.	06/01/2027	3.900	USD	9,978,000	9,554,162	9,814,760
	PAYPAL HOLDINGS, INC.	06/01/2032	4.400	USD	10,935,000	10,246,230	10,876,607
	PECO ENERGY COMPANY	06/15/2033	4.900	USD	2,226,000	2,220,195	2,261,215
	PENTAIR FINANCE S.A.R.L.	07/15/2032	5.900	USD	193,000	194,069	200,871
	PEPSICO, INC.	03/19/2025	2.250	USD	483,000	457,070	469,215
	PEPSICO, INC.	11/10/2026	5.125	USD	14,944,000	14,955,005	15,265,894

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
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SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2023

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	PEPSICO, INC.	03/19/2027	2.625 %	USD	$ 483,000	$ 444,642	$ 458,174
	PEPSICO, INC.	02/18/2028	3.600	USD	965,000	915,734	945,198
	PEPSICO, INC.	10/21/2031	1.950	USD	12,665,000	10,185,267	10,757,398
	PEPSICO, INC.	07/18/2032	3.900	USD	1,448,000	1,351,396	1,413,552
	PFIZER INC.	05/28/2025	0.800	USD	507,000	463,558	479,734
	PFIZER INC.	06/03/2026	2.750	USD	10,642,000	9,980,332	10,204,188
	PFIZER INC.	03/15/2029	3.450	USD	483,000	447,582	465,854
	PFIZER INC.	05/28/2030	1.700	USD	724,000	587,646	617,507
	PFIZER INC.	08/18/2031	1.750	USD	500,000	394,983	415,720
	PFIZER INVESTMENT ENTERPRISES PTE. LTD.	05/19/2030	4.650	USD	3,379,000	3,355,144	3,407,012
	PFIZER INVESTMENT ENTERPRISES PTE. LTD.	05/19/2033	4.750	USD	2,952,000	2,947,572	2,959,232
	PHILIP MORRIS INTERNATIONAL INC.	02/13/2026	4.875	USD	5,413,000	5,337,211	5,433,678
	PHILIP MORRIS INTERNATIONAL INC.	11/17/2027	5.125	USD	1,448,000	1,436,061	1,474,889
	PHILIP MORRIS INTERNATIONAL INC.	02/15/2028	4.875	USD	1,035,000	1,003,464	1,047,027
	PHILIP MORRIS INTERNATIONAL INC.	09/07/2028	5.250	USD	1,675,000	1,656,307	1,724,513
	PHILIP MORRIS INTERNATIONAL INC.	11/17/2029	5.625	USD	1,972,000	1,992,307	2,070,087
	PHILIP MORRIS INTERNATIONAL INC.	02/15/2030	5.125	USD	1,689,000	1,655,037	1,720,297
	PHILIP MORRIS INTERNATIONAL INC.	09/07/2030	5.500	USD	2,468,000	2,390,591	2,561,463
	PHILLIPS 66	11/15/2034	4.650	USD	15,823,000	14,688,261	15,412,393
	PHILLIPS 66 COMPANY	12/01/2027	4.950	USD	7,015,000	7,005,078	7,079,678
	PHILLIPS 66 COMPANY	12/15/2029	3.150	USD	1,207,000	1,061,569	1,105,455
	PHYSICIANS REALTY LP	11/01/2031	2.625	USD	290,000	213,376	239,024
	PIEDMONT NATURAL GAS COMPANY, INC.	06/15/2033	5.400	USD	241,000	236,751	248,252
	PILGRIM'S PRIDE CORPORATION	04/15/2031	4.250	USD	1,684,000	1,439,192	1,521,022
	PILGRIM'S PRIDE CORPORATION	03/01/2032	3.500	USD	1,555,000	1,232,338	1,314,628
	PILGRIM'S PRIDE CORPORATION	07/01/2033	6.250	USD	2,240,000	2,224,589	2,305,027
	PIONEER NATURAL RESOURCES COMPANY	01/15/2026	1.125	USD	3,458,000	3,070,265	3,211,203
	PIONEER NATURAL RESOURCES COMPANY	03/29/2026	5.100	USD	11,970,000	11,964,135	12,061,331
	PIONEER NATURAL RESOURCES COMPANY	01/15/2031	2.150	USD	483,000	379,085	410,990
	PLAINS ALL AMERICAN PIPELINE LP	09/15/2030	3.800	USD	600,000	518,980	552,930
	PNC BANK, N.A.	10/22/2029	2.700	USD	483,000	408,066	423,944
	PPG INDUSTRIES, INC.	03/15/2026	1.200	USD	965,000	852,009	892,268
	PPL CAPITAL FUNDING, INC.	05/15/2026	3.100	USD	5,950,000	5,551,131	5,704,741
	PPL CAPITAL FUNDING, INC.	04/15/2030	4.125	USD	724,000	672,314	690,493
	PRINCIPAL FINANCIAL GROUP INC.	06/15/2030	2.125	USD	483,000	391,213	408,618
	PROLOGIS, LP	04/15/2027	2.125	USD	13,450,000	12,025,490	12,438,426
	PROLOGIS, LP	06/15/2028	4.875	USD	15,000,000	14,908,350	15,204,750
	PROLOGIS, LP	09/15/2028	4.000	USD	1,931,000	1,838,096	1,884,926
	PROLOGIS, LP	01/15/2033	4.625	USD	11,717,000	11,235,426	11,791,051
	PROLOGIS, LP	06/15/2033	4.750	USD	338,000	325,203	343,056
	PROLOGIS, LP	01/15/2034	5.125	USD	4,775,000	4,757,906	4,932,623
	PROSPECT CAPITAL CORPORATION	10/15/2028	3.437	USD	483,000	384,019	406,131
	PROVIDENCE ST. JOSEPH HEALTH, WA	10/01/2033	5.403	USD	3,850,000	3,850,000	3,929,233
	PRUDENTIAL FINANCIAL INC.	09/01/2052	6.000	USD	1,448,000	1,397,074	1,441,050
	PRUDENTIAL FUNDING ASIA PLC	03/24/2032	3.625	USD	483,000	425,986	438,211
	PUBLIC SERVICE COMPANY OF COLORADO	06/01/2032	4.100	USD	1,110,000	1,037,193	1,065,212
	PUBLIC SERVICE ELECTRIC AND GAS COMPANY	03/15/2026	0.950	USD	241,000	218,493	222,886
	PUBLIC SERVICE ELECTRIC AND GAS COMPANY	03/15/2032	3.100	USD	965,000	833,303	863,009
	PUBLIC SERVICE ELECTRIC AND GAS COMPANY	03/15/2033	4.650	USD	2,775,000	2,803,277	2,780,717
	PUBLIC SERVICE ELECTRIC AND GAS COMPANY	08/01/2033	5.200	USD	3,000,000	2,996,100	3,118,770
	PUBLIC SERVICE ENTERPRISE GROUP INCORPORATED	11/15/2027	5.850	USD	10,035,000	10,231,847	10,453,158
	PUBLIC SERVICE ENTERPRISE GROUP INCORPORATED	11/15/2031	2.450	USD	13,519,000	10,755,866	11,350,688
	PUBLIC STORAGE	11/09/2028	1.950	USD	1,448,000	1,221,999	1,291,355
	PUBLIC STORAGE	05/01/2029	3.385	USD	7,240,000	6,855,149	6,908,408
	PUGET ENERGY, INC.	06/15/2028	2.379	USD	483,000	422,412	432,126
	QUALCOMM INCORPORATED	05/20/2028	1.300	USD	483,000	404,558	427,851
	QUALCOMM INCORPORATED	05/20/2030	2.150	USD	11,732,000	9,817,606	10,350,440
	QUALCOMM INCORPORATED	05/20/2032	4.250	USD	965,000	916,644	959,200
	QUALCOMM INCORPORATED	05/20/2035	4.650	USD	21,763,000	21,301,807	22,316,433
	QUEST DIAGNOSTICS INCORPORATED	06/30/2029	4.200	USD	241,000	236,110	236,804
	QUEST DIAGNOSTICS INCORPORATED	06/30/2031	2.800	USD	483,000	402,461	421,616
	QUEST DIAGNOSTICS INCORPORATED	11/30/2033	6.400	USD	3,800,000	3,797,986	4,218,608
	RADIAN GROUP INC.	03/15/2025	6.625	USD	483,000	482,232	484,855
	RALPH LAUREN CORPORATION	06/15/2030	2.950	USD	290,000	255,136	263,598
	RAYMOND JAMES FINANCIAL, INC.	04/01/2030	4.650	USD	241,000	230,176	243,191
	REALTY INCOME CORPORATION	12/15/2028	4.700	USD	6,950,000	6,812,946	6,993,577
	REALTY INCOME CORPORATION	12/15/2029	3.100	USD	965,000	842,530	885,513
	REALTY INCOME CORPORATION	03/15/2030	4.850	USD	483,000	462,559	485,690
	REALTY INCOME CORPORATION	10/13/2032	5.625	USD	15,483,000	15,682,854	16,315,366
	REALTY INCOME CORPORATION	12/15/2032	2.850	USD	970,000	790,516	825,451
	REGENCY CENTERS, LP	06/15/2030	3.700	USD	338,000	299,529	314,644
	REGENERON PHARMACEUTICALS, INC.	09/15/2030	1.750	USD	483,000	373,570	397,755
	REGIONS FINANCIAL CORPORATION	05/18/2025	2.250	USD	724,000	675,408	690,110
	REINSURANCE GROUP OF AMERICA, INC.	06/15/2030	3.150	USD	483,000	410,597	434,096
	RELX CAPITAL INC.	05/22/2030	3.000	USD	7,500,000	6,430,176	6,890,775
	RELX CAPITAL INC.	05/20/2032	4.750	USD	483,000	458,727	488,888
	RENAISSANCERE HOLDINGS LTD.	04/15/2029	3.600	USD	241,000	219,524	223,747
	REPUBLIC SERVICES, INC.	08/15/2024	2.500	USD	9,844,000	9,406,719	9,656,570
	REPUBLIC SERVICES, INC.	04/01/2029	4.875	USD	6,433,000	6,388,040	6,558,701
	REPUBLIC SERVICES, INC.	02/15/2032	1.750	USD	665,000	505,567	542,361
	REVVITY INC.	09/15/2028	1.900	USD	483,000	399,305	418,602
	RIO TINTO FINANCE (USA) LTD.	07/15/2028	7.125	USD	2,620,000	2,857,870	2,886,061
	RIO TINTO FINANCE (USA) PLC	03/09/2033	5.000	USD	588,000	604,810	612,661
	ROCKWELL AUTOMATION, INC.	08/15/2031	1.750	USD	241,000	191,159	199,213
	ROGERS COMMUNICATIONS INC.	03/15/2032	3.800	USD	965,000	824,911	889,035
	ROPER TECHNOLOGIES, INC.	09/15/2025	1.000	USD	2,414,000	2,171,134	2,256,704
	ROPER TECHNOLOGIES, INC.	09/15/2027	1.400	USD	483,000	408,035	432,493
	ROSS STORES, INC.	04/15/2031	1.875	USD	241,000	187,500	198,644
	ROYAL BANK OF CANADA	10/07/2024	0.750	USD	10,732,000	9,985,475	10,359,385
	ROYAL BANK OF CANADA	04/14/2025	3.375	USD	29,429,000	28,661,490	28,834,828
	ROYAL BANK OF CANADA	05/04/2027	3.625	USD	965,000	906,922	933,329

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, 2023

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	ROYAL BANK OF CANADA	11/01/2027	6.000 %	USD	$ 18,965,000	$ 19,413,226	$ 19,882,906
	ROYAL BANK OF CANADA	01/12/2028	4.900	USD	724,000	711,169	732,398
	ROYAL BANK OF CANADA	08/01/2028	5.200	USD	40,965,000	40,942,759	41,824,036
	ROYAL BANK OF CANADA	05/04/2032	3.875	USD	483,000	433,529	456,517
	ROYAL BANK OF CANADA	02/01/2033	5.000	USD	483,000	482,618	492,134
	ROYALTY PHARMA PLC	09/02/2025	1.200	USD	2,414,000	2,157,060	2,253,493
	RTX CORPORATION	11/16/2028	4.125	USD	40,220,000	38,461,351	39,314,648
	RTX CORPORATION	03/15/2032	2.375	USD	13,630,000	10,944,941	11,370,146
	RTX CORPORATION	02/27/2033	5.150	USD	628,000	647,631	640,956
	RTX CORPORATION	03/15/2034	6.100	USD	3,390,000	3,383,627	3,686,557
	RYDER SYSTEM, INC.	09/01/2026	1.750	USD	5,600,000	4,999,960	5,161,632
	RYDER SYSTEM, INC.	06/15/2027	4.300	USD	965,000	922,809	943,577
	RYDER SYSTEM, INC.	06/01/2028	5.250	USD	4,928,000	4,921,643	4,995,661
	S&P GLOBAL INC.	08/01/2028	4.750	USD	1,931,000	1,968,539	1,964,812
	SABINE PASS LIQUEFACTION LLC	03/01/2025	5.625	USD	1,691,000	1,679,242	1,694,433
	SABINE PASS LIQUEFACTION LLC	05/15/2030	4.500	USD	1,448,000	1,348,743	1,416,086
	SALESFORCE.COM, INC.	07/15/2028	1.500	USD	965,000	815,017	859,371
	SALESFORCE.COM, INC.	07/15/2031	1.950	USD	8,163,000	6,501,928	6,985,487
	SAN DIEGO GAS & ELECTRIC COMPANY	08/15/2028	4.950	USD	5,995,000	5,969,222	6,120,955
	SAN DIEGO GAS & ELECTRIC COMPANY	03/15/2032	3.000	USD	483,000	413,656	428,967
	SANDS CHINA LTD.	03/08/2029	3.100	USD	724,000	599,334	631,328
	SANDS CHINA LTD.	08/08/2031	3.500	USD	579,000	461,405	484,519
	SANOFI S.A.	06/19/2028	3.625	USD	483,000	456,231	473,828
	SANTANDER HOLDINGS USA, INC.	09/09/2026	5.807	USD	965,000	964,276	967,644
	SANTANDER HOLDINGS USA, INC.	10/05/2026	3.244	USD	483,000	443,524	455,010
	SANTANDER HOLDINGS USA, INC.	07/13/2027	4.400	USD	500,000	477,490	485,930
	SANTANDER UK GROUP HOLDINGS PLC	11/21/2026	6.833	USD	965,000	979,436	982,930
	SANTANDER UK GROUP HOLDINGS PLC	06/14/2027	1.673	USD	483,000	420,586	439,240
	SANTANDER UK GROUP HOLDINGS PLC	01/11/2028	2.469	USD	483,000	421,246	440,341
	SCHLUMBERGER INVESTMENT S.A.	06/26/2030	2.650	USD	483,000	412,557	434,666
	SEMPRA ENERGY	04/01/2029	3.700	USD	1,448,000	1,306,459	1,380,914
	SERVICENOW, INC.	09/01/2030	1.400	USD	483,000	365,434	397,857
	SHELL INTERNATIONAL FINANCE B.V.	05/10/2026	2.875	USD	20,535,000	19,097,020	19,773,562
	SHELL INTERNATIONAL FINANCE B.V.	09/12/2026	2.500	USD	7,500,000	6,831,259	7,142,100
	SHELL INTERNATIONAL FINANCE B.V.	04/06/2030	2.750	USD	1,600,000	1,395,533	1,463,664
	SHELL INTERNATIONAL FINANCE B.V.	05/11/2035	4.125	USD	16,003,000	14,663,994	15,261,261
	SHIRE ACQUISITIONS INVESTMENTS IRELAND D.A.C.	09/23/2026	3.200	USD	49,213,000	45,567,388	47,352,256
	SIMON PROPERTY GROUP, LP	01/15/2027	1.375	USD	965,000	836,142	880,379
	SIMON PROPERTY GROUP, LP	02/01/2028	1.750	USD	265,000	225,629	238,415
	SIMON PROPERTY GROUP, LP	09/13/2029	2.450	USD	24,741,000	20,521,736	22,045,468
	SIMON PROPERTY GROUP, LP	07/15/2030	2.650	USD	9,160,000	7,635,677	8,119,241
	SIMON PROPERTY GROUP, LP	02/01/2032	2.650	USD	965,000	770,117	825,702
	SKYWORKS SOLUTIONS, INC.	06/01/2026	1.800	USD	483,000	424,213	447,954
	SONOCO PRODUCTS COMPANY	02/01/2025	1.800	USD	809,000	755,576	778,226
	SONOCO PRODUCTS COMPANY	02/01/2032	2.850	USD	145,000	117,856	123,630
	SOUTHERN CALIFORNIA EDISON COMPANY	06/01/2025	4.200	USD	493,000	479,119	487,148
	SOUTHERN CALIFORNIA EDISON COMPANY	11/01/2027	5.850	USD	483,000	491,663	504,455
	SOUTHERN CALIFORNIA EDISON COMPANY	06/01/2030	2.250	USD	3,965,000	3,252,595	3,408,790
	SOUTHERN CALIFORNIA EDISON COMPANY	11/01/2032	5.950	USD	483,000	498,915	519,829
	SOUTHERN CALIFORNIA EDISON COMPANY	01/15/2034	6.000	USD	14,250,000	14,812,705	15,625,838
	SOUTHERN COMPANY GAS CAPITAL	09/15/2032	5.150	USD	241,000	235,756	244,817
	SOUTHERN COMPANY GAS CAPITAL	09/15/2033	5.750	USD	241,000	230,225	253,674
	SOUTHWEST AIRLINES CO.	05/04/2025	5.250	USD	2,575,000	2,583,369	2,574,511
	SOUTHWEST AIRLINES CO.	06/15/2027	5.125	USD	4,930,000	4,848,441	4,954,650
	SOUTHWEST GAS CORPORATION	03/15/2032	4.050	USD	434,000	391,116	407,352
	SPIRE MISSOURI INC.	02/15/2033	4.800	USD	97,000	94,054	96,998
	SPIRIT REALTY, LP	03/15/2028	2.100	USD	6,624,000	5,588,603	5,887,080
	SPIRIT REALTY, LP	02/15/2032	2.700	USD	483,000	367,477	405,392
	SPRINT CORPORATION	03/01/2026	7.625	USD	3,862,000	4,098,548	4,032,778
	STANLEY BLACK & DECKER, INC.	02/24/2025	2.300	USD	965,000	907,706	932,518
	STANLEY BLACK & DECKER, INC.	05/15/2032	3.000	USD	483,000	383,833	417,254
	STARBUCKS CORPORATION	02/15/2026	4.750	USD	386,000	382,480	387,606
	STARBUCKS CORPORATION	03/12/2027	2.000	USD	965,000	855,694	894,246
	STARBUCKS CORPORATION	08/15/2029	3.550	USD	20,483,000	18,650,176	19,760,769
	STARBUCKS CORPORATION	02/14/2032	3.000	USD	483,000	406,961	434,111
	STATE STREET CORPORATION	01/26/2026	4.857	USD	1,000,000	989,835	995,370
	STATE STREET CORPORATION	08/03/2026	5.272	USD	5,950,000	5,950,000	6,031,158
	STATE STREET CORPORATION	02/07/2028	2.203	USD	965,000	864,081	896,736
	STATE STREET CORPORATION	01/24/2030	2.400	USD	1,000,000	870,150	893,780
	STATE STREET CORPORATION	08/04/2033	4.164	USD	16,878,000	15,432,946	15,905,152
	STEEL DYNAMICS, INC.	12/15/2024	2.800	USD	990,000	942,756	964,250
	STEEL DYNAMICS, INC.	06/15/2025	2.400	USD	1,448,000	1,369,417	1,387,865
	STERIS IRISH FINCO UNLIMITED COMPANY	03/15/2031	2.700	USD	241,000	197,058	207,672
	STIFEL FINANCIAL CORP.	05/15/2030	4.000	USD	338,000	286,864	307,103
	STORE CAPITAL CORPORATION	12/01/2031	2.700	USD	483,000	349,076	366,486
	STRYKER CORPORATION	06/15/2025	1.150	USD	968,000	879,497	915,331
	STRYKER CORPORATION	06/15/2030	1.950	USD	362,000	303,906	310,013
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	07/16/2024	2.696	USD	9,362,000	8,990,553	9,223,911
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	07/13/2026	5.880	USD	500,000	507,055	511,485
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	09/17/2026	1.402	USD	7,925,000	6,818,506	7,220,309
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	01/14/2027	2.174	USD	2,414,000	2,133,830	2,230,029
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	01/13/2028	5.520	USD	2,896,000	2,875,822	2,966,720
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	09/17/2028	1.902	USD	30,965,000	25,419,024	27,125,030
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	01/12/2031	1.710	USD	483,000	365,794	390,491
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	09/17/2031	2.222	USD	965,000	746,266	796,222
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	07/13/2033	5.776	USD	483,000	490,549	512,603
	SUN COMMUNITIES OPERATING LP	11/01/2028	2.300	USD	4,930,000	4,142,250	4,315,328
	SUTTER HEALTH	08/15/2025	1.321	USD	147,000	132,604	137,749
	SUTTER HEALTH	08/15/2033	5.164	USD	1,276,000	1,276,000	1,295,319
	SUZANO AUSTRIA GMBH	09/15/2028	2.500	USD	1,931,000	1,624,734	1,695,302
	SYNCHRONY BANK	08/22/2025	5.400	USD	965,000	947,714	950,631

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NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	SYNCHRONY BANK	08/23/2027	5.625 %	USD	$ 483,000	$ 471,000	$ 475,088
	SYNCHRONY FINANCIAL	10/28/2031	2.875	USD	483,000	362,264	387,675
	SYNOVUS BANK	02/15/2028	5.625	USD	500,000	454,190	480,865
	SYSCO CORPORATION	07/15/2026	3.300	USD	5,342,000	4,986,527	5,158,556
	SYSCO CORPORATION	07/15/2027	3.250	USD	15,000,000	13,768,778	14,351,400
	SYSCO CORPORATION	12/14/2031	2.450	USD	965,000	769,149	816,101
	TAKEDA PHARMACEUTICAL CO. LTD.	03/31/2030	2.050	USD	1,448,000	1,174,180	1,242,862
	TAKE-TWO INTERACTIVE SOFTWARE, INC.	03/28/2026	5.000	USD	5,950,000	5,946,728	5,978,858
	TAKE-TWO INTERACTIVE SOFTWARE, INC.	04/14/2027	3.700	USD	483,000	453,655	468,529
	TAKE-TWO INTERACTIVE SOFTWARE, INC.	04/14/2032	4.000	USD	241,000	217,534	229,275
	TAMPA ELECTRIC COMPANY	03/15/2031	2.400	USD	193,000	157,044	163,033
	TAPESTRY, INC.	03/15/2032	3.050	USD	241,000	192,663	196,135
	TARGA RESOURCES CORP.	07/01/2027	5.200	USD	483,000	472,853	485,415
	TARGA RESOURCES CORP.	03/15/2033	6.125	USD	5,155,000	5,175,353	5,439,195
	TARGA RESOURCES PARTNERS LP	02/01/2031	4.875	USD	2,550,000	2,350,451	2,474,189
	TARGET CORPORATION	04/15/2025	2.250	USD	9,930,000	9,333,260	9,624,255
	TARGET CORPORATION	04/15/2026	2.500	USD	10,642,000	9,957,717	10,247,075
	TARGET CORPORATION	01/15/2027	1.950	USD	965,000	865,668	900,914
	TARGET CORPORATION	02/15/2030	2.350	USD	11,642,000	9,852,437	10,403,408
	TARGET CORPORATION	09/15/2032	4.500	USD	483,000	460,711	488,714
	TARGET CORPORATION	01/15/2033	4.400	USD	145,000	138,724	146,678
	TD SYNNEX CORPORATION	08/09/2026	1.750	USD	965,000	829,271	876,152
	TELEDYNE FLIR LLC	08/01/2030	2.500	USD	386,000	312,183	332,458
	TELEDYNE TECHNOLOGIES INCORPORATED	04/01/2028	2.250	USD	965,000	830,300	873,923
	TELEFONICA EMISIONES S.A.U.	03/08/2027	4.103	USD	448,000	422,977	439,044
	TELUS CORPORATION	05/13/2032	3.400	USD	483,000	408,132	430,783
	TEXAS INSTRUMENTS INC.	02/15/2028	4.600	USD	1,448,000	1,433,585	1,472,283
	TEXAS INSTRUMENTS INC.	09/15/2031	1.900	USD	12,182,000	9,830,911	10,418,046
	TEXTRON INC.	03/15/2026	4.000	USD	1,150,000	1,108,031	1,125,827
	TEXTRON INC.	03/15/2031	2.450	USD	579,000	470,664	494,344
	THE AES CORPORATION	01/15/2026	1.375	USD	241,000	216,746	223,065
	THE AES CORPORATION	01/15/2031	2.450	USD	483,000	381,381	406,343
	THE ALLSTATE CORPORATION	12/15/2025	0.750	USD	12,483,000	11,015,408	11,511,448
	THE ALLSTATE CORPORATION	12/15/2026	3.280	USD	14,015,000	13,103,983	13,502,612
	THE ALLSTATE CORPORATION	12/15/2030	1.450	USD	483,000	367,739	390,776
*	THE ANDREW W MELLON FOUNDATION	08/01/2027	0.947	USD	495,000	421,797	436,620
	THE ASIAN INFRASTRUCTURE INVESTMENT BANK	01/18/2028	4.000	USD	2,414,000	2,352,430	2,402,606
*	THE BANK OF NEW YORK MELLON CORPORATION	01/28/2026	0.750	USD	483,000	427,378	445,109
*	THE BANK OF NEW YORK MELLON CORPORATION	07/24/2026	4.414	USD	18,732,000	18,328,613	18,536,625
*	THE BANK OF NEW YORK MELLON CORPORATION	10/15/2026	1.050	USD	483,000	417,862	437,482
*	THE BANK OF NEW YORK MELLON CORPORATION	06/13/2028	3.992	USD	965,000	922,265	942,110
*	THE BANK OF NEW YORK MELLON CORPORATION	04/26/2029	3.850	USD	500,000	473,815	485,060
*	THE BANK OF NEW YORK MELLON CORPORATION	07/26/2030	4.596	USD	965,000	927,083	959,268
*	THE BANK OF NEW YORK MELLON CORPORATION	10/25/2033	5.834	USD	15,148,000	15,711,606	16,083,843
*	THE BANK OF NEW YORK MELLON CORPORATION	04/26/2034	4.967	USD	483,000	484,208	481,686
	THE BANK OF NOVA SCOTIA	07/31/2024	0.650	USD	10,732,000	10,033,379	10,432,148
	THE BANK OF NOVA SCOTIA	12/06/2024	5.250	USD	8,880,000	8,851,494	8,873,162
	THE BANK OF NOVA SCOTIA	01/10/2025	1.450	USD	965,000	897,568	928,079
	THE BANK OF NOVA SCOTIA	04/11/2025	3.450	USD	1,448,000	1,390,122	1,416,926
	THE BANK OF NOVA SCOTIA	06/11/2025	1.300	USD	11,000,000	9,993,900	10,425,030
	THE BANK OF NOVA SCOTIA	08/03/2026	2.700	USD	12,000,000	10,930,639	11,374,560
	THE BANK OF NOVA SCOTIA	02/02/2027	1.950	USD	483,000	428,839	445,089
	THE BANK OF NOVA SCOTIA	03/11/2027	2.951	USD	965,000	881,222	912,745
	THE BANK OF NOVA SCOTIA	02/01/2030	4.850	USD	724,000	699,478	723,464
	THE BANK OF NOVA SCOTIA	05/04/2037	4.588	USD	483,000	419,775	433,111
	THE BOEING COMPANY	02/04/2026	2.196	USD	7,241,000	6,557,302	6,844,266
	THE BOEING COMPANY	02/01/2027	2.700	USD	4,955,000	4,483,027	4,675,439
	THE BOEING COMPANY	02/01/2028	3.250	USD	1,448,000	1,306,498	1,374,673
	THE BOEING COMPANY	02/01/2035	3.250	USD	1,190,000	922,634	1,005,859
	THE BOEING COMPANY	03/01/2035	3.300	USD	1,064,000	771,142	873,331
*	THE CHARLES SCHWAB CORPORATION	03/11/2026	0.900	USD	1,000,000	882,301	917,010
*	THE CHARLES SCHWAB CORPORATION	05/13/2026	1.150	USD	10,082,000	8,877,697	9,236,423
*	THE CHARLES SCHWAB CORPORATION	03/03/2027	2.450	USD	12,226,000	11,034,107	11,387,541
*	THE CHARLES SCHWAB CORPORATION	03/20/2028	2.000	USD	5,041,000	4,375,146	4,488,406
*	THE CHARLES SCHWAB CORPORATION	10/01/2029	2.750	USD	1,689,000	1,457,625	1,523,326
*	THE CHARLES SCHWAB CORPORATION	03/22/2030	4.625	USD	483,000	465,438	486,304
*	THE CHARLES SCHWAB CORPORATION	12/01/2031	1.950	USD	11,343,000	8,813,561	9,106,047
*	THE CHARLES SCHWAB CORPORATION	03/03/2032	2.900	USD	338,000	258,722	291,136
	THE CIGNA CORPORATION	02/25/2026	4.500	USD	965,000	940,982	958,332
	THE CIGNA CORPORATION	03/15/2026	1.250	USD	1,448,000	1,283,593	1,340,674
	THE CIGNA CORPORATION	10/15/2028	4.375	USD	16,266,000	15,718,028	16,125,624
	THE CIGNA CORPORATION	03/15/2031	2.375	USD	11,857,000	9,604,147	10,148,643
	THE CIGNA CORPORATION	03/15/2033	5.400	USD	965,000	994,085	1,005,376
	THE CLEVELAND ELECTRIC ILLUMINATING COMPANY	08/15/2024	5.500	USD	4,749,000	4,730,115	4,741,307
	THE CLOROX COMPANY	05/01/2029	4.400	USD	965,000	921,482	956,209
	THE COCA-COLA COMPANY	06/01/2027	1.450	USD	1,448,000	1,266,416	1,323,863
	THE COCA-COLA COMPANY	03/05/2028	1.500	USD	1,448,000	1,248,290	1,305,386
	THE COCA-COLA COMPANY	09/06/2029	2.125	USD	11,642,000	9,961,157	10,533,332
	THE COCA-COLA COMPANY	03/05/2031	2.000	USD	965,000	828,153	833,972
	THE DOW CHEMICAL COMPANY	11/30/2028	4.800	USD	965,000	942,865	974,949
	THE DOW CHEMICAL COMPANY	11/15/2030	2.100	USD	15,322,000	12,340,369	13,133,406
	THE ESTEE LAUDER COMPANIES INC.	03/15/2031	1.950	USD	724,000	588,551	607,385
	THE GOLDMAN SACHS GROUP, INC.	01/24/2025	1.757	USD	10,362,000	9,969,164	10,325,940
	THE GOLDMAN SACHS GROUP, INC.	04/01/2025	3.500	USD	31,000,000	29,851,004	30,301,260
	THE GOLDMAN SACHS GROUP, INC.	05/22/2025	3.750	USD	21,000,000	20,190,103	20,572,020
	THE GOLDMAN SACHS GROUP, INC.	01/26/2027	3.850	USD	42,400,000	39,999,761	41,244,600
	THE GOLDMAN SACHS GROUP, INC.	06/15/2027	4.387	USD	2,414,000	2,317,929	2,376,438
	THE GOLDMAN SACHS GROUP, INC.	10/21/2027	1.948	USD	6,096,000	5,321,437	5,578,937
	THE GOLDMAN SACHS GROUP, INC.	02/24/2028	2.640	USD	2,414,000	2,153,928	2,238,478
	THE GOLDMAN SACHS GROUP, INC.	03/15/2028	3.615	USD	2,414,000	2,235,144	2,316,740
	THE GOLDMAN SACHS GROUP, INC.	05/01/2029	4.223	USD	1,931,000	1,799,166	1,869,884

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, 2023

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	THE GOLDMAN SACHS GROUP, INC.	02/07/2030	2.600 %	USD	$ 4,388,000	$ 3,665,731	$ 3,859,597
	THE GOLDMAN SACHS GROUP, INC.	03/15/2030	3.800	USD	28,207,000	25,397,037	26,531,786
	THE GOLDMAN SACHS GROUP, INC.	01/27/2032	1.992	USD	7,930,000	6,133,989	6,418,621
	THE GOLDMAN SACHS GROUP, INC.	04/22/2032	2.615	USD	7,930,000	6,401,586	6,668,020
	THE GOLDMAN SACHS GROUP, INC.	07/21/2032	2.383	USD	1,303,000	1,016,397	1,071,196
	THE GOLDMAN SACHS GROUP, INC.	02/15/2033	6.125	USD	241,000	253,542	265,242
	THE GOLDMAN SACHS GROUP, INC.	02/24/2033	3.102	USD	3,379,000	2,767,473	2,904,791
	THE HARTFORD FINANCIAL SERVICES GROUP, INC.	08/19/2029	2.800	USD	483,000	413,729	438,815
	THE HERSHEY COMPANY	06/01/2030	1.700	USD	483,000	390,231	411,709
	THE HOME DEPOT, INC.	09/15/2025	4.000	USD	8,725,000	8,505,148	8,645,254
	THE HOME DEPOT, INC.	04/15/2027	2.875	USD	5,736,000	5,309,838	5,487,861
	THE HOME DEPOT, INC.	09/15/2028	1.500	USD	1,448,000	1,216,614	1,285,042
	THE HOME DEPOT, INC.	06/15/2029	2.950	USD	27,793,000	24,613,979	26,150,156
	THE HOME DEPOT, INC.	03/15/2031	1.375	USD	483,000	380,430	395,253
	THE HOME DEPOT, INC.	09/15/2032	4.500	USD	965,000	923,393	986,182
	THE HOME DEPOT, INC.	12/16/2036	5.875	USD	18,282,000	19,964,452	20,482,787
	THE HUNTINGTON NATIONAL BANK	01/10/2030	5.650	USD	300,000	293,646	302,823
	THE INTERPUBLIC GROUP OF COMPANIES, INC.	03/01/2031	2.400	USD	483,000	388,887	408,802
	THE J.M. SMUCKER COMPANY	12/15/2027	3.375	USD	9,013,000	8,281,619	8,570,281
	THE J.M. SMUCKER COMPANY	11/15/2028	5.900	USD	400,000	421,380	421,020
	THE J.M. SMUCKER COMPANY	03/15/2030	2.375	USD	483,000	402,127	417,529
	THE KROGER CO.	10/15/2026	2.650	USD	15,000,000	13,718,198	14,177,100
	THE KROGER CO.	01/15/2031	1.700	USD	965,000	728,662	781,254
	THE MOSAIC COMPANY	11/15/2028	5.375	USD	500,000	512,035	510,780
	THE NEW YORK AND PRESBYTERIAN HOSPITAL	08/01/2040	2.256	USD	3,739,000	2,533,285	2,585,406
	THE PNC FINANCIAL SERVICES GROUP INC.	10/28/2025	5.671	USD	7,996,000	7,995,126	7,992,722
	THE PNC FINANCIAL SERVICES GROUP INC.	07/23/2026	2.600	USD	12,339,000	11,312,318	11,688,981
	THE PNC FINANCIAL SERVICES GROUP INC.	08/13/2026	1.150	USD	1,026,000	893,829	934,553
	THE PNC FINANCIAL SERVICES GROUP INC.	05/19/2027	3.150	USD	22,360,000	20,661,858	21,224,336
	THE PNC FINANCIAL SERVICES GROUP INC.	12/02/2028	5.354	USD	965,000	965,096	977,304
	THE PNC FINANCIAL SERVICES GROUP INC.	06/12/2029	5.582	USD	3,378,000	3,373,748	3,448,735
	THE PNC FINANCIAL SERVICES GROUP INC.	01/22/2030	2.550	USD	1,448,000	1,150,508	1,268,245
	THE PNC FINANCIAL SERVICES GROUP INC.	06/06/2033	4.626	USD	483,000	446,216	456,145
	THE PNC FINANCIAL SERVICES GROUP INC.	10/28/2033	6.037	USD	965,000	995,429	1,010,017
	THE PNC FINANCIAL SERVICES GROUP INC.	01/24/2034	5.068	USD	483,000	464,102	473,446
	THE PROCTER & GAMBLE COMPANY	11/03/2026	2.450	USD	5,100,000	4,669,033	4,867,950
	THE PROCTER & GAMBLE COMPANY	02/01/2027	1.900	USD	483,000	437,159	450,861
	THE PROCTER & GAMBLE COMPANY	04/23/2031	1.950	USD	5,505,000	4,547,439	4,770,303
	THE PROCTER & GAMBLE COMPANY	02/01/2032	2.300	USD	1,448,000	1,212,418	1,281,364
	THE PROGRESSIVE CORPORATION	03/15/2027	2.500	USD	1,448,000	1,314,240	1,359,614
	THE SHERWIN-WILLIAMS COMPANY	08/08/2025	4.250	USD	1,079,000	1,049,756	1,066,300
	THE SHERWIN-WILLIAMS COMPANY	08/15/2029	2.950	USD	724,000	649,175	666,775
	THE SOUTHERN COMPANY	10/06/2025	5.150	USD	965,000	959,345	967,220
	THE SOUTHERN COMPANY	03/15/2028	1.750	USD	483,000	404,301	429,856
	THE SOUTHERN COMPANY	06/15/2028	4.850	USD	483,000	475,716	486,965
	THE SOUTHERN COMPANY	03/15/2029	5.500	USD	15,110,000	15,109,849	15,738,727
	THE SOUTHERN COMPANY	10/15/2032	5.700	USD	965,000	972,364	1,014,900
	THE SOUTHERN COMPANY	06/15/2033	5.200	USD	145,000	141,026	148,181
	THE TIMKEN COMPANY	04/01/2032	4.125	USD	193,000	172,330	177,809
	THE TJX COMPANIES, INC.	09/15/2026	2.250	USD	10,912,000	9,962,226	10,310,858
	THE TJX COMPANIES, INC.	05/15/2031	1.600	USD	483,000	375,824	399,470
	THE TORONTO-DOMINION BANK	03/08/2024	2.350	USD	1,700,000	1,651,499	1,689,885
	THE TORONTO-DOMINION BANK	06/06/2025	3.766	USD	965,000	931,354	949,560
	THE TORONTO-DOMINION BANK	01/06/2026	0.750	USD	7,930,000	7,061,665	7,328,351
	THE TORONTO-DOMINION BANK	03/10/2027	2.800	USD	483,000	439,197	456,324
	THE TORONTO-DOMINION BANK	06/08/2027	4.108	USD	965,000	920,928	947,254
	THE TORONTO-DOMINION BANK	09/15/2027	4.693	USD	27,965,000	27,197,969	27,933,679
	THE TORONTO-DOMINION BANK	01/10/2028	5.156	USD	25,000,000	24,983,750	25,362,500
	THE TORONTO-DOMINION BANK	03/10/2032	3.200	USD	3,640,000	3,101,972	3,230,245
	THE TORONTO-DOMINION BANK	06/08/2032	4.456	USD	965,000	903,081	939,186
	THE WALT DISNEY COMPANY	09/15/2024	3.700	USD	21,717,000	21,234,470	21,477,027
	THE WALT DISNEY COMPANY	03/24/2025	3.350	USD	19,323,000	18,596,929	18,945,235
	THE WALT DISNEY COMPANY	01/13/2026	1.750	USD	965,000	879,088	913,566
	THE WALT DISNEY COMPANY	01/13/2028	2.200	USD	483,000	426,479	447,195
	THE WALT DISNEY COMPANY	09/01/2029	2.000	USD	1,067,000	884,538	947,133
	THE WALT DISNEY COMPANY	01/13/2031	2.650	USD	1,448,000	1,226,109	1,290,313
	THE WALT DISNEY COMPANY	12/15/2034	6.200	USD	7,443,000	8,081,126	8,429,942
	THE WALT DISNEY COMPANY	12/15/2035	6.400	USD	10,561,000	12,234,698	12,045,877
	THE WESTERN UNION COMPANY	03/15/2026	1.350	USD	483,000	423,752	443,380
	THE WILLIAMS COMPANIES, INC.	03/02/2026	5.400	USD	5,675,000	5,661,018	5,734,417
	THE WILLIAMS COMPANIES, INC.	06/15/2027	3.750	USD	20,265,000	18,928,340	19,545,998
	THE WILLIAMS COMPANIES, INC.	11/15/2030	3.500	USD	3,965,000	3,466,172	3,637,610
	THE WILLIAMS COMPANIES, INC.	08/15/2032	4.650	USD	1,448,000	1,340,270	1,412,394
	THERMO FISHER SCIENTIFIC INC.	12/05/2026	5.000	USD	9,612,000	9,605,368	9,753,585
	THERMO FISHER SCIENTIFIC INC.	11/21/2027	4.800	USD	8,738,000	8,685,557	8,908,304
	THERMO FISHER SCIENTIFIC INC.	10/15/2028	1.750	USD	965,000	809,916	861,639
	THERMO FISHER SCIENTIFIC INC.	08/10/2030	4.977	USD	12,470,000	12,801,373	12,791,103
	THERMO FISHER SCIENTIFIC INC.	10/15/2031	2.000	USD	15,930,000	13,426,192	13,477,258
	THERMO FISHER SCIENTIFIC INC.	08/10/2033	5.086	USD	5,848,000	5,833,273	6,107,183
	T-MOBILE USA, INC.	04/15/2025	3.500	USD	2,414,000	2,304,744	2,363,354
	T-MOBILE USA, INC.	04/15/2027	3.750	USD	4,400,000	4,108,556	4,272,312
	T-MOBILE USA, INC.	02/15/2028	2.050	USD	7,140,000	6,112,836	6,447,777
	T-MOBILE USA, INC.	03/15/2028	4.950	USD	97,000	94,883	98,371
	T-MOBILE USA, INC.	03/15/2029	2.400	USD	2,655,000	2,257,101	2,385,013
	T-MOBILE USA, INC.	04/15/2030	3.875	USD	1,448,000	1,304,737	1,374,297
	T-MOBILE USA, INC.	02/15/2031	2.550	USD	15,330,000	13,168,284	13,219,519
	T-MOBILE USA, INC.	03/15/2032	2.700	USD	2,414,000	1,940,021	2,060,204
	TOLL BROTHERS FINANCE CORPORATION	03/15/2027	4.875	USD	3,080,000	2,935,415	3,066,510
	TOLL BROTHERS FINANCE CORPORATION	11/01/2029	3.800	USD	338,000	301,172	317,030
	TOTALENERGIES CAPITAL INTERNATIONAL S.A.	02/19/2029	3.455	USD	965,000	887,067	931,582
*	TOYOTA MOTOR CREDIT CORPORATION	09/20/2024	4.400	USD	2,022,000	1,989,983	2,012,173

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NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
*	TOYOTA MOTOR CREDIT CORPORATION	10/16/2025	0.800 %	USD	$ 13,746,000	$ 12,260,470	$ 12,849,761
*	TOYOTA MOTOR CREDIT CORPORATION	05/18/2026	4.450	USD	965,000	951,480	963,794
*	TOYOTA MOTOR CREDIT CORPORATION	08/14/2026	5.000	USD	6,905,000	6,896,645	6,990,484
*	TOYOTA MOTOR CREDIT CORPORATION	09/20/2027	4.550	USD	14,438,000	14,119,344	14,560,001
*	TOYOTA MOTOR CREDIT CORPORATION	11/10/2027	5.450	USD	6,691,000	6,805,050	6,934,352
*	TOYOTA MOTOR CREDIT CORPORATION	04/06/2028	1.900	USD	5,131,000	4,429,658	4,653,766
*	TOYOTA MOTOR CREDIT CORPORATION	06/29/2029	4.450	USD	965,000	937,854	970,665
*	TOYOTA MOTOR CREDIT CORPORATION	01/10/2031	1.650	USD	12,453,000	9,869,040	10,359,153
*	TOYOTA MOTOR CREDIT CORPORATION	01/12/2033	4.700	USD	483,000	470,303	496,727
	TRACTOR SUPPLY COMPANY	05/15/2033	5.250	USD	241,000	238,127	247,090
	TRANE TECHNOLOGIES LUXEMBOURG FINANCE S.A.	03/21/2026	3.500	USD	632,000	597,902	614,475
	TRANSCANADA PIPELINES LIMITED	10/12/2031	2.500	USD	965,000	759,488	808,062
	TRANSCANADA PIPELINES LIMITED	03/01/2034	4.625	USD	16,183,000	14,654,792	15,345,206
	TRIMBLE INC.	03/15/2033	6.100	USD	483,000	483,705	516,597
	TRITON CONTAINER INTERNATIONAL LTD.	03/15/2032	3.250	USD	241,000	185,022	192,940
	TRUIST BANK	03/11/2030	2.250	USD	5,950,000	4,902,030	4,923,566
	TRUIST FINANCIAL CORPORATION	07/28/2026	4.260	USD	5,018,000	4,842,563	4,914,780
	TRUIST FINANCIAL CORPORATION	10/28/2026	5.900	USD	3,379,000	3,428,515	3,406,877
	TRUIST FINANCIAL CORPORATION	08/03/2027	1.125	USD	9,294,000	7,889,432	8,142,566
	TRUIST FINANCIAL CORPORATION	06/06/2028	4.123	USD	965,000	920,564	929,864
	TRUIST FINANCIAL CORPORATION	06/07/2029	1.887	USD	483,000	405,345	417,790
	TRUIST FINANCIAL CORPORATION	06/05/2030	1.950	USD	400,000	322,904	334,320
	TRUIST FINANCIAL CORPORATION	10/28/2033	6.123	USD	12,603,000	13,117,276	13,103,339
	TRUIST FINANCIAL CORPORATION	01/26/2034	5.122	USD	603,000	582,743	586,170
	TRUIST FINANCIAL CORPORATION	06/08/2034	5.867	USD	708,000	709,647	723,689
	TSMC ARIZONA CORPORATION	04/22/2027	3.875	USD	483,000	462,470	472,659
	TSMC ARIZONA CORPORATION	04/22/2029	4.125	USD	483,000	459,820	473,804
	TSMC ARIZONA CORPORATION	04/22/2032	4.250	USD	2,755,000	2,622,228	2,724,475
	TUCSON ELECTRIC POWER CO.	05/15/2032	3.250	USD	483,000	430,614	428,701
	TYCO ELECTRONICS GROUP S.A.	02/04/2032	2.500	USD	483,000	397,062	418,640
	TYSON FOODS, INC.	03/01/2026	4.000	USD	1,448,000	1,393,195	1,420,256
	U.S. BANCORP	05/12/2025	1.450	USD	483,000	444,794	459,753
	U.S. BANCORP	10/21/2026	5.727	USD	10,787,000	10,885,924	10,857,116
	U.S. BANCORP	01/27/2028	2.215	USD	483,000	431,568	444,167
	U.S. BANCORP	07/22/2028	4.548	USD	10,880,000	10,570,588	10,727,245
	U.S. BANCORP	02/01/2029	4.653	USD	1,062,000	1,032,837	1,046,166
	U.S. BANCORP	07/30/2029	3.000	USD	483,000	421,696	436,898
	U.S. BANCORP	07/22/2033	4.967	USD	483,000	458,446	458,637
	U.S. BANCORP	10/21/2033	5.850	USD	965,000	987,072	996,324
	U.S. BANCORP	06/12/2034	5.836	USD	724,000	729,806	748,268
	U.S. BANK NATIONAL ASSOCIATION	01/21/2025	2.050	USD	483,000	455,188	466,791
	UBS GROUP AG	03/26/2025	3.750	USD	4,000,000	3,831,400	3,919,280
	UDR, INC.	08/01/2032	2.100	USD	965,000	720,820	757,882
	UNILEVER CAPITAL CORP.	03/22/2028	3.500	USD	4,771,000	4,454,826	4,630,971
	UNILEVER CAPITAL CORP.	09/14/2030	1.375	USD	1,448,000	1,130,033	1,195,396
	UNILEVER CAPITAL CORP.	08/12/2031	1.750	USD	4,550,000	3,587,078	3,783,917
	UNION PACIFIC CORPORATION	03/15/2024	3.750	USD	7,210,000	7,069,638	7,178,925
	UNION PACIFIC CORPORATION	07/15/2025	3.750	USD	9,013,000	8,696,716	8,878,256
	UNION PACIFIC CORPORATION	02/05/2027	2.150	USD	965,000	869,104	901,107
	UNION PACIFIC CORPORATION	04/15/2027	3.000	USD	22,835,000	21,130,907	21,845,331
	UNION PACIFIC CORPORATION	09/10/2028	3.950	USD	4,681,000	4,446,716	4,646,688
	UNION PACIFIC CORPORATION	02/05/2030	2.400	USD	1,569,000	1,325,104	1,399,313
	UNITED AIRLINES 2020-1 CLASS B PASS THROUGH TRUST	07/15/2027	4.875	USD	635,000	611,202	615,112
	UNITED PARCEL SERVICE, INC.	04/01/2025	3.900	USD	483,000	475,697	477,532
	UNITED PARCEL SERVICE, INC.	04/01/2030	4.450	USD	965,000	939,143	975,596
	UNITEDHEALTH GROUP INCORPORATED	08/15/2024	2.375	USD	5,362,000	5,141,862	5,266,235
	UNITEDHEALTH GROUP INCORPORATED	10/15/2025	5.150	USD	1,448,000	1,446,906	1,464,087
	UNITEDHEALTH GROUP INCORPORATED	01/15/2027	3.450	USD	10,362,000	9,817,202	10,095,904
	UNITEDHEALTH GROUP INCORPORATED	05/15/2027	3.700	USD	248,000	235,809	243,082
	UNITEDHEALTH GROUP INCORPORATED	02/15/2030	5.300	USD	2,896,000	2,924,196	3,034,052
	UNITEDHEALTH GROUP INCORPORATED	05/15/2031	2.300	USD	9,337,000	7,676,142	8,105,170
	UNITEDHEALTH GROUP INCORPORATED	05/15/2032	4.200	USD	335,000	328,454	328,414
	UNITEDHEALTH GROUP INCORPORATED	04/15/2033	4.500	USD	3,199,000	3,108,665	3,184,157
	UNITEDHEALTH GROUP INCORPORATED	07/15/2035	4.625	USD	18,434,000	17,684,580	18,559,904
	UNITEDHEALTH GROUP INCORPORATED	05/15/2040	2.750	USD	5,950,000	4,349,807	4,503,555
	UNIVERSAL HEALTH SERVICES, INC.	09/01/2026	1.650	USD	3,339,000	2,915,059	3,039,258
	UNUM GROUP	11/05/2025	3.875	USD	2,660,000	2,576,556	2,582,754
	UPMC	05/15/2033	5.035	USD	3,865,000	3,865,000	3,927,342
	VALE OVERSEAS LIMITED	07/08/2030	3.750	USD	483,000	419,508	446,031
	VALE OVERSEAS LIMITED	06/12/2033	6.125	USD	241,000	243,220	250,093
	VALERO ENERGY CORPORATION	12/01/2031	2.800	USD	965,000	780,804	819,825
	VALERO ENERGY PARTNERS LP	03/15/2028	4.500	USD	1,985,000	1,909,155	1,950,679
	VENTAS REALTY, LP	01/15/2030	3.000	USD	1,110,000	943,445	980,863
	VERISIGN, INC.	06/15/2031	2.700	USD	483,000	387,164	414,796
	VERISK ANALYTICS, INC.	03/15/2029	4.125	USD	362,000	331,975	352,726
	VERIZON COMMUNICATIONS INC.	03/20/2026	1.450	USD	2,414,000	2,155,456	2,249,558
	VERIZON COMMUNICATIONS INC.	08/15/2026	2.625	USD	16,000,000	14,611,238	15,245,280
	VERIZON COMMUNICATIONS INC.	03/16/2027	4.125	USD	10,000,000	9,732,710	9,860,100
	VERIZON COMMUNICATIONS INC.	03/22/2028	2.100	USD	8,364,000	7,330,248	7,572,933
	VERIZON COMMUNICATIONS INC.	09/21/2028	4.329	USD	5,950,000	5,691,772	5,892,404
	VERIZON COMMUNICATIONS INC.	12/03/2029	4.016	USD	2,528,000	2,320,315	2,447,180
	VERIZON COMMUNICATIONS INC.	10/30/2030	1.680	USD	13,789,000	10,620,473	11,378,683
	VERIZON COMMUNICATIONS INC.	01/20/2031	1.750	USD	16,160,000	13,192,558	13,273,016
	VERIZON COMMUNICATIONS INC.	03/21/2031	2.550	USD	500,000	405,638	431,750
	VERIZON COMMUNICATIONS INC.	03/15/2032	2.355	USD	5,441,000	4,251,857	4,533,006
	VERIZON COMMUNICATIONS INC.	05/09/2033	5.050	USD	965,000	936,520	986,375
	VERIZON COMMUNICATIONS INC.	08/10/2033	4.500	USD	16,000,000	15,467,040	15,632,000
	VERIZON COMMUNICATIONS INC.	11/01/2034	4.400	USD	21,214,000	19,208,045	20,450,720
	VF CORPORATION	04/23/2027	2.800	USD	965,000	871,355	886,439
	VIATRIS INC.	06/22/2027	2.300	USD	4,082,000	3,535,217	3,704,211
	VIATRIS INC.	06/22/2030	2.700	USD	965,000	760,416	816,515

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, 2023

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	VICI PROPERTIES LP	05/15/2032	5.125 %	USD	$ 965,000	$ 893,551	$ 940,721
	VIRGINIA ELECTRIC AND POWER COMPANY	05/15/2027	3.750	USD	3,883,000	3,664,818	3,793,342
	VIRGINIA ELECTRIC AND POWER COMPANY	11/15/2031	2.300	USD	9,013,000	7,225,786	7,575,246
	VIRGINIA ELECTRIC AND POWER COMPANY	03/30/2032	2.400	USD	1,448,000	1,159,751	1,221,678
	VIRGINIA ELECTRIC AND POWER COMPANY	08/15/2033	5.300	USD	241,000	238,843	248,579
	VISA INC.	12/14/2025	3.150	USD	30,000,000	28,458,552	29,277,000
	VISA INC.	04/15/2027	1.900	USD	965,000	861,525	897,267
	VISA INC.	08/15/2027	0.750	USD	1,689,000	1,428,860	1,495,001
	VISA INC.	09/15/2027	2.750	USD	1,000,000	915,777	952,520
	VISA INC.	12/14/2035	4.150	USD	11,300,000	10,528,581	11,089,255
	VMWARE LLC	08/15/2026	1.400	USD	483,000	415,871	442,013
	VMWARE LLC	08/15/2031	2.200	USD	965,000	726,796	800,747
	VODAFONE GROUP PLC	05/30/2028	4.375	USD	724,000	702,702	722,878
	VONTIER CORPORATION	04/01/2031	2.950	USD	338,000	268,260	284,687
*	VULCAN MATERIALS COMPANY	06/01/2030	3.500	USD	241,000	215,953	224,385
	W.P. CAREY INC.	10/01/2026	4.250	USD	2,975,000	2,851,182	2,908,092
	W.P. CAREY INC.	07/15/2029	3.850	USD	434,000	392,564	407,613
	W.P. CAREY INC.	02/01/2032	2.450	USD	1,669,000	1,295,561	1,358,165
	WALMART INC.	04/22/2024	3.300	USD	8,680,000	8,488,429	8,622,365
	WALMART INC.	09/09/2025	3.900	USD	483,000	471,792	478,296
	WALMART INC.	09/09/2027	3.950	USD	2,084,000	2,020,015	2,073,997
	WALMART INC.	04/15/2028	3.900	USD	11,110,000	11,089,558	11,001,789
	WALMART INC.	09/22/2028	1.500	USD	6,186,000	5,215,662	5,531,212
	WALMART INC.	04/15/2030	4.000	USD	483,000	478,837	482,594
	WALMART INC.	09/09/2032	4.150	USD	965,000	923,102	966,438
	WALMART INC.	04/15/2033	4.100	USD	20,000,000	20,000,000	19,849,400
	WALMART INC.	09/01/2035	5.250	USD	40,658,000	42,349,997	44,496,522
	WARNERMEDIA HOLDINGS, INC.	03/15/2029	4.054	USD	3,379,000	3,060,268	3,207,347
	WARNERMEDIA HOLDINGS, INC.	03/15/2032	4.279	USD	483,000	421,437	442,631
	WASTE CONNECTIONS, INC.	06/01/2032	3.200	USD	965,000	819,062	868,722
	WASTE MANAGEMENT INC.	11/15/2027	3.150	USD	19,345,000	17,742,654	18,532,703
	WASTE MANAGEMENT INC.	04/15/2032	4.150	USD	11,327,000	10,570,688	11,078,712
	WEBSTER FINANCIAL CORPORATION	03/25/2029	4.100	USD	97,000	85,764	89,219
	WEC ENERGY GROUP, INC.	01/09/2026	4.750	USD	483,000	476,465	481,256
	WEC ENERGY GROUP, INC.	09/12/2026	5.600	USD	8,361,000	8,359,662	8,511,916
	WEC ENERGY GROUP, INC.	10/15/2027	1.375	USD	14,225,000	11,975,153	12,583,151
	WEIBO CORPORATION	07/08/2030	3.375	USD	483,000	386,419	415,061
	WELLS FARGO & COMPANY	02/19/2025	3.000	USD	15,643,000	14,972,648	15,297,759
	WELLS FARGO & COMPANY	09/29/2025	3.550	USD	21,000,000	19,964,264	20,522,880
	WELLS FARGO & COMPANY	04/22/2026	3.000	USD	14,450,000	13,380,498	13,846,424
	WELLS FARGO & COMPANY	04/25/2026	3.908	USD	965,000	929,864	945,922
	WELLS FARGO & COMPANY	08/15/2026	4.540	USD	2,414,000	2,353,558	2,388,750
	WELLS FARGO & COMPANY	10/23/2026	3.000	USD	36,833,000	33,736,131	34,983,247
	WELLS FARGO & COMPANY	03/24/2028	3.526	USD	12,329,000	11,408,510	11,769,017
	WELLS FARGO & COMPANY	06/02/2028	2.393	USD	7,344,000	6,491,868	6,730,996
	WELLS FARGO & COMPANY	07/25/2028	4.808	USD	2,414,000	2,343,644	2,397,223
	WELLS FARGO & COMPANY	01/24/2029	4.150	USD	25,759,000	24,471,761	25,065,310
	WELLS FARGO & COMPANY	11/15/2029	7.950	USD	1,448,000	1,534,880	1,616,446
	WELLS FARGO & COMPANY	02/11/2031	2.572	USD	1,931,000	1,600,356	1,671,087
	WELLS FARGO & COMPANY	04/04/2031	4.478	USD	965,000	928,899	933,560
	WELLS FARGO & COMPANY	07/25/2033	4.897	USD	2,776,000	2,631,818	2,708,127
	WELLS FARGO & COMPANY	07/25/2034	5.557	USD	1,593,000	1,598,082	1,625,274
	WELLS FARGO BANK N.A.	08/07/2026	5.450	USD	17,613,000	17,613,919	17,916,648
	WELLTOWER OP LLC	04/15/2028	4.250	USD	3,965,000	3,744,369	3,888,317
	WELLTOWER OP LLC	01/15/2029	2.050	USD	1,931,000	1,571,901	1,699,492
	WELLTOWER OP LLC	06/15/2032	3.850	USD	5,536,000	4,779,945	5,128,218
	WESTERN DIGITAL CORPORATION	02/01/2029	2.850	USD	300,000	232,564	258,261
	WESTERN MIDSTREAM OPERATING, LP	08/15/2028	4.750	USD	2,604,000	2,434,740	2,542,311
	WESTERN MIDSTREAM OPERATING, LP	01/15/2029	6.350	USD	1,290,000	1,287,239	1,346,450
	WESTERN MIDSTREAM OPERATING, LP	02/01/2030	4.050	USD	386,000	348,546	361,933
	WESTERN MIDSTREAM OPERATING, LP	04/01/2033	6.150	USD	295,000	294,198	306,670
	WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORP.	09/15/2028	4.700	USD	483,000	463,769	478,015
	WESTPAC BANKING CORPORATION	02/19/2025	2.350	USD	15,823,000	15,006,210	15,388,184
	WESTPAC BANKING CORPORATION	08/26/2027	4.043	USD	965,000	929,255	955,157
	WESTPAC BANKING CORPORATION	11/18/2027	5.457	USD	25,398,000	25,630,410	26,253,151
	WESTPAC BANKING CORPORATION	11/20/2028	1.953	USD	965,000	819,167	855,839
	WESTPAC BANKING CORPORATION	08/10/2033	5.405	USD	1,500,000	1,425,043	1,494,150
	WEYERHAEUSER COMPANY	05/15/2026	4.750	USD	5,950,000	5,930,484	5,923,642
	WEYERHAEUSER COMPANY	04/15/2030	4.000	USD	965,000	870,895	920,340
	WHIRLPOOL CORPORATION	05/14/2032	4.700	USD	483,000	448,226	469,558
	WILLIS NORTH AMERICA INC.	06/15/2027	4.650	USD	965,000	927,814	955,012
	WISCONSIN POWER AND LIGHT CO.	09/01/2032	3.950	USD	579,000	522,332	549,500
	WISCONSIN PUBLIC SERVICE CORP.	11/10/2025	5.350	USD	1,931,000	1,929,802	1,945,965
	WORKDAY, INC.	04/01/2029	3.700	USD	965,000	876,505	927,307
	WRKCO INC.	03/15/2029	4.900	USD	1,207,000	1,160,687	1,212,890
	XCEL ENERGY INC.	08/15/2033	5.450	USD	241,000	237,351	248,953
	XYLEM INC.	01/30/2031	2.250	USD	290,000	238,200	248,724
	ZIMMER BIOMET HOLDINGS, INC.	11/22/2024	1.450	USD	3,192,000	2,997,480	3,077,184
	ZIMMER BIOMET HOLDINGS, INC.	01/15/2026	3.050	USD	395,000	370,884	381,617
	ZIMMER BIOMET HOLDINGS, INC.	12/01/2028	5.350	USD	700,000	722,302	721,175
	ZIONS BANCORPORATION, NATIONAL ASSOCIATION	10/29/2029	3.250	USD	350,000	278,387	286,356
	ZOETIS INC.	11/14/2025	5.400	USD	1,159,000	1,163,323	1,168,585
	ZOETIS INC.	05/15/2030	2.000	USD	5,950,000	4,865,006	5,126,202
	TOTAL SFA CORPORATE DEBT					$ 7,289,428,473	$ 7,537,365,162
	TOTAL CORPORATE DEBT					$ 8,661,608,102	$ 8,959,612,559

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, 2023

NOTES	IDENTITY OF ISSUE	NUMBER OF SHARES	COST	CURRENT VALUE
	COMMON STOCK			
	ACC CLAIMS HOLDINGS LLC	10,649,798	$ -	$ 42,599
	ACS ACTIVIDADES DE CONSTRUCCION Y SERVICIOS S.A.	12	403	532
	ALAPIS HOLDING INDUSTRIAL & COMMERCIAL S.A. OF PHARMACEUTICAL CHEMICAL PRODUCTS	1,230	58,563	-
	CENGAGE LEARNING HOLDINGS II INC.	22,777	837,055	222,076
	CHINA HIGH PRECISION AUTOMATION GROUP LTD	768,000	226,454	13,474
	CITYMAINSTREET TECHNOLOGIES GROUP HOLDINGS INC.	100	1	-
	EDUCATION MANAGEMENT CORPORATION	7,126,794	7	224,822
	EURONAV N.V.	672	138	11,855
	IPAYMENT HOLDINGS, INC. - WARRANTS	237,112	-	23,711
	LYONDELLBASELL INDUSTRIES N.V.	25	2,324	2,377
	NMC HEALTH PLC	663	31,276	-
	RENTECH, INC. - WARRANTS	18,800	-	18,800
	SSE PLC	48	952	1,136
	STAR TRIBUNE HOLDINGS CORPORATION	9,966	1	1
	TIANHE CHEMICALS GROUP LTD	6,470,000	1,392,857	969,438
	TOTAL COMMON STOCK		$ 2,550,031	$ 1,530,821
	TOTAL EQUITY SECURITIES		$ 2,550,031	$ 1,530,821

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, 2023

NOTES	IDENTITY OF ISSUE	NUMBER OF UNITS	COST	CURRENT VALUE
	COLLECTIVE INVESTMENT CASH EQUIVALENT FUND			
	BNYM EB TEMPORARY INVESTMENT FUND	66,660,348	$ 66,660,348	$ 66,660,348
	TOTAL COLLECTIVE INVESTMENT FUNDS		$ 66,660,348	$ 66,660,348

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, 2023

IDENTITY OF ISSUE	MATURITY	INTEREST RATE	NUMBER OF SHARES	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
LEGACY							
NON-U.S. GOVERNMENT SECURITIES							
CHILE	01/31/2052	4.000 %		USD	$ 305,000	$ 238,383	$ 250,426
MEXICO	01/23/2046	4.600		USD	6,035,000	4,811,754	5,032,285
PHILIPPINES	03/01/2041	3.700		USD	695,000	548,869	594,364
URUGUAY	06/18/2050	5.100		USD	855,000	831,629	857,428
TOTAL NON-U.S. GOVERNMENT SECURITIES						6,430,635	6,734,503
SECURITIES PURCHASED UNDER AGREEMENT TO RESELL							
DEUTSCHE BANK SECURITIES INC.	01/02/2024	5.330 %		USD	$ 17,475,349	$ 17,475,349	$ 17,475,349
MERRILL LYNCH WEALTH MANAGEMENT	01/02/2024	5.320		USD	37,000,000	37,000,000	37,000,000
MIZUHO SECURITIES USA LLC	01/02/2024	5.300		USD	37,865,000	37,865,000	37,865,000
TOTAL SECURITIES PURCHASED UNDER AGREEMENT TO RESELL						92,340,349	92,340,349
CASH COLLATERAL							
CASH COLLATERAL HELD AT GOLDMAN SACHS			667,000			(667,000)	(667,000)
CASH COLLATERAL HELD AT MORGAN STANLEY			1,622,077			(1,622,077)	(1,622,077)
TOTAL CASH COLLATERAL						(2,289,077)	(2,289,077)
FUTURES CONTRACTS - LONG							
U.S. TREASURY LONG BOND			798			-	6,830,061
TOTAL FUTURES CONTRACTS - LONG						-	6,830,061
FUTURES CONTRACTS - SHORT							
U.S. TREASURY ULTRA BOND			483			-	(5,414,828)
TOTAL FUTURES CONTRACTS - SHORT						-	(5,414,828)
TOTAL FUTURES CONTRACTS						-	1,415,233
TRUST IN DISSOLUTION						$ 32,143	$ 32,143
TOTAL LEGACY OTHER INVESTMENTS						$ 96,514,050	$ 98,233,151
SFA							
NON-U.S. GOVERNMENT SECURITIES							
AUSTRIA	01/20/2026	4.125 %		USD	$ 2,414,000	$ 2,371,045	$ 2,402,244
CANADA	05/20/2025	1.000		USD	3,379,000	3,095,546	3,210,084
CANADA	07/23/2025	0.600		USD	5,793,000	5,235,001	5,445,768
CANADA	04/14/2026	1.050		USD	2,896,000	2,579,187	2,689,341
CANADA	05/19/2026	0.750		USD	2,415,000	2,136,737	2,228,079
CANADA	06/29/2026	4.375		USD	485,000	477,710	486,925
CANADA	07/20/2026	0.900		USD	2,414,000	2,125,592	2,218,418
CANADA	05/19/2027	3.100		USD	3,379,000	3,172,546	3,262,762
CANADA	05/25/2027	3.000		USD	1,450,000	1,363,759	1,400,367
CANADA	06/08/2027	3.250		USD	483,000	470,616	467,819
CANADA	02/14/2028	3.875		USD	485,000	482,245	482,279
CANADA	04/13/2028	3.625		USD	1,448,000	1,429,248	1,419,518
CANADA	04/26/2028	3.750		USD	465,000	460,889	461,154
CANADA	10/25/2028	1.500		USD	965,000	834,807	855,009
CANADA	07/22/2030	1.300		USD	483,000	401,914	402,605
CANADA	01/21/2032	2.125		USD	1,448,000	1,204,043	1,240,328
CHILE	01/31/2027	2.750		USD	2,896,000	2,651,196	2,734,606
GERMANY	04/01/2026	3.625		USD	1,448,000	1,424,209	1,429,741
GERMANY	08/07/2026	4.625		USD	2,414,000	2,391,839	2,441,230
GERMANY	05/20/2027	3.000		USD	3,379,000	3,185,947	3,265,263
GERMANY	02/15/2028	3.750		USD	3,862,000	3,754,990	3,824,461
GERMANY	09/03/2030	0.875		USD	1,931,000	1,505,613	1,574,016
GERMANY	07/15/2033	4.125		USD	965,000	968,599	971,456
INDONESIA	09/20/2032	4.650		USD	931,000	902,813	930,386
INDONESIA	01/11/2033	4.850		USD	1,689,000	1,694,308	1,718,085
ISRAEL	01/15/2030	2.500		USD	483,000	418,739	419,389
ISRAEL	07/03/2030	2.750		USD	965,000	849,962	851,613
ISRAEL	01/17/2033	4.500		USD	283,000	272,728	268,635
ITALY	02/17/2026	1.250		USD	1,448,000	1,305,242	1,338,459
JAPAN	01/26/2026	4.250		USD	1,690,000	1,658,853	1,680,198
JAPAN	04/27/2026	4.250		USD	2,414,000	2,393,795	2,398,043
JAPAN	05/23/2028	4.000		USD	1,448,000	1,408,194	1,425,773
JAPAN	02/16/2029	2.125		USD	3,620,000	3,141,581	3,249,095
KOREA	01/11/2026	4.875		USD	3,282,000	3,293,260	3,291,124
KOREA	01/11/2028	5.000		USD	965,000	972,402	982,997
KOREA	09/18/2033	5.125		USD	724,000	708,724	753,945
MEXICO	02/09/2028	5.400		USD	965,000	965,263	987,697
MEXICO	04/22/2029	4.500		USD	1,448,000	1,368,872	1,424,977
MEXICO	05/24/2031	2.659		USD	2,896,000	2,325,919	2,448,076
PANAMA	09/29/2032	2.252		USD	1,931,000	1,429,362	1,405,961
PERU	12/01/2032	1.862		USD	1,448,000	1,048,352	1,133,697
PHILIPPINES	10/13/2027	5.170		USD	1,448,000	1,459,787	1,475,237
PHILIPPINES	09/29/2032	3.556		USD	2,414,000	2,139,896	2,229,281
POLAND	11/16/2027	5.500		USD	1,448,000	1,477,221	1,500,504
POLAND	11/16/2032	5.750		USD	483,000	504,300	520,906
SOUTH KOREA	09/08/2025	4.000		USD	4,827,000	4,675,352	4,762,318
SOUTH KOREA	10/15/2031	1.750		USD	750,000	605,502	629,528
SOUTH KOREA	02/15/2033	4.375		USD	400,000	371,760	392,676
SWEDEN	02/13/2026	4.375		USD	2,414,000	2,374,299	2,409,824
URUGUAY	01/23/2031	4.375		USD	965,422	922,851	957,387
TOTAL NON-U.S. GOVERNMENT SECURITIES						84,412,615	86,499,284
SECURITIES PURCHASED UNDER AGREEMENT TO RESELL							
DEUTSCHE BANK SECURITIES INC.	1/2/2024	5.330		USD	$ 10,617,216	$ 10,617,216	$ 10,617,216
MERRILL LYNCH WEALTH MANAGEMENT	1/2/2024	5.320		USD	27,783,305	27,783,305	27,783,305
MIZUHO SECURITIES USA LLC	1/2/2024	5.300		USD	6,773,584	6,773,584	6,773,584
TOTAL SECURITIES PURCHASED UNDER AGREEMENT TO RESELL						45,174,105	45,174,105

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, 2023

IDENTITY OF ISSUE	MATURITY	INTEREST RATE	NUMBER OF SHARES	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
FUTURES CONTRACTS - LONG							
2 YEAR U.S. TREASURY NOTE			9			-	20,391
10 YEAR U.S. TREASURY NOTE			275			-	825,774
TOTAL FUTURES CONTRACTS - LONG						-	846,165
FUTURES CONTRACTS - SHORT							
5 YEAR U.S. TREASURY NOTE			46			-	(4,672)
U.S. TREASURY LONG BOND			261			-	(2,297,578)
TOTAL FUTURES CONTRACTS - SHORT						-	(2,302,250)
TOTAL FUTURES CONTRACTS						-	(1,456,085)
TOTAL SFA OTHER INVESTMENTS						$ 129,586,720	$ 130,217,304
TOTAL OTHER INVESTMENTS						$ 226,100,770	$ 228,450,455
TOTAL ASSETS HELD FOR INVESTMENT PURPOSES						$ 39,193,113,850	$ 40,006,341,125

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, 2023

IDENTITY OF ISSUE	DESCRIPTION	AMOUNT OF PURCHASES	AMOUNT OF SALES	NUMBER OF TRANSACTIONS	NET REALIZED GAIN(LOSS)
LEGACY					
AT&T INC	3.800% 12/01/2057	$ 151,728,703	$ 134,226,371	16	$ (4,832,703)
BNYM MELLON CASH INVESTMENT STRATEGIES SHORT-TERM INVESTMENT FUND	INTEREST-BEARING CASH	7,191,877,291	7,228,672,181	689	-
EMPLOYEE BENEFIT TEMPORARY INVESTMENT FUND	INTEREST-BEARING CASH	1,284,354,789	1,234,094,137	247	-
BNYM MELLON CASH RESERVE 0.100% 12/31/49	CASH RESERVE	2,938,752,132	2,938,752,132	169	-
U.S. TREASURY STRIPS	0.000% 02/15/2046	290,476,346	145,038,717	18	1,674,749
U.S. TREASURY STRIPS	0.000% 08/15/2046	246,866,516	124,183,789	15	3,351,547
U.S. TREASURY STRIPS	0.000% 11/15/2046	252,406,872	126,268,209	14	1,967,424
U.S. TREASURY STRIPS	0.000% 02/15/2047	280,916,680	140,167,006	16	1,447,632
U.S. TREASURY STRIPS	0.000% 08/15/2047	213,314,322	105,476,386	15	(176,668)
U.S. TREASURY STRIPS	0.000% 11/15/2047	206,274,855	101,949,410	16	(408,970)
U.S. TREASURY STRIPS	0.000% 02/15/2048	271,087,578	135,628,851	16	2,111,518
U.S. TREASURY STRIPS	0.000% 08/15/2048	258,276,332	129,763,389	14	3,009,652
U.S. TREASURY STRIPS	0.000% 02/15/2049	225,297,120	113,869,560	14	3,866,159
U.S. TREASURY STRIPS	0.000% 05/15/2052	280,958,701	101,553,793	21	4,676,331
U.S. TREASURY STRIPS	0.000% 08/15/2052	291,152,581	111,491,550	20	4,747,701
U.S. TREASURY STRIPS	0.000% 11/15/2052	276,072,637	78,943,391	18	5,184,586
U.S. TREASURY BONDS	1.250% 05/15/2050	212,614,194	211,452,390	11	(1,161,804)
U.S. TREASURY BONDS	1.375% 08/15/2050	222,557,951	221,330,150	12	(1,227,800)
U.S. TREASURY BONDS	1.875% 11/15/2051	155,600,776	155,784,052	10	183,276
U.S. TREASURY BONDS	4.000% 11/15/2052	141,762,978	141,789,506	7	26,528

U.S. TREASURY NOTES	1.125% 02/28/2025	$ 271,898,200	$ 551,639,271	18	$ (14,063,785)
U.S. TREASURY NOTES	1.500% 02/15/2030	204,013,424	129,011,680	9	(3,581,364)
U.S. TREASURY NOTES	2.375% 05/15/2029	298,725,202	172,990,775	14	(4,460,702)
U.S. TREASURY NOTES	2.625% 12/31/2025	305,920,168	613,217,609	19	(2,715,787)
U.S. TREASURY NOTES	2.750% 05/15/2025	108,129,975	216,632,777	10	8,597
U.S. TREASURY NOTES	3.125% 08/15/2025	136,678,589	273,876,153	12	1,482,812
U.S. TREASURY NOTES	3.500% 02/15/2033	172,201,389	124,604,280	11	(2,727,030)
U.S. TREASURY NOTES	3.500% 09/15/2025	93,601,746	198,449,402	9	1,117,295
SFA					
BNYM MELLON CASH RESERVE 0.100% 12/31/49	CASH RESERVE	1,203,519,359	1,203,408,990	347	-
SFA PROP FUND	VARIABLE RATE 12/31/2049	82,650,755,697	82,295,049,057	1214	-
U.S. TREASURY BONDS	1.125% 08/15/2040	1,427,234,852	1,274,903,939	68	(36,074,354)
U.S. TREASURY BONDS	4.375% 02/15/2038	1,335,630,849	953,980,739	29	(25,347,682)
U.S. TREASURY BONDS	4.500% 05/15/2038	1,375,539,209	1,089,104,142	32	(23,158,578)
U.S. TREASURY BONDS	5.000% 05/15/2037	2,406,072,674	2,182,813,006	67	(24,535,854)
U.S. TREASURY NOTES	2.750% 08/15/2032	2,005,983,848	1,726,875,872	56	(19,912,345)
U.S. TREASURY NOTES	2.875% 05/15/2032	1,161,399,014	811,027,184	44	(10,844,381)
U.S. TREASURY NOTES	4.125% 11/15/2032	2,127,719,411	1,831,884,848	63	(12,866,320)
U.S. TREASURY NOTES	4.500% 11/15/2033	1,313,420,916	574,300,883	21	12,814,142

Form **5558**
(Rev. January 2024)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

Go to *www.irs.gov/Form5558* for the latest information.

OMB No. 1545-1610

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	**B**	**Employer identification number (EIN)** 36-6044243
	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		
C	Name of plan CENTRAL STATES, SE & SW AREAS PENSION PLAN	**D**	Three-digit plan number (PN) 001
E	Plan year end date 12/31/2023		

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, item C, above.

2 I request an extension of time until 10/15/2024 to file Form 5500 series. See instructions.

3 I request an extension of time until 10/15/2024 to file Form 8955-SSA. See instructions.

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.

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, 2023

Bimbo Bakeries USA, Inc.
75-2491201

CBA EXPIRATION DATES	ACCOUNTS
04/09/22	1
05/14/22	2
06/05/22	2
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
11/23/25	2
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

YRC Inc.
34-0492670

CBA EXPIRATION DATES	ACCOUNTS
03/31/24	156
03/31/25	1

Central States, Southeast & Southwest Areas Health And Welfare Plan
36-2154936

CBA EXPIRATION DATES	ACCOUNTS
03/31/29	1
06/30/24	1

Prairie Farms Dairy, Inc.
37-0811846

CBA EXPIRATION DATES	ACCOUNTS
08/15/23	1
08/31/23	1
12/31/23	6
07/31/24	3
03/31/25	1
08/15/25	1
08/31/25	1
02/15/26	1
03/31/26	1
04/30/26	1
09/30/26	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
12/31/23	1
06/01/24	2
04/30/26	1
08/31/26	1
08/14/27	5
05/31/28	1

RCS Transportation LLC
20-2646999

CBA EXPIRATION DATES	ACCOUNTS
05/31/21	2
05/31/22	6
02/05/23	1
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, 2023

Bimbo Bakeries USA, Inc.
75-2491201

CONTRIBUTION RATE	BASE UNIT MEASURE	ACCOUNTS
$105.80	WEEKLY	1
$146.50	WEEKLY	1
$150.40	WEEKLY	1
$165.50	WEEKLY	1
$189.30	WEEKLY	2
$203.30	WEEKLY	1
$203.60	WEEKLY	1
$211.70	WEEKLY	1
$239.70	WEEKLY	1
$297.10	WEEKLY	12
$297.30	WEEKLY	14
$297.90	WEEKLY	5
$338.00	WEEKLY	3
$42.60	DAILY	2
$61.50	DAILY	1
$61.80	DAILY	3
$68.40	DAILY	1

YRC Inc.
34-0492670

CONTRIBUTION RATE	BASE UNIT MEASURE	ACCOUNTS
$21.31	DAILY	155
$105.55	WEEKLY	2

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)		

USF Holland LLC
38-0655940

CONTRIBUTION RATE	BASE UNIT MEASURE	ACCOUNTS
$21.31	DAILY	109
$105.55	WEEKLY	2

Prairie Farms Dairy, Inc.
37-0811846

CONTRIBUTION RATE	BASE UNIT MEASURE	ACCOUNTS
$195.50	WEEKLY	1
$221.20	WEEKLY	1
$285.00	WEEKLY	1
$285.70	WEEKLY	1
$296.40	WEEKLY	1
$297.10	WEEKLY	1
$297.30	WEEKLY	7
$297.90	WEEKLY	7
$332.80	WEEKLY	1

Hiland Dairy Foods Company, LLC
43-1180401

CONTRIBUTION RATE	BASE UNIT MEASURE	ACCOUNTS
$297.30	WEEKLY	8
$296.40	WEEKLY	1
$297.10	WEEKLY	1
$338.00	WEEKLY	1
$282.50	WEEKLY	1

RCS Transportation LLC
20-2646999

CONTRIBUTION RATE	BASE UNIT MEASURE	ACCOUNTS
$203.30	WEEKLY	1
$221.40	WEEKLY	1
$68.40	DAILY	7
$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, 2023

The following 20 pages contain a summary of the updated Rehabilitation Plan and related exhibits.

APPENDIX M-15. REHABILITATION PLAN (INCLUDING 2023 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-15 is added to the Pension Plan effective on and after April 3, 2023 (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"). For 2023, the Fund's actuary certified the Fund to be in critical status. The Fund's Board of Trustees, as the plan sponsor of a "critical 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 absent further amendment to this rehabilitation plan, as of April 3, 2023, any Collective Bargaining Agreement or Participation Agreement requiring contributions of:
(1) $69.60 per day or $344.00 per week for employers whose participants are covered under Benefit Class 18+, and (2) $68.40 per day or $338.00 per week for employers whose participants are covered under all other Benefit Classes, will be deemed to be in compliance with the Primary Schedule *without* the need for additional annual rate increases.

Provided, further, that absent further amendment to this rehabilitation plan, that for Collective Bargaining Agreements that have a stated expiration date on or after April 3, 2023: Rate increases continue to be required on the regular annual schedule until the stated expiration date of the Collective Bargaining Agreement. This rule applies even if the prior Collective Bargaining Agreement had a stated expiration date on or after April 3, 2023, but a new Collective Bargaining Agreement was ratified in advance of the stated expiration date but prior to April 3, 2023. However, in the latter circumstance, the bargaining parties would be allowed to agree to amend the Collective Bargaining Agreement to not require contribution rate increases beyond the highest contribution rate required by the original Collective Bargaining Agreement. The annual contribution rate increases are required for the entire term of the Collective Bargaining Agreement even if those contribution rate increases are not specified in the Collective Bargaining Agreement, or if the Collective Bargaining Agreement purports to allow the employer to cease contribution rate increases mid- contract. Nor shall the bargaining parties be allowed to renegotiate or terminate the Collective Bargaining Agreement mid-contract (or amend the stated expiration date of the Collective Bargaining Agreement to an earlier date) to alter the required contribution rate increases. After the stated expiration date of the Collective Bargaining Agreement, annual contribution rate increases will not be required beyond the rate at the stated expiration date unless the bargaining parties agree to a higher rate.

Provided, further, that absent further amendment to this rehabilitation plan, for Collective Bargaining Agreements that expired prior to April 3, 2023: Rate increases continue to be required on the regular annual schedule until the latter of three years after expiration date of the Collective Bargaining Agreement or until the date a new Collective Bargaining Agreement is ratified, fully executed, and received by the Pension Fund. The rate shall include all rate increases required during the period between the stated expiration date of the Collective Bargaining Agreement and the date the new Collective Bargaining Agreement that is ratified and fully executed is received by the Pension Fund. The annual contribution rate increases are required for the entire term of the Collective Bargaining Agreement even if those contribution rate increases are not specified in the Collective Bargaining Agreement, or if the Collective Bargaining Agreement purports to allow the employer to cease contribution rate increases mid- contract. Nor shall the bargaining parties be allowed to renegotiate or terminate the Collective Bargaining Agreement mid-contract (or amend the stated expiration date of the Collective Bargaining Agreement to an earlier date) to alter the required contribution rate increases.

The new Collective Bargaining Agreement will not be required to include annual contribution rate increases beyond the rate required as of the date the new Collective Bargaining Agreement that is ratified and fully executed is received by the Pension Fund unless the bargaining parties agree to a higher rate.

Provided, further, that absent further amendment to this rehabilitation plan, for those groups covered only by a Participation Agreement, rate increases specified in the Participation Agreement will continue to be required on the regular annual schedule. A new Participation Agreement for that group will not be accepted unless it includes all rate increases specified in the Participation Agreement in effect on April 3, 2023 even if those increases are not scheduled to happen until after April 3, 2023. For new Participation Agreements entered into on or after April 3, 2023, subject to the requirements listed in the preceding sentences, rate increases will not be required beyond the rate in effect on April 3, 2023 (or such higher rate(s) specified in the current Participation Agreement) unless a new Participation Agreement containing a higher rate is executed and received by the Pension Fund.

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.

Provided, further, that absent further amendment to this rehabilitation plan, as of April 3, 2023, any Collective Bargaining Agreement or Participation Agreement requiring contributions of: (1) $69.60 per day or $344.00 per week for employers whose participants are covered under Benefit Class 18+, and (2) $68.40 per day or $338.00 per week for employers whose participants are covered under all other Benefit Classes, will be deemed to be in compliance with the Default Schedule *without* the need for additional annual rate increases.

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; 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);

(3) 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 allow the Fund to emerge from critical status in 2052. Projections 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 emerge from critical status in 2052.

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 - 2022 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 2023, 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.

- Authorizing the filing in 2022 of an application with the Pension Benefit Guaranty Corporation (PBGC) requesting Special Financial Assistance (SFA) under the American Rescue Plan Act of 2021. The PBGC approved the application in December 2022, and the Fund received $35,764,910,109.99 in SFA on January 12, 2023.

However, the Trustees have also determined, as part of the 2023 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 emerge from critical status in 2052.

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	2023
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%	8%
2024	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%
2025	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%
2026	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%
2027	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%
2028	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%
2029	4%	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%

Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2022.

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	550	$58	1,025	$203	30	$511				
25 to 29	545	$58	1,546	$257	459	$683	6			
30 to 34	521	$56	1,795	$259	937	$755	225	$1,285	12	
35 to 39	444	$58	1,513	$269	1,055	$776	421	$1,298	208	$1,621
40 to 44	397	$58	1,479	$268	1,098	$776	545	$1,300	454	$1,735
45 to 49	321	$62	1,326	$270	1,177	$745	618	$1,248	570	$1,767
50 to 54	310	$60	1,435	$271	1,356	$748	792	$1,250	811	$1,800
55 to 59	237	$62	1,138	$264	1,201	$718	785	$1,211	917	$1,722
60 to 64	130	$58	676	$278	889	$694	664	$1,183	743	$1,716
65 to 69	38	$57	191	$261	275	$680	219	$1,043	226	$1,575
70 & up	15		32	$231	24	$586	29	$902	20	$1,608
Unknown	99	$47	258	$283	40	$594	10		1	

Segal

Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2022.

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	9									
40 to 44	241	$2,183	11							
45 to 49	579	$2,247	206	$2,727	3					
50 to 54	991	$2,304	768	$2,725	274	$3,125	15			
55 to 59	1,344	$2,292	1,165	$2,790	1,069	$3,150	362	$3,631	4	
60 to 64	984	$2,200	929	$2,625	960	$3,045	628	$3,461	216	$3,015
65 to 69	250	$2,042	196	$2,669	241	$2,970	183	$3,464	143	$3,547
70 & up	34	$2,006	22	$2,384	15		19		37	$3,338
Unknown										

Segal

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, assumptions for future mortality improvement, future employer default rates, and assumptions applicable to inactive vested participants (as noted), were updated.
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 Withdrawal Due to Employer Default:* Table C. The withdrawal assumption due to employer default consists of rates at which active participants are assumed to terminate from covered employment due to employer default. These rates only apply to Yellow Corporation active participants. *Rates of Disability:* Table D. 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-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. 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
76-85	100.0	100.0	100.0	100.0	1.0	1.0	100.0	100.0

* These rates pertain to commencement of benefits under the Central States Plan, assuming the participant has already commenced benefits under the UPS/IBT Full-Time Employee Pension Plan (the "UPS Plan").

** These rates apply to when UPS inactive vested participants are assumed to commence benefits from the UPS Plan.

Table B

Withdrawals* (%)

Years of Participation Service	Withdrawal Rate	Years of Participation Service	Withdrawal Rate
< 1	29.0	12	10.0
1	29.0	13	10.0
2	23.0	14	10.0
3	18.0	15	9.0
4	16.0	16	9.0
5	15.0	17	8.0
6	15.0	18	7.0
7	15.0	19	7.0
8	13.0	20	7.0
9	11.0	21	7.0
10	11.0	22	7.0
11	10.0	23 & over	6.0

* Withdrawal rates apply to all active participants who are not eligible for immediate commencement of a retirement benefit under the Plan.

Table C

Withdrawal Due to Employer Default* (%)

Years from January 1, 2023	Withdrawal Rate	Years from January 1, 2023	Withdrawal Rate
< 1	5.51	16	0.77
1	6.73	17	0.59
2	6.42	18	0.58
3	5.40	19	0.30
4	4.61	20	0.23
5	3.95	21	0.17
6	3.39	22	0.12
7	3.16	23	0.09
8	2.67	24	0.07
9	2.28	25	0.06
10	2.28	26	0.04
11	1.71	27	0.04
12	1.58	28	0.03
13	1.79	29	0.02
14	1.42	30 & over	0.00
15	0.90		

Note: The withdrawal due to employer default assumption only applies to Yellow Corporation active participants.

* These rates are based on historical default rates for companies with the same credit rating as Yellow Corporation as of the valuation date and are adjusted for the possibility that a portion of Yellow Corporation contributions will continue after bankruptcy.

Table D

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 E

Mortality*

	Healthy**		Contingent Survivor		Disabled	
Age	Male	Female	Male	Female	Male	Female
20	0.07%	0.02%	1.62%	0.77%	1.38%	0.34%
25	0.08%	0.03%	1.78%	0.84%	1.48%	0.48%
30	0.09%	0.04%	2.06%	0.93%	1.78%	0.58%
35	0.11%	0.05%	2.22%	0.95%	2.25%	0.80%
40	0.12%	0.07%	2.06%	0.83%	2.53%	1.06%
45	0.13%	0.09%	1.69%	0.69%	2.73%	1.32%
50	0.17%	0.12%	1.45%	0.63%	2.47%	1.24%
55	0.27%	0.19%	1.61%	0.87%	2.55%	1.43%
60	1.05%	0.76%	2.09%	1.23%	2.94%	1.77%
65	1.44%	1.09%	2.64%	1.63%	3.59%	2.08%
70	2.16%	1.53%	3.24%	2.13%	4.59%	2.55%
75	3.36%	2.43%	4.28%	3.12%	6.49%	3.61%
80	5.80%	4.18%	6.20%	4.86%	10.03%	5.68%
85	10.14%	7.41%	9.52%	7.97%	15.75%	9.40%
90	17.44%	13.11%	15.51%	13.74%	23.98%	15.57%

* Rates above are sample rates in 2023. Rates are projected on a generational basis after 2023 using Scale MP-2021.

** 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, 2023 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: 50; Assumed Days Worked: 240; Assumed Hours Worked: 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	75% of inactive vested participants reported with a date of death are assumed to be married at their time of death. Based on assumed survival of spouses from their assumed average age as of the participants' death to the average age at valuation, 85% of these participants' spouses are assumed to survive and claim a survivor benefit if provided under the Plan. Therefore, 63.75% (75% x 85%) of these deceased participants are assumed to have a surviving spouse. Surviving spouses are assumed to be the opposite sex of the deceased participant. Females are assumed to be two years younger than their male spouses. Surviving spouses are assumed to receive a 50% qualified surviving spouse annuity at the earliest possible commencement date (no later than the participant's normal retirement date). If applicable, the surviving spouse is assumed to be paid retroactive payments consistent with the Fund's policy.
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	4.00% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses	$46,700,000 for the year beginning January 1, 2023 (equivalent to $45,721,254 payable at the beginning of the year). The annual administrative expenses were based on the expense budget for the current year as of January 1, 2023.
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:* 2.55%, 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-2006 employee and annuitant mortality tables, projected generationally using scale MP-2021 (previously, the MP-2020 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.

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	$26,062,449	$142,912,432	$2,779,787,919	$2,948,762,800
2024	71,373,266	125,937,471	2,668,306,274	2,865,617,011
2025	114,851,721	189,683,201	2,553,881,420	2,858,416,342
2026	155,727,037	254,382,187	2,436,742,860	2,846,852,084
2027	193,465,776	315,934,615	2,317,944,054	2,827,344,445
2028	227,496,793	373,331,293	2,199,374,006	2,800,202,092
2029	257,420,806	427,918,390	2,081,524,385	2,766,863,581
2030	283,346,394	479,267,272	1,963,517,065	2,726,130,731
2031	305,810,341	528,551,715	1,845,961,015	2,680,323,071
2032	325,171,886	570,507,618	1,729,321,414	2,625,000,918
2033	341,281,193	608,058,090	1,613,904,120	2,563,243,403
2034	354,697,359	639,791,842	1,500,214,617	2,494,703,818
2035	365,101,615	666,521,041	1,388,741,637	2,420,364,293
2036	372,955,777	688,315,029	1,279,925,228	2,341,196,034
2037	378,270,837	703,465,642	1,174,126,799	2,255,863,278
2038	381,272,731	711,842,407	1,071,776,573	2,164,891,711
2039	382,196,029	715,632,645	973,154,371	2,070,983,045
2040	381,336,484	715,169,201	878,621,857	1,975,127,542
2041	378,828,153	710,988,992	788,515,774	1,878,332,919
2042	374,752,188	702,901,074	703,078,743	1,780,732,005
2043	369,096,263	690,975,141	622,572,530	1,682,643,934
2044	362,039,006	675,535,144	547,236,401	1,584,810,551

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2045	$353,686,357	$656,916,367	$477,235,914	$1,487,838,638
2046	344,010,108	635,745,070	412,738,000	1,392,493,178
2047	333,222,848	612,073,130	353,842,293	1,299,138,271
2048	321,410,693	586,193,839	300,587,078	1,208,191,610
2049	308,602,878	558,402,981	252,941,971	1,119,947,830
2050	295,007,042	528,999,544	210,798,184	1,034,804,770
2051	280,756,667	498,223,053	173,957,324	952,937,044
2052	265,934,880	466,487,800	142,141,121	874,563,801
2053	250,733,043	434,123,982	115,000,875	799,857,900
2054	235,324,978	401,513,479	92,135,167	728,973,624
2055	219,854,995	369,043,952	73,108,494	662,007,441
2056	204,482,445	337,066,026	57,470,741	599,019,212
2057	189,384,453	305,913,878	44,774,742	540,073,073
2058	174,682,154	275,874,099	34,590,258	485,146,511
2059	160,518,601	247,230,258	26,515,208	434,264,067
2060	147,013,979	220,198,174	20,183,640	387,395,793
2061	134,225,472	194,925,521	15,270,740	344,421,733
2062	122,206,749	171,541,460	11,495,133	305,243,342
2063	110,991,817	150,105,845	8,618,509	269,716,171
2064	100,582,693	130,627,948	6,443,363	237,654,004
2065	90,974,548	113,090,925	4,809,209	208,874,682
2066	82,147,691	97,434,070	3,587,878	183,169,639

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2067	$74,068,440	$83,560,713	$2,678,632	$160,307,785
2068	66,696,333	71,361,382	2,003,386	140,061,101
2069	59,986,136	60,707,616	1,502,375	122,196,127
2070	53,882,452	51,460,494	1,130,453	106,473,399
2071	48,338,462	43,481,177	853,860	92,673,499
2072	43,300,667	36,630,434	647,524	80,578,625

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 with valuation.

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 $10,912.
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

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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, 2022, 347 active participants and 277 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, 2023

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, 2023 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, 2023, the Plan is in critical status but not declining status. Under IRC Section 432(b)(7), the Plan is "deemed to be in critical status" as a result of being approved for Special Financial Assistance ("SFA") on December 5, 2022 and receiving its SFA on January 12, 2023. 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 in the rehabilitation plan.

This certification is being filed with the Internal Revenue Service, pursuant to ERISA Section 305(b)(3) and IRC Section 432(b)(3).

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, 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

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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, 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, 2022: – First 20 years 3.90% – After 20 years 3.65% 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: 4.00% 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.

Segal

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	01/01/1994	$27,283,696	1	$27,283,696
Change in Assumptions	01/01/1995	28,975,556	2	14,771,852
Plan Amendment	01/01/1995	124,818,633	2	63,633,029
Plan Amendment	01/01/1996	61,873,124	3	21,438,356
Plan Amendment	01/01/1997	90,543,203	4	23,984,376
Plan Amendment	01/01/1998	301,677,690	5	65,158,643
Plan Amendment	01/01/1999	348,745,876	6	63,968,680
Plan Amendment	01/01/2000	198,770,696	7	31,843,374
Plan Amendment	01/01/2001	121,891,060	8	17,407,899
Plan Amendment	01/01/2002	110,383,399	9	14,274,802
Plan Amendment	01/01/2003	55,352,355	10	6,561,965
Change in Assumptions	01/01/2003	820,785,121	10	97,303,243
Change in Assumptions	01/01/2006	1,169,621,724	13	112,625,269
Change in Assumptions	01/01/2007	1,964,432,180	14	178,818,055
Plan Amendment	01/01/2009	147,418	1	147,418
Experience Loss	01/01/2009	494,109,463	1	494,109,463
Experience Loss	01/01/2011	305,912,970	3	105,995,473
Experience Loss	01/01/2012	517,960,565	4	137,204,788
Change in Assumptions	01/01/2013	165,909,310	5	35,834,355
Experience Loss	01/01/2013	547,345,736	5	118,219,897
Change in Assumptions	01/01/2016	2,527,809,035	8	361,009,611
Change in Assumptions	01/01/2017	1,599,451,210	9	206,841,327
Change in Assumptions	01/01/2018	9,008,115,053	10	1,067,902,896
Experience Loss	01/01/2019	158,617,713	11	17,409,673

Segal

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in Assumptions	01/01/2020	5,246,571,961	12	537,532,348
Experience Loss	01/01/2023	5,337,933	15	461,634
Total		**$26,002,442,680**		**$3,821,742,122**

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	$148,332,519	11	$16,280,783
Change in Assumptions	01/01/2004	285,999,628	11	31,390,945
Plan Amendment	01/01/2010	2,420,924	2	1,234,197
Experience Gain	01/01/2010	513,567,584	2	261,818,768
Plan Amendment	01/01/2011	3,171,990	3	1,099,060
Change in Assumptions	01/01/2011	63,370,519	3	21,957,186
Plan Amendment	07/01/2011	162,707,275	3.5	48,788,504
Plan Amendment	01/01/2012	57,975,823	4	15,357,464
Plan Amendment	01/01/2013	12,136,030	5	2,621,232
Plan Amendment	01/01/2014	10,457,462	6	1,918,159
Experience Gain	01/01/2014	604,750,059	6	110,926,223
Change in Assumptions	01/01/2015	3,200,782	7	512,770
Plan Amendment	01/01/2015	7,224,865	7	1,157,435
Experience Gain	01/01/2015	362,769,814	7	58,116,287
Plan Amendment	01/01/2016	19,016,857	8	2,715,897
Experience Gain	01/01/2016	152,684,356	8	21,805,650
Plan Amendment	01/01/2017	7,694,608	9	995,068
Experience Gain	01/01/2017	259,729,271	9	33,588,237
Plan Amendment	01/01/2018	30,441,014	10	3,608,751
Experience Gain	01/01/2018	216,276,032	10	25,639,304
Plan Amendment	01/01/2019	51,241,751	11	5,624,228
Plan Amendment	01/01/2020	55,912,014	12	5,728,410
Experience Gain	01/01/2020	67,046,425	12	6,869,175
Plan Amendment	01/01/2021	50,951,290	13	4,906,204

Segal

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience Gain	01/01/2021	498,765,553	13	48,027,156
Plan Amendment	01/01/2022	14,802,631	14	1,347,452
Experience Gain	01/01/2022	865,465,125	14	78,781,437
Plan Amendment	01/01/2023	5,198,647	15	449,588
Change in Assumptions	01/01/2023	11,771,563,331	15	1,018,026,307
Total		**$16,304,874,179**		**$1,831,291,877**

Schedule MB, Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	$484,662,325	$137,040,445	$621,702,770
2024	463,589,986	139,762,103	603,352,089
2025	443,637,854	147,477,617	591,115,471
2026	423,574,359	154,861,654	578,436,013
2027	403,713,072	161,760,539	565,473,611
2028	384,721,204	158,445,507	543,166,711
2029	367,031,684	161,605,238	528,636,922
2030	350,539,076	166,162,622	516,701,698
2031	335,299,914	170,870,935	506,170,849
2032	321,141,784	173,460,336	494,602,120

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, 2023, dated March 31, 2023.

Segal

Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2023 for funding purposes and December 31, 2022 for withdrawal liability purposes (if applicable): • Net investment return, previously 2.00% • Administrative expenses, previously $45,400,000 payable monthly • Mortality improvement scale for Healthy, Disabled, and Contingent Survivor tables, previously Scale MP-2019 • Age 85 retirement rate for non-UPS inactive vested participants, previously 100% • Liability factor applied to liabilities for inactive vested participants reported with a date of death, previously 0.41 • Assumed rates of withdrawal due to employer default were adopted for Yellow Corporation active participants

Segal

Actuarial Status Certification as of January 1, 2024 under IRC Section 432
March 29, 2024

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, 2024 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, 2023 actuarial valuation, dated August 25, 2023. 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
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Title	Senior Vice President and Actuary
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Certificate Contents

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Exhibit 3	Funding Standard Account Projections
Exhibit 4	Funding Standard Account — Projected Bases Assumed Established After January 1, 2023
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, 2024

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:**		
	C9. 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:			
	DC 1. a. Received special financial assistance under section 4262 of ERISA,	Yes	
	b. **and** meets the requirements of subsection IRC 432(k)(2)?	Yes	
	Deemed Critical Status?		**Yes**

This certification also notifies the IRS that the Plan is making scheduled progress in meeting the requirements of its rehabilitation plan, based on the annual standards of the rehabilitation plan. Specifically, as required by the rehabilitation plan, current actuarial projections show that the Plan will emerge from critical status in 2052. These projections are based on reasonable assumptions and the current terms of the rehabilitation plan and its schedules.

Exhibit 2: Summary of Actuarial Valuation Projections

The actuarial factors as of January 1, 2024 (based on projections from the January 1, 2023 valuation certificate):

1.	Financial Information			
	a. Market value of assets[1]			$40,139,117,849
	1) Special Financial Assistance (SFA) assets			33,945,095,074
	2) Non-SFA assets (for IRC 431 purposes)[1]			6,194,022,775
	b. Actuarial value of assets (for IRC 431 purposes)[1]			6,826,569,937
	c. Reasonably anticipated contributions (including anticipated withdrawal liability payments)			
	1) Upcoming year			565,585,742
	2) Present value for the next five years			2,870,515,538
	3) Present value for the next seven years			3,674,099,030
	d. Projected benefit payments			2,888,555,784
	e. Projected administrative expenses (beginning of year)			47,287,721
2.	Liabilities			
	a. Present value of vested benefits for active participants			3,963,577,184
	b. Present value of vested benefits for non-active participants			37,537,215,360
	c. Total unit credit accrued liability			41,639,448,007
	d. Present value of payments	**Benefit Payments**	**Administrative Expenses**	**Total**
	1) Next five years	$12,994,134,245	$225,686,325	$13,219,820,570
	2) Next seven years	17,387,957,120	308,643,690	17,696,600,810
	e. Unit credit normal cost plus expenses			367,324,929
	f. Ratio of inactive participants to active participants			8.66
3.	Funded Percentage (1.b)/(2.c)			16.4%
4.	Funding Standard Account			
	a. Credit balance/(funding deficiency) as of the end of prior year			($29,566,777,486)
	b. Years to projected funding deficiency			0
5.	Years to Projected Insolvency			N/A

[1] Excludes withdrawal liability receivable of $1,637,161,440 as of December 31, 2023 and excludes Special Financial Assistance assets in the actuarial value of assets for IRC 431 purposes.

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,	
	2023	**2024**
1. Credit balance/(funding deficiency) (BOY)	($26,699,968,265)	($29,566,777,486)
2. Interest on (1)	(1,067,998,731)	(1,182,671,099)
3. Normal cost	329,648,534	320,037,208
4. Administrative expenses	45,721,254	47,287,721
5. Net amortization charges	1,990,450,245	1,229,415,337
6. Interest on (3), (4) and (5)	94,632,801	63,869,611
7. Expected contributions (including withdrawal liability payments)	648,668,965	565,585,742
8. Interest on (7)	12,973,379	11,311,715
9. **Credit balance/(funding deficiency) (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)**	**($29,566,777,486)**	**($31,833,161,005)**

Exhibit 4: Funding Standard Account — Projected Bases Assumed Established after January 1, 2023

Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Experience Gain	01/01/2024	($2,769,302,402)	15	($239,494,332)

Exhibit 5: Solvency Projections

The tables below present the projected Market Value of Assets (non-Special Financial Assistance) for the Plan Years beginning January 1, 2023 through 2043.

		Year Beginning January 1,						
		2023	**2024**	**2025**	**2026**	**2027**	**2028**	**2029**
1.	Market Value (BOY)	$5,715,700,020	$6,194,022,775	$7,018,908,953	$8,176,176,458	$9,149,543,884	$10,077,422,671	$11,030,227,401
2.	Contributions	514,649,643	449,840,099	434,306,813	416,062,047	397,389,278	378,831,506	361,204,917
3.	Withdrawal liability payments	134,019,322	115,852,286	425,425,411	217,594,830	153,355,934	159,948,634	153,186,090
4.	Benefit payments	-	-	-	-	-	-	-
5.	Administrative expenses	-	-	-	-	-	-	-
6.	Interest earnings	(170,346,210)	259,193,793	297,535,281	339,710,549	377,133,575	414,024,590	451,643,482
7.	Market Value (EOY): (1)+(2)+(3)-(4)-(5)+(6)	$6,194,022,775	$7,018,908,953	$8,176,176,458	$9,149,543,884	$10,077,422,671	$11,030,227,401	$11,996,261,890
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	$6,194,022,775	$7,018,908,953	$8,176,176,458	$9,149,543,884	$10,077,422,671	$11,030,227,401	$11,996,261,890

		2030	**2031**	**2032**	**2033**	**2034**	**2035**	**2036**
1.	Market Value (BOY)	$11,996,261,890	$12,989,660,346	$14,012,687,673	$15,065,286,004	$16,147,964,417	$17,262,072,340	$18,410,414,664
2.	Contributions	344,773,899	329,363,831	314,872,604	301,135,163	288,248,946	276,169,264	264,810,019
3.	Withdrawal liability payments	158,548,236	164,036,930	167,391,614	169,334,307	170,570,409	172,516,486	172,512,838
4.	Benefit payments	-	-	-	-	-	-	-
5.	Administrative expenses	-	-	-	-	-	-	-
6.	Interest earnings	490,076,321	529,626,566	570,334,113	612,208,943	655,288,568	699,656,574	745,366,163
7.	Market Value (EOY): (1)+(2)+(3)-(4)-(5)+(6)	$12,989,660,346	$14,012,687,673	$15,065,286,004	$16,147,964,417	$17,262,072,340	$18,410,414,664	$19,593,103,684
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	$12,989,660,346	$14,012,687,673	$15,065,286,004	$16,147,964,417	$17,262,072,340	$18,410,414,664	$19,593,103,684

		Year Beginning January 1,						
		2037	**2038**	**2039**	**2040**	**2041**	**2042**	**2043**
1.	Market Value (BOY)	$19,593,103,684	$20,815,451,520	$22,079,298,183	$23,377,906,467	$24,696,925,773	$24,381,676,523	$23,628,359,498
2.	Contributions	254,136,532	244,126,851	234,713,054	225,833,873	217,440,542	209,555,260	202,128,718
3.	Withdrawal liability payments	175,679,872	178,432,586	172,370,355	150,365,263	119,539,723	119,935,712	121,369,456
4.	Benefit payments	-	-	-	-	1,563,920,002	1,957,393,535	1,871,681,298
5.	Administrative expenses	-	-	-	-	48,417,144	63,981,715	64,750,027
6.	Interest earnings	792,531,432	841,287,226	891,524,875	942,820,170	960,107,631	938,567,253	910,149,691
7.	Market Value (EOY): (1)+(2)+(3)-(4)-(5)+(6)	$20,815,451,520	$22,079,298,183	$23,377,906,467	$24,696,925,773	$24,381,676,523	$23,628,359,498	$22,925,576,038
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	$20,815,451,520	$22,079,298,183	$23,377,906,467	$24,696,925,773	$25,945,596,525	$25,585,753,033	$24,797,257,336

The tables below present the projected Special Financial Assistance Assets for the Plan Years beginning January 1, 2023 through 2041.

		Year Beginning January 1,						
		2023	**2024**	**2025**	**2026**	**2027**	**2028**	**2029**
1.	Market Value (BOY)	$35,764,910,110	$33,945,095,074	$32,302,364,056	$30,603,431,608	$28,848,939,594	$27,042,121,961	$25,186,288,075
2.	Contributions	-	-	-	-	-	-	-
3.	Withdrawal liability payments	-	-	-	-	-	-	-
4.	Benefit payments	2,842,506,623	2,889,054,056	2,878,971,368	2,866,061,297	2,847,813,255	2,824,273,597	2,796,580,329
5.	Administrative expenses	47,750,425	48,300,000	49,076,597	49,851,580	50,623,233	51,398,015	52,175,452
6.	Interest earnings	1,070,442,012	1,294,623,038	1,229,115,517	1,161,420,863	1,091,618,855	1,019,837,726	946,185,349
7.	Market Value (EOY): (1)+(2)+(3)-(4)-(5)+(6)	$33,945,095,074	$32,302,364,056	$30,603,431,608	$28,848,939,594	$27,042,121,961	$25,186,288,075	$23,283,717,643
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	$36,787,601,697	$35,191,418,112	$33,482,402,976	$31,715,000,891	$29,889,935,216	$28,010,561,672	$26,080,297,972

		2030	**2031**	**2032**	**2033**	**2034**	**2035**	**2036**
1.	Market Value (BOY)	$23,283,717,643	$21,338,432,436	$19,350,617,425	$17,329,683,694	$15,279,689,006	$13,205,389,218	$11,111,036,941
2.	Contributions	-	-	-	-	-	-	-
3.	Withdrawal liability payments	-	-	-	-	-	-	-
4.	Benefit payments	2,763,119,701	2,725,579,675	2,679,448,245	2,628,050,681	2,570,858,939	2,508,549,230	2,441,612,613
5.	Administrative expenses	52,953,221	55,960,388	56,677,220	57,391,147	58,105,734	58,823,631	59,544,927
6.	Interest earnings	870,787,715	793,725,052	715,191,734	635,447,140	554,664,885	473,020,584	390,673,766
7.	Market Value (EOY): (1)+(2)+(3)-(4)-(5)+(6)	$21,338,432,436	$19,350,617,425	$17,329,683,694	$15,279,689,006	$13,205,389,218	$11,111,036,941	$9,000,553,167
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	$24,101,552,137	$22,076,197,100	$20,009,131,939	$17,907,739,687	$15,776,248,157	$13,619,586,171	$11,442,165,780

		Year Beginning January 1,				
		2037	**2038**	**2039**	**2040**	**2041**
1.	Market Value (BOY)	$9,000,553,167	$6,879,463,108	$4,752,946,542	$2,623,678,982	$493,053,431
2.	Contributions	-	-	-	-	-
3.	Withdrawal liability payments	-	-	-	-	-
4.	Benefit payments	2,368,632,024	2,290,161,251	2,208,854,552	2,126,068,742	478,247,446
5.	Administrative expenses	60,269,817	60,999,020	61,732,565	62,473,879	14,805,985
6.	Interest earnings	307,811,782	224,643,705	141,319,557	57,917,070	-
7.	Market Value (EOY): (1)+(2)+(3)-(4)-(5)+(6)	$6,879,463,108	$4,752,946,542	$2,623,678,982	$493,053,431	$0
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	$9,248,095,132	$7,043,107,793	$4,832,533,534	$2,619,122,173	$478,247,446

Exhibit 6: Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the January 1, 2023 actuarial valuation certificate, dated August 25, 2023, 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, 2023 were based on formal commitments by the collective bargaining parties settled before January 1, 2024 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, 2023 was based on unaudited financial statements provided by the Fund Office. The market value of assets as of December 31, 2023 excludes receivable withdrawal liability amounts, which are projected to be received in future years as described below. For projections after that date, the assumed administrative expenses were projected to be $48.3 million for the 2024 Plan Year, based on information from the Fund Office, increased 2.0% per year for the non-PBGC premium portion of assumed expenses, plus the expected PBGC premium increasing to $37 for 2024, 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, 2023 actuarial valuation. The projected net investment return was assumed to be 4.0% of the average market value of assets for the 2024 Plan Year and thereafter. 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.
Demographic Adjustments:	Yellow Corporation ("Yellow") terminated participation in the Plan as of July 23, 2023 and no further contributions are assumed to be received after that date. Yellow active participants are assumed to change to terminated status with retirement rates for Yellow active participants as of January 1, 2023 adjusted to be 3.2 times higher (not greater than 100%) than the rates used for the January 1, 2023 actuarial valuation.
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, 2023 actuarial valuation, the number of active participants is assumed to decline in aggregate during the 2023 Plan Year to 34,155 total active participants (4,822 from ArcBest Corporation and 29,333 from other contributing employers), based on preliminary census data as of December 31, 2023. For the 2024 Plan year and thereafter, 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, 2023 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 15, 2024. 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 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 Default Schedule based on the January 1, 2023 actuarial valuation, the projection recognizes annual contribution rate increases of 4% (per the Rehabilitation Plan) to a maximum of $344 per week for each participant covered by Benefit Class 18+ and $338 per week for all other participants.
- Assumptions with respect to future Rehabilitation Plan Withdrawals (RPW) are as follows:
  - For active participants of employers other than ArcBest Corporation, 20% of withdrawals are due to an RPW.
  - For inactive vested participants who last worked for an employer active as of January 1, 2023, 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 as 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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **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 2023		
b	Assets		
	(1) Current value of assets	1b(1)	5,715,700,020
	(2) Actuarial value of assets for funding standard account	1b(2)	5,937,242,356
c	**(1)** Accrued liability for plan using immediate gain methods	1c(1)	42,334,779,122
	(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)	42,334,779,122
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)	53,510,370,823
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	471,763,667
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	2,869,803,173
	(3) Expected plan disbursements for the plan year	1d(3)	2,916,503,173

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 — 07/29/2024

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**	5,715,700,020

b "RPA '94" current liability/participant count breakdown:	**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment	187,586	33,042,866,614
(2) For terminated vested participants	113,605	13,007,857,659
(3) For active participants:		
(a) Non-vested benefits		283,196,854
(b) Vested benefits		7,176,449,696
(c) Total active	44,736	7,459,646,550
(4) Total	345,927	53,510,370,823

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**	10.68 %

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
07/01/2023	514,649,643	0			
07/01/2023	134,019,322	0			

Totals ►	**3(b)**	648,668,965	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total			**3(d)**	134,019,322

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	14.0 %
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**	C

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☒ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☒ 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**	5,198,647
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 ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	2052

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

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

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

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method — **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability — **6a** 2.55 %

		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)**	9P	A
(2) Females	**6c(2)**	9FP	A
d Valuation liability interest rate	**6d**	4.00 %	4.00 %
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**	1.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	-3.6 %
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)**	45,721,254
(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	5,337,933	461,634
3	-5,198,647	-449,588
4	-11,771,563,331	-1,018,026,307

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**	26,699,968,265
b Employer's normal cost for plan year as of valuation date		**9b**	375,369,788
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)**	26,002,442,680	3,821,742,122
(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**	1,235,883,207
e Total charges. Add lines 9a through 9d		**9e**	32,132,963,382
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**	648,668,965
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	16,304,874,179	1,831,291,877
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	86,225,054
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	38,474,226,846	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	44,009,113,227	
(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**	2,566,185,896
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**	29,566,777,486
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current 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**	29,566,777,486
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			[X] Yes [ ] No

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
1/3/2023	2,168.30		2,168.30	1/3/2023	20,586.43		20,586.43	1/9/2023	991.77		991.77
1/3/2023	3,486.55		3,486.55	1/3/2023	4,631.94		4,631.94	1/9/2023	2,871.70		2,871.70
1/3/2023	39,576.83		39,576.83	1/4/2023	19,248.03		19,248.03	1/9/2023	3,910.10		3,910.10
1/3/2023	1,317.53		1,317.53	1/4/2023	2,255.72		2,255.72	1/9/2023	953.43		953.43
1/3/2023	49,750.00		49,750.00	1/4/2023	1,278.49		1,278.49	1/9/2023	15,706.07		15,706.07
1/3/2023	4,318.26		4,318.26	1/4/2023	2,016.74		2,016.74	1/9/2023	233.89		233.89
1/3/2023	4,856.69		4,856.69	1/4/2023	4,684.26		4,684.26	1/9/2023	2,836.65		2,836.65
1/3/2023	34,368.44		34,368.44	1/4/2023	85,969.56		85,969.56	1/9/2023	2,823.80		2,823.80
1/3/2023	5,114.91		5,114.91	1/4/2023	2,846.06		2,846.06	1/9/2023	1,136.85		1,136.85
1/3/2023	10,186.93		10,186.93	1/4/2023	1,352.01		1,352.01	1/9/2023	3,571,816.52		3,571,816.52
1/3/2023	13,472.14		13,472.14	1/4/2023	16,163.00		16,163.00	1/9/2023	49,895.00		49,895.00
1/3/2023	1,616.61		1,616.61	1/4/2023	6,981.17		6,981.17	1/9/2023	9,573.58		9,573.58
1/3/2023	703,421.11		703,421.11	1/4/2023	1,150.45		1,150.45	1/9/2023	7,442.93		7,442.93
1/3/2023	18,084.44		18,084.44	1/4/2023	15,000.00		15,000.00	1/9/2023	949.61		949.61
1/3/2023	384,607.82		384,607.82	1/4/2023	573.42		573.42	1/9/2023	101,231.06		101,231.06
1/3/2023	336,397.00		336,397.00	1/4/2023	11,299.29		11,299.29	1/9/2023	32,205.60		32,205.60
1/3/2023	4,591.92		4,591.92	1/5/2023	8,430.06		8,430.06	1/9/2023	49,976.85		49,976.85
1/3/2023	119,750.34		119,750.34	1/5/2023	4,868.98		4,868.98	1/10/2023	2,781.92		2,781.92
1/3/2023	7,710.57		7,710.57	1/5/2023	449.10		449.10	1/10/2023	2,316.56		2,316.56
1/3/2023	12,474.08		12,474.08	1/5/2023	445.57		445.57	1/10/2023	1,500.50		1,500.50
1/3/2023	2,220.26		2,220.26	1/5/2023	6,615.42		6,615.42	1/10/2023	20,111.27		20,111.27
1/3/2023	714.07		714.07	1/5/2023	14,188.26		14,188.26	1/10/2023	12,477.57		12,477.57
1/3/2023	1,177.18		1,177.18	1/5/2023	6,100.33		6,100.33	1/11/2023	1,928.12		1,928.12
1/3/2023	2,086.69		2,086.69	1/5/2023	7,332.76		7,332.76	1/11/2023	890.74		890.74
1/3/2023	664.08		664.08	1/5/2023	135,544.64		135,544.64	1/11/2023	6,577.54		6,577.54
1/3/2023	36,027.14		36,027.14	1/5/2023	2,869.00		2,869.00	1/11/2023	1,418.04		1,418.04
1/3/2023	9,490.95		9,490.95	1/5/2023	15,069.24		15,069.24	1/11/2023	4,671.09		4,671.09
1/3/2023	55,540.80		55,540.80	1/5/2023	459.95		459.95	1/12/2023	691.46		691.46
1/3/2023	763.16		763.16	1/5/2023	2,370.49		2,370.49	1/12/2023	7,399.82		7,399.82
1/3/2023	14,339.90		14,339.90	1/5/2023	3,748.25		3,748.25	1/12/2023	2,063.07		2,063.07
1/3/2023	258,520.31		258,520.31	1/5/2023	3,000.00		3,000.00	1/13/2023	503.45		503.45
1/3/2023	18,191.18		18,191.18	1/5/2023	30,367.30		30,367.30	1/13/2023	15,625.04		15,625.04
1/3/2023	111,409.84		111,409.84	1/5/2023	4,491.31		4,491.31	1/13/2023	52,705.32		52,705.32
1/3/2023	1,805.54		1,805.54	1/6/2023	9,358.90		9,358.90	1/13/2023	2,877.02		2,877.02
1/3/2023	24,589.74		24,589.74	1/6/2023	19,650.02		19,650.02	1/13/2023	4,772.25		4,772.25
1/3/2023	27,098.54		27,098.54	1/6/2023	7,022.71		7,022.71	1/13/2023	7,164.41		7,164.41

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
1/17/2023	7,294.86		7,294.86	1/20/2023	19,557.47		19,557.47	1/24/2023	10,093.59		10,093.59
1/17/2023	16,178.44		16,178.44	1/20/2023	4,027.19		4,027.19	1/25/2023	8,899.74		8,899.74
1/17/2023	20,674.00		20,674.00	1/20/2023	63,065.91		63,065.91	1/25/2023	38,930.71		38,930.71
1/17/2023	5,659.91		5,659.91	1/20/2023	18,040.24		18,040.24	1/25/2023	38,495.86		38,495.86
1/17/2023	4,254.38		4,254.38	1/20/2023	3,710.54		3,710.54	1/25/2023	4,768.64		4,768.64
1/17/2023	2,430.57		2,430.57	1/23/2023	15,701.14		15,701.14	1/25/2023	7,446.85		7,446.85
1/17/2023	694.55		694.55	1/23/2023	2,810.66		2,810.66	1/25/2023	1,154.77		1,154.77
1/17/2023	0.00	5,636,877.01	5,636,877.01	1/23/2023	63,363.66		63,363.66	1/25/2023	0.00	5,850,000.00	5,850,000.00
1/17/2023	1,556.27		1,556.27	1/23/2023	2,316.81		2,316.81	1/26/2023	13,936.44		13,936.44
1/17/2023	25,872.89		25,872.89	1/23/2023	4,205.09		4,205.09	1/26/2023	81,137.97		81,137.97
1/17/2023	3,832.85		3,832.85	1/23/2023	2,727.29		2,727.29	1/26/2023	2,940.02		2,940.02
1/18/2023	2,201.42		2,201.42	1/23/2023	3,082.51		3,082.51	1/26/2023	2,333.32		2,333.32
1/18/2023	843.56		843.56	1/23/2023	1,288.63		1,288.63	1/26/2023	5,749.98		5,749.98
1/18/2023	3,915.46		3,915.46	1/23/2023	704.61		704.61	1/26/2023	25.34		25.34
1/18/2023	2,285.85		2,285.85	1/23/2023	39,833.71		39,833.71	1/26/2023	5,951.46		5,951.46
1/18/2023	1,339.10		1,339.10	1/23/2023	7,907.33		7,907.33	1/26/2023	0.00	457,182.40	457,182.40
1/18/2023	4,670.80		4,670.80	1/23/2023	43,223.19		43,223.19	1/26/2023	76,320.61		76,320.61
1/18/2023	5,683.80		5,683.80	1/23/2023	4,191.52		4,191.52	1/26/2023	24,589.74		24,589.74
1/19/2023	175,199.80		175,199.80	1/23/2023	5,934.90		5,934.90	1/27/2023	3,638.53		3,638.53
1/19/2023	46,440.51		46,440.51	1/23/2023	6,366.64		6,366.64	1/27/2023	22,838.70		22,838.70
1/19/2023	14,216.37		14,216.37	1/24/2023	12,675.79		12,675.79	1/27/2023	12,722.59		12,722.59
1/19/2023	1,162.67		1,162.67	1/24/2023	1,349.00		1,349.00	1/27/2023	7,284.73		7,284.73
1/19/2023	0.00	300,000.00	300,000.00	1/24/2023	131,940.55		131,940.55	1/27/2023	412,946.74		412,946.74
1/19/2023	4,768.64		4,768.64	1/24/2023	503.45		503.45	1/27/2023	6,330.61		6,330.61
1/19/2023	3,177.12		3,177.12	1/24/2023	1,123.54		1,123.54	1/27/2023	1,053.45		1,053.45
1/19/2023	1,177.18		1,177.18	1/24/2023	4,887.11		4,887.11	1/27/2023	1,490.79		1,490.79
1/19/2023	5,553.16		5,553.16	1/24/2023	14,486.06		14,486.06	1/27/2023	8,904.61		8,904.61
1/19/2023	9,301.05		9,301.05	1/24/2023	950.04		950.04	1/27/2023	31,809.54		31,809.54
1/19/2023	0.00	8,571.00	8,571.00	1/24/2023	2,652.46		2,652.46	1/27/2023	2,230.30		2,230.30
1/20/2023	1,109.30		1,109.30	1/24/2023	15,069.24		15,069.24	1/27/2023	7,836.24		7,836.24
1/20/2023	31,066.12		31,066.12	1/24/2023	19,149.16		19,149.16	1/30/2023	1,126.91		1,126.91
1/20/2023	29,467.58		29,467.58	1/24/2023	3,591.70		3,591.70	1/30/2023	13,218.03		13,218.03
1/20/2023	40,673.97		40,673.97	1/24/2023	7,400.00		7,400.00	1/30/2023	630.03		630.03
1/20/2023	27,795.20		27,795.20	1/24/2023	4,021.15		4,021.15	1/30/2023	2,327.06		2,327.06
1/20/2023	36,204.80		36,204.80	1/24/2023	2,168.30		2,168.30	1/30/2023	1,852.42		1,852.42
1/20/2023	13,803.97		13,803.97	1/24/2023	7,429.38		7,429.38	1/30/2023	920.07		920.07

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
1/30/2023	1,540.76		1,540.76	1/31/2023	20,586.43		20,586.43	2/1/2023	4,631.94		4,631.94
1/30/2023	3,859.50		3,859.50	1/31/2023	4,491.31		4,491.31	2/2/2023	19,248.03		19,248.03
1/30/2023	6,240.80		6,240.80	1/31/2023	1,149,839.36		1,149,839.36	2/2/2023	6,615.42		6,615.42
1/30/2023	10,186.93		10,186.93	1/31/2023	1,225,935.44		1,225,935.44	2/2/2023	1,278.49		1,278.49
1/30/2023	13,472.14		13,472.14	1/31/2023	1,480.64		1,480.64	2/2/2023	2,016.74		2,016.74
1/30/2023	1,591.76		1,591.76	2/1/2023	3,486.55		3,486.55	2/2/2023	1,305.70		1,305.70
1/30/2023	7,772.14		7,772.14	2/1/2023	39,576.83		39,576.83	2/2/2023	6,237.56		6,237.56
1/30/2023	6,767.70		6,767.70	2/1/2023	1,109.30		1,109.30	2/2/2023	3,550.31		3,550.31
1/30/2023	22,285.71		22,285.71	2/1/2023	4,318.26		4,318.26	2/2/2023	7,399.82		7,399.82
1/30/2023	40,721.83		40,721.83	2/1/2023	4,856.69		4,856.69	2/2/2023	9,573.58		9,573.58
1/30/2023	109,399.15		109,399.15	2/1/2023	34,368.44		34,368.44	2/3/2023	8,430.06		8,430.06
1/30/2023	664.08		664.08	2/1/2023	5,114.91		5,114.91	2/3/2023	11,448.02		11,448.02
1/30/2023	938.91		938.91	2/1/2023	4,684.26		4,684.26	2/3/2023	9,358.90		9,358.90
1/30/2023	3,244.21		3,244.21	2/1/2023	85,969.56		85,969.56	2/3/2023	2,223.28		2,223.28
1/30/2023	42,041.04		42,041.04	2/1/2023	5,043.60		5,043.60	2/3/2023	877.59		877.59
1/30/2023	1,896.53		1,896.53	2/1/2023	14,837.03		14,837.03	2/3/2023	15,625.04		15,625.04
1/30/2023	34,931.65		34,931.65	2/1/2023	46,911.53		46,911.53	2/3/2023	3,625.20		3,625.20
1/31/2023	1,317.53		1,317.53	2/1/2023	7,022.71		7,022.71	2/3/2023	714.07		714.07
1/31/2023	30,346.74		30,346.74	2/1/2023	703,421.11		703,421.11	2/3/2023	15,000.00		15,000.00
1/31/2023	158.33		158.33	2/1/2023	384,607.82		384,607.82	2/3/2023	12,501.01		12,501.01
1/31/2023	42,212.04		42,212.04	2/1/2023	10,047.47		10,047.47	2/6/2023	445.60		445.60
1/31/2023	50,736.80		50,736.80	2/1/2023	336,397.00		336,397.00	2/6/2023	49,750.00		49,750.00
1/31/2023	1,040.12		1,040.12	2/1/2023	4,591.92		4,591.92	2/6/2023	2,255.72		2,255.72
1/31/2023	7,332.76		7,332.76	2/1/2023	119,750.34		119,750.34	2/6/2023	135,544.64		135,544.64
1/31/2023	951.56		951.56	2/1/2023	7,442.93		7,442.93	2/6/2023	2,869.00		2,869.00
1/31/2023	1,900.48		1,900.48	2/1/2023	7,710.57		7,710.57	2/6/2023	2,846.06		2,846.06
1/31/2023	18,084.44		18,084.44	2/1/2023	12,474.08		12,474.08	2/6/2023	459.95		459.95
1/31/2023	2,089.47		2,089.47	2/1/2023	2,220.26		2,220.26	2/6/2023	2,430.57		2,430.57
1/31/2023	47,901.00		47,901.00	2/1/2023	28,584.21		28,584.21	2/6/2023	2,086.69		2,086.69
1/31/2023	16,163.00		16,163.00	2/1/2023	36,027.14		36,027.14	2/6/2023	1,383.50		1,383.50
1/31/2023	14,339.90		14,339.90	2/1/2023	763.16		763.16	2/6/2023	573.42		573.42
1/31/2023	1,482.95		1,482.95	2/1/2023	1,150.45		1,150.45	2/6/2023	27,098.54		27,098.54
1/31/2023	1,791.36		1,791.36	2/1/2023	11,299.29		11,299.29	2/7/2023	2,871.70		2,871.70
1/31/2023	333,406.74		333,406.74	2/1/2023	18,191.18		18,191.18	2/7/2023	953.43		953.43
1/31/2023	347,529.18		347,529.18	2/1/2023	111,409.84		111,409.84	2/7/2023	2,810.66		2,810.66
1/31/2023	1,790.29		1,790.29	2/1/2023	115,835.08		115,835.08	2/7/2023	3,589.88		3,589.88

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
2/7/2023	445.57		445.57	2/14/2023	4,887.11		4,887.11	2/21/2023	843.56		843.56
2/7/2023	15,706.07		15,706.07	2/14/2023	0.00	1,092,527.36	1,092,527.36	2/21/2023	1,062.37		1,062.37
2/7/2023	6,100.33		6,100.33	2/14/2023	52,705.32		52,705.32	2/21/2023	3,915.46		3,915.46
2/7/2023	233.89		233.89	2/14/2023	20,111.27		20,111.27	2/21/2023	63,065.91		63,065.91
2/7/2023	3,082.51		3,082.51	2/14/2023	1,418.04		1,418.04	2/21/2023	15,069.24		15,069.24
2/7/2023	19,650.02		19,650.02	2/14/2023	949.61		949.61	2/21/2023	1,915.51		1,915.51
2/7/2023	1,500.50		1,500.50	2/14/2023	12,501.01		12,501.01	2/21/2023	7,907.33		7,907.33
2/7/2023	1,616.61		1,616.61	2/14/2023	25,872.89		25,872.89	2/21/2023	12,477.57		12,477.57
2/7/2023	9,490.95		9,490.95	2/15/2023	29,133.21		29,133.21	2/21/2023	1,177.18		1,177.18
2/7/2023	55,540.80		55,540.80	2/15/2023	20,674.00		20,674.00	2/21/2023	1,339.10		1,339.10
2/7/2023	3,000.00		3,000.00	2/15/2023	2,877.02		2,877.02	2/22/2023	2,781.92		2,781.92
2/7/2023	1,556.27		1,556.27	2/15/2023	5,553.16		5,553.16	2/22/2023	63,363.66		63,363.66
2/7/2023	30,367.30		30,367.30	2/15/2023	24,589.74		24,589.74	2/22/2023	14,486.06		14,486.06
2/7/2023	1,665.87		1,665.87	2/15/2023	3,832.85		3,832.85	2/22/2023	15,172.30		15,172.30
2/8/2023	991.77		991.77	2/16/2023	13,936.44		13,936.44	2/22/2023	18,040.24		18,040.24
2/8/2023	890.74		890.74	2/16/2023	6,577.54		6,577.54	2/22/2023	17,395.31		17,395.31
2/8/2023	4,868.98		4,868.98	2/16/2023	2,333.32		2,333.32	2/22/2023	2,285.85		2,285.85
2/8/2023	2,316.56		2,316.56	2/16/2023	32,205.60		32,205.60	2/22/2023	5,934.90		5,934.90
2/8/2023	2,836.71		2,836.71	2/16/2023	49,976.85		49,976.85	2/22/2023	115,835.08		115,835.08
2/8/2023	2,823.80		2,823.80	2/16/2023	4,670.80		4,670.80	2/23/2023	8,899.74		8,899.74
2/8/2023	1,136.85		1,136.85	2/17/2023	2,201.42		2,201.42	2/23/2023	46,440.51		46,440.51
2/8/2023	5,683.80		5,683.80	2/17/2023	29,467.58		29,467.58	2/23/2023	81,137.97		81,137.97
2/9/2023	4,254.38		4,254.38	2/17/2023	503.45		503.45	2/23/2023	126.82		126.82
2/9/2023	3,280.66		3,280.66	2/17/2023	13,803.97		13,803.97	2/23/2023	2,652.46		2,652.46
2/9/2023	3,748.25		3,748.25	2/17/2023	19,557.47		19,557.47	2/23/2023	1,288.63		1,288.63
2/9/2023	2,063.07		2,063.07	2/17/2023	14,216.37		14,216.37	2/23/2023	38,495.86		38,495.86
2/10/2023	694.55		694.55	2/17/2023	2,370.49		2,370.49	2/23/2023	4,768.64		4,768.64
2/10/2023	6,079.28		6,079.28	2/17/2023	7,836.24		7,836.24	2/23/2023	7,446.85		7,446.85
2/10/2023	4,772.25		4,772.25	2/21/2023	445.60		445.60	2/23/2023	3,591.70		3,591.70
2/10/2023	7,164.41		7,164.41	2/21/2023	31,066.12		31,066.12	2/24/2023	131,940.55		131,940.55
2/13/2023	14,188.26		14,188.26	2/21/2023	2,316.81		2,316.81	2/24/2023	22,838.70		22,838.70
2/13/2023	6,981.17		6,981.17	2/21/2023	40,673.97		40,673.97	2/24/2023	1,123.54		1,123.54
2/13/2023	4,671.09		4,671.09	2/21/2023	27,795.20		27,795.20	2/24/2023	4,684.26		4,684.26
2/14/2023	1,928.12		1,928.12	2/21/2023	36,204.80		36,204.80	2/24/2023	6,330.61		6,330.61
2/14/2023	691.46		691.46	2/21/2023	4,205.09		4,205.09	2/24/2023	1,053.45		1,053.45
2/14/2023	24,334.57		24,334.57	2/21/2023	4,027.19		4,027.19	2/24/2023	17,395.31		17,395.31

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
2/24/2023	5,749.98		5,749.98	2/28/2023	50,736.80		50,736.80	3/1/2023	34,368.44		34,368.44
2/24/2023	4,021.15		4,021.15	2/28/2023	1,540.76		1,540.76	3/1/2023	877.59		877.59
2/24/2023	101,231.06		101,231.06	2/28/2023	7,284.73		7,284.73	3/1/2023	412,946.74		412,946.74
2/24/2023	9,301.05		9,301.05	2/28/2023	7,332.76		7,332.76	3/1/2023	85,969.56		85,969.56
2/24/2023	3,244.21		3,244.21	2/28/2023	3,859.50		3,859.50	3/1/2023	14,837.03		14,837.03
2/24/2023	6,366.64		6,366.64	2/28/2023	6,240.80		6,240.80	3/1/2023	46,911.53		46,911.53
2/24/2023	1,480.64		1,480.64	2/28/2023	10,186.93		10,186.93	3/1/2023	38,930.71		38,930.71
2/27/2023	12,675.79		12,675.79	2/28/2023	13,472.14		13,472.14	3/1/2023	6,237.56		6,237.56
2/27/2023	3,638.53		3,638.53	2/28/2023	951.56		951.56	3/1/2023	3,550.31		3,550.31
2/27/2023	1,349.00		1,349.00	2/28/2023	7,772.14		7,772.14	3/1/2023	1,616.61		1,616.61
2/27/2023	1,640.33		1,640.33	2/28/2023	18,084.44		18,084.44	3/1/2023	703,421.11		703,421.11
2/27/2023	13,218.03		13,218.03	2/28/2023	47,901.00		47,901.00	3/1/2023	704.61		704.61
2/27/2023	2,327.06		2,327.06	2/28/2023	1,490.79		1,490.79	3/1/2023	384,607.82		384,607.82
2/27/2023	1,852.42		1,852.42	2/28/2023	3,177.12		3,177.12	3/1/2023	336,397.00		336,397.00
2/27/2023	920.07		920.07	2/28/2023	39,833.71		39,833.71	3/1/2023	4,591.92		4,591.92
2/27/2023	2,727.29		2,727.29	2/28/2023	16,163.00		16,163.00	3/1/2023	119,750.34		119,750.34
2/27/2023	10,047.47		10,047.47	2/28/2023	3,748.25		3,748.25	3/1/2023	7,710.57		7,710.57
2/27/2023	6,767.70		6,767.70	2/28/2023	28,584.21		28,584.21	3/1/2023	12,474.08		12,474.08
2/27/2023	22,285.71		22,285.71	2/28/2023	664.08		664.08	3/1/2023	36,027.14		36,027.14
2/27/2023	4,191.52		4,191.52	2/28/2023	1,482.95		1,482.95	3/1/2023	763.16		763.16
2/27/2023	109,399.15		109,399.15	2/28/2023	76,320.61		76,320.61	3/1/2023	14,339.90		14,339.90
2/27/2023	8,904.61		8,904.61	2/28/2023	2,230.30		2,230.30	3/1/2023	11,299.29		11,299.29
2/27/2023	7,400.00		7,400.00	2/28/2023	1,766.40		1,766.40	3/1/2023	111,409.84		111,409.84
2/27/2023	31,809.54		31,809.54	2/28/2023	333,406.74		333,406.74	3/1/2023	(133,714.26)		(133,714.26)
2/27/2023	9,490.95		9,490.95	2/28/2023	347,529.18		347,529.18	3/2/2023	19,248.03		19,248.03
2/27/2023	1,154.77		1,154.77	2/28/2023	1,790.29		1,790.29	3/2/2023	39,576.83		39,576.83
2/27/2023	1,791.36		1,791.36	2/28/2023	20,586.43		20,586.43	3/2/2023	1,278.49		1,278.49
2/27/2023	10,093.59		10,093.59	2/28/2023	34,931.65		34,931.65	3/2/2023	1,900.48		1,900.48
2/27/2023	42,041.04		42,041.04	2/28/2023	1,149,839.36		1,149,839.36	3/2/2023	1,162.67		1,162.67
2/28/2023	15,701.14		15,701.14	2/28/2023	1,225,935.44		1,225,935.44	3/2/2023	1,591.76		1,591.76
2/28/2023	30,346.74		30,346.74	3/1/2023	3,486.55		3,486.55	3/2/2023	2,869.00		2,869.00
2/28/2023	1,126.91		1,126.91	3/1/2023	1,109.30		1,109.30	3/2/2023	1,305.70		1,305.70
2/28/2023	630.03		630.03	3/1/2023	2,255.72		2,255.72	3/2/2023	1,352.01		1,352.01
2/28/2023	158.33		158.33	3/1/2023	4,318.26		4,318.26	3/2/2023	9,573.58		9,573.58
2/28/2023	6,615.42		6,615.42	3/1/2023	445.57		445.57	3/2/2023	40,721.83		40,721.83
2/28/2023	42,212.04		42,212.04	3/1/2023	4,856.69		4,856.69	3/2/2023	7,442.93		7,442.93

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
3/2/2023	2,220.26		2,220.26	3/7/2023	7,022.71		7,022.71	3/15/2023	29,133.18		29,133.18
3/2/2023	55,540.80		55,540.80	3/7/2023	459.95		459.95	3/15/2023	20,674.00		20,674.00
3/2/2023	18,191.18		18,191.18	3/7/2023	949.61		949.61	3/15/2023	29,467.58		29,467.58
3/2/2023	30,367.30		30,367.30	3/7/2023	3,000.00		3,000.00	3/15/2023	2,877.02		2,877.02
3/2/2023	938.91		938.91	3/7/2023	101,231.06		101,231.06	3/15/2023	5,553.16		5,553.16
3/2/2023	1,665.87		1,665.87	3/7/2023	573.42		573.42	3/15/2023	9,301.05		9,301.05
3/2/2023	4,491.31		4,491.31	3/8/2023	991.77		991.77	3/15/2023	1,339.10		1,339.10
3/2/2023	4,631.94		4,631.94	3/8/2023	2,223.28		2,223.28	3/15/2023	24,589.74		24,589.74
3/3/2023	8,430.06		8,430.06	3/8/2023	14,211.04		14,211.04	3/15/2023	4,670.80		4,670.80
3/3/2023	49,750.00		49,750.00	3/8/2023	694.55		694.55	3/15/2023	3,832.85		3,832.85
3/3/2023	15,625.04		15,625.04	3/9/2023	2,871.70		2,871.70	3/16/2023	13,936.44		13,936.44
3/3/2023	5,043.60		5,043.60	3/9/2023	4,254.38		4,254.38	3/16/2023	4,887.11		4,887.11
3/3/2023	2,846.06		2,846.06	3/9/2023	953.43		953.43	3/16/2023	4,027.19		4,027.19
3/3/2023	2,089.47		2,089.47	3/9/2023	9,358.90		9,358.90	3/16/2023	3,082.51		3,082.51
3/3/2023	3,625.20		3,625.20	3/9/2023	4,868.98		4,868.98	3/16/2023	1,288.63		1,288.63
3/3/2023	43,223.19		43,223.19	3/9/2023	2,316.56		2,316.56	3/16/2023	6,577.54		6,577.54
3/3/2023	714.07		714.07	3/9/2023	1,136.85		1,136.85	3/16/2023	18,040.24		18,040.24
3/3/2023	5,951.46		5,951.46	3/9/2023	7,399.82		7,399.82	3/16/2023	12,477.57		12,477.57
3/3/2023	7,429.38		7,429.38	3/9/2023	1,378.68		1,378.68	3/16/2023	2,086.69		2,086.69
3/3/2023	27,098.54		27,098.54	3/9/2023	2,370.49		2,370.49	3/16/2023	1,480.64		1,480.64
3/6/2023	1,317.53		1,317.53	3/9/2023	2,168.30		2,168.30	3/17/2023	13,803.97		13,803.97
3/6/2023	890.74		890.74	3/9/2023	1,150.45		1,150.45	3/17/2023	19,557.47		19,557.47
3/6/2023	5,114.91		5,114.91	3/10/2023	2,016.74		2,016.74	3/17/2023	14,216.37		14,216.37
3/6/2023	1,062.37		1,062.37	3/10/2023	2,836.68		2,836.68	3/17/2023	0.00	603,373.67	603,373.67
3/6/2023	1,500.50		1,500.50	3/10/2023	4,671.09		4,671.09	3/17/2023	12,501.01		12,501.01
3/6/2023	6,981.17		6,981.17	3/10/2023	4,772.25		4,772.25	3/20/2023	2,201.42		2,201.42
3/6/2023	2,430.57		2,430.57	3/10/2023	7,164.41		7,164.41	3/20/2023	31,066.12		31,066.12
3/6/2023	15,000.00		15,000.00	3/13/2023	1,928.12		1,928.12	3/20/2023	2,810.66		2,810.66
3/6/2023	1,556.27		1,556.27	3/13/2023	233.89		233.89	3/20/2023	40,673.97		40,673.97
3/6/2023	1,896.53		1,896.53	3/13/2023	2,823.80		2,823.80	3/20/2023	27,795.20		27,795.20
3/7/2023	2,316.81		2,316.81	3/13/2023	1,418.04		1,418.04	3/20/2023	36,204.80		36,204.80
3/7/2023	15,706.07		15,706.07	3/13/2023	2,063.07		2,063.07	3/20/2023	4,205.09		4,205.09
3/7/2023	1,040.12		1,040.12	3/14/2023	691.46		691.46	3/20/2023	2,727.29		2,727.29
3/7/2023	135,544.64		135,544.64	3/14/2023	52,705.32		52,705.32	3/20/2023	843.56		843.56
3/7/2023	15,172.30		15,172.30	3/14/2023	20,111.27		20,111.27	3/20/2023	3,915.46		3,915.46
3/7/2023	19,650.02		19,650.02	3/14/2023	25,872.89		25,872.89	3/20/2023	1,177.18		1,177.18

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
3/20/2023	5,683.80		5,683.80	3/27/2023	9,573.58		9,573.58	3/29/2023	16,163.00		16,163.00
3/21/2023	445.60		445.60	3/27/2023	6,767.70		6,767.70	3/29/2023	2,220.25		2,220.25
3/21/2023	22,896.04		22,896.04	3/27/2023	40,721.83		40,721.83	3/29/2023	43,223.19		43,223.19
3/21/2023	46,440.51		46,440.51	3/27/2023	5,749.98		5,749.98	3/29/2023	31,809.54		31,809.54
3/21/2023	2,652.46		2,652.46	3/27/2023	4,191.52		4,191.52	3/29/2023	115,835.08		115,835.08
3/21/2023	63,065.91		63,065.91	3/27/2023	8,904.61		8,904.61	3/30/2023	30,346.74		30,346.74
3/21/2023	2,333.32		2,333.32	3/27/2023	7,400.00		7,400.00	3/30/2023	13,218.03		13,218.03
3/21/2023	3,177.12		3,177.12	3/27/2023	1,154.77		1,154.77	3/30/2023	6,615.42		6,615.42
3/21/2023	39,833.71		39,833.71	3/27/2023	10,093.59		10,093.59	3/30/2023	10,186.93		10,186.93
3/21/2023	7,907.33		7,907.33	3/27/2023	32,205.60		32,205.60	3/30/2023	13,472.14		13,472.14
3/21/2023	2,285.85		2,285.85	3/27/2023	49,976.85		49,976.85	3/30/2023	951.56		951.56
3/21/2023	3,012.73		3,012.73	3/27/2023	6,366.64		6,366.64	3/30/2023	1,900.48		1,900.48
3/21/2023	2,988.45		2,988.45	3/28/2023	2,781.92		2,781.92	3/30/2023	1,591.76		1,591.76
3/22/2023	15,701.14		15,701.14	3/28/2023	1,349.00		1,349.00	3/30/2023	1,305.70		1,305.70
3/22/2023	63,363.66		63,363.66	3/28/2023	630.03		630.03	3/30/2023	47,901.00		47,901.00
3/22/2023	1,123.54		1,123.54	3/28/2023	7,284.73		7,284.73	3/30/2023	3,748.25		3,748.25
3/22/2023	14,486.06		14,486.06	3/28/2023	7,772.14		7,772.14	3/30/2023	109,399.15		109,399.15
3/22/2023	19,149.16		19,149.16	3/28/2023	18,084.44		18,084.44	3/30/2023	2,168.30		2,168.30
3/23/2023	81,137.97		81,137.97	3/28/2023	704.61		704.61	3/30/2023	938.91		938.91
3/23/2023	12,250.23		12,250.23	3/28/2023	9,490.95		9,490.95	3/30/2023	42,041.04		42,041.04
3/23/2023	38,495.86		38,495.86	3/28/2023	55,540.80		55,540.80	3/30/2023	4,491.31		4,491.31
3/23/2023	15,069.24		15,069.24	3/28/2023	5,934.90		5,934.90	3/30/2023	1,896.53		1,896.53
3/23/2023	1,915.51		1,915.51	3/28/2023	1,482.95		1,482.95	3/30/2023	34,931.65		34,931.65
3/23/2023	7,446.85		7,446.85	3/28/2023	76,320.61		76,320.61	3/31/2023	1,317.53		1,317.53
3/23/2023	3,591.70		3,591.70	3/28/2023	3,244.21		3,244.21	3/31/2023	3,638.53		3,638.53
3/23/2023	2,370.49		2,370.49	3/28/2023	877.55		877.55	3/31/2023	1,109.30		1,109.30
3/24/2023	3,589.88		3,589.88	3/28/2023	1,790.29		1,790.29	3/31/2023	42,212.04		42,212.04
3/24/2023	131,940.55		131,940.55	3/29/2023	39,576.83		39,576.83	3/31/2023	50,736.80		50,736.80
3/24/2023	22,838.70		22,838.70	3/29/2023	158.33		158.33	3/31/2023	2,327.06		2,327.06
3/24/2023	25,548.55		25,548.55	3/29/2023	4,684.26		4,684.26	3/31/2023	1,852.42		1,852.42
3/24/2023	38,930.71		38,930.71	3/29/2023	3,859.50		3,859.50	3/31/2023	920.07		920.07
3/24/2023	52,212.37		52,212.37	3/29/2023	6,240.80		6,240.80	3/31/2023	1,540.76		1,540.76
3/24/2023	4,021.15		4,021.15	3/29/2023	412,946.74		412,946.74	3/31/2023	15,625.04		15,625.04
3/24/2023	7,836.24		7,836.24	3/29/2023	1,162.67		1,162.67	3/31/2023	14,837.03		14,837.03
3/27/2023	12,675.79		12,675.79	3/29/2023	6,237.56		6,237.56	3/31/2023	46,911.53		46,911.53
3/27/2023	1,640.33		1,640.33	3/29/2023	3,550.31		3,550.31	3/31/2023	1,616.61		1,616.61

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
3/31/2023	1,053.45		1,053.45	4/3/2023	(14,927.97)		(14,927.97)	4/10/2023	991.77		991.77
3/31/2023	2,089.47		2,089.47	4/4/2023	19,248.03		19,248.03	4/10/2023	1,928.12		1,928.12
3/31/2023	17,395.31		17,395.31	4/4/2023	890.74		890.74	4/10/2023	4,868.98		4,868.98
3/31/2023	6,981.17		6,981.17	4/4/2023	2,223.28		2,223.28	4/10/2023	14,188.26		14,188.26
3/31/2023	28,584.21		28,584.21	4/4/2023	1,278.49		1,278.49	4/10/2023	2,316.56		2,316.56
3/31/2023	763.16		763.16	4/4/2023	2,016.74		2,016.74	4/10/2023	2,836.68		2,836.68
3/31/2023	14,339.90		14,339.90	4/4/2023	7,332.76		7,332.76	4/10/2023	5,043.60		5,043.60
3/31/2023	11,299.29		11,299.29	4/4/2023	85,969.56		85,969.56	4/10/2023	49,895.00		49,895.00
3/31/2023	2,230.30		2,230.30	4/4/2023	7,022.71		7,022.71	4/10/2023	1,500.50		1,500.50
3/31/2023	7,429.38		7,429.38	4/4/2023	1,490.79		1,490.79	4/10/2023	1,418.04		1,418.04
3/31/2023	333,406.74		333,406.74	4/4/2023	3,000.00		3,000.00	4/10/2023	1,791.36		1,791.36
3/31/2023	347,529.18		347,529.18	4/4/2023	30,367.30		30,367.30	4/10/2023	1,480.64		1,480.64
3/31/2023	20,586.43		20,586.43	4/4/2023	4,631.94		4,631.94	4/11/2023	426.21		426.21
3/31/2023	1,149,839.36		1,149,839.36	4/5/2023	500,000.00		500,000.00	4/11/2023	1,136.85		1,136.85
3/31/2023	1,225,935.44		1,225,935.44	4/5/2023	450,000.00		450,000.00	4/11/2023	1,062.37		1,062.37
4/3/2023	3,486.55		3,486.55	4/5/2023	714.07		714.07	4/11/2023	2,869.00		2,869.00
4/3/2023	49,750.00		49,750.00	4/5/2023	2,430.57		2,430.57	4/11/2023	19,650.02		19,650.02
4/3/2023	4,318.26		4,318.26	4/5/2023	694.55		694.55	4/11/2023	7,399.82		7,399.82
4/3/2023	445.57		445.57	4/5/2023	1,150.45		1,150.45	4/11/2023	20,111.27		20,111.27
4/3/2023	4,856.69		4,856.69	4/5/2023	15,000.00		15,000.00	4/11/2023	949.61		949.61
4/3/2023	34,368.44		34,368.44	4/5/2023	1,665.87		1,665.87	4/11/2023	12,477.57		12,477.57
4/3/2023	5,114.91		5,114.91	4/6/2023	953.43		953.43	4/11/2023	1,339.10		1,339.10
4/3/2023	703,421.11		703,421.11	4/6/2023	2,255.72		2,255.72	4/11/2023	2,330.60		2,330.60
4/3/2023	384,607.82		384,607.82	4/6/2023	1,040.12		1,040.12	4/12/2023	8,899.74		8,899.74
4/3/2023	10,047.47		10,047.47	4/6/2023	135,544.64		135,544.64	4/12/2023	2,871.70		2,871.70
4/3/2023	336,397.00		336,397.00	4/6/2023	459.95		459.95	4/12/2023	2,316.81		2,316.81
4/3/2023	4,591.92		4,591.92	4/6/2023	1,352.01		1,352.01	4/12/2023	233.89		233.89
4/3/2023	7,710.57		7,710.57	4/6/2023	1,915.51		1,915.51	4/12/2023	1,177.18		1,177.18
4/3/2023	12,474.08		12,474.08	4/6/2023	7,442.93		7,442.93	4/13/2023	9,358.90		9,358.90
4/3/2023	0.00	600,000.00	600,000.00	4/6/2023	101,231.06		101,231.06	4/13/2023	3,775.72		3,775.72
4/3/2023	0.00	400,000.00	400,000.00	4/6/2023	573.42		573.42	4/13/2023	4,887.11		4,887.11
4/3/2023	664.08		664.08	4/7/2023	15,706.07		15,706.07	4/13/2023	2,823.80		2,823.80
4/3/2023	36,027.14		36,027.14	4/7/2023	877.59		877.59	4/13/2023	6,577.54		6,577.54
4/3/2023	18,191.18		18,191.18	4/7/2023	2,846.06		2,846.06	4/13/2023	4,671.09		4,671.09
4/3/2023	111,409.84		111,409.84	4/7/2023	19,149.16		19,149.16	4/13/2023	9,301.05		9,301.05
4/3/2023	27,098.54		27,098.54	4/7/2023	3,625.20		3,625.20	4/14/2023	2,201.42		2,201.42

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
4/14/2023	1,126.91		1,126.91	4/21/2023	843.56		843.56	4/25/2023	2,230.30		2,230.30
4/14/2023	52,705.32		52,705.32	4/21/2023	3,915.46		3,915.46	4/25/2023	3,244.21		3,244.21
4/14/2023	2,877.02		2,877.02	4/21/2023	63,065.91		63,065.91	4/25/2023	7,429.38		7,429.38
4/14/2023	2,086.69		2,086.69	4/21/2023	39,833.71		39,833.71	4/25/2023	1,790.29		1,790.29
4/14/2023	24,589.74		24,589.74	4/21/2023	7,907.33		7,907.33	4/26/2023	1,349.00		1,349.00
4/17/2023	445.60		445.60	4/24/2023	63,363.66		63,363.66	4/26/2023	3,775.72		3,775.72
4/17/2023	4,254.38		4,254.38	4/24/2023	131,940.55		131,940.55	4/26/2023	4,684.26		4,684.26
4/17/2023	1,288.63		1,288.63	4/24/2023	81,137.97		81,137.97	4/26/2023	412,946.74		412,946.74
4/17/2023	32,205.60		32,205.60	4/24/2023	25,445.18		25,445.18	4/26/2023	1,162.67		1,162.67
4/17/2023	49,976.85		49,976.85	4/24/2023	4,205.09		4,205.09	4/26/2023	38,930.71		38,930.71
4/17/2023	3,832.85		3,832.85	4/24/2023	2,727.29		2,727.29	4/26/2023	40,721.83		40,721.83
4/17/2023	5,683.80		5,683.80	4/24/2023	7,446.85		7,446.85	4/26/2023	16,163.00		16,163.00
4/18/2023	2,781.92		2,781.92	4/24/2023	4,021.15		4,021.15	4/26/2023	43,223.19		43,223.19
4/18/2023	691.46		691.46	4/24/2023	6,366.64		6,366.64	4/26/2023	76,320.61		76,320.61
4/18/2023	46,440.51		46,440.51	4/25/2023	12,675.79		12,675.79	4/26/2023	115,835.08		115,835.08
4/18/2023	14,927.97		14,927.97	4/25/2023	39,576.83		39,576.83	4/27/2023	3,638.53		3,638.53
4/18/2023	5,553.16		5,553.16	4/25/2023	30,346.74		30,346.74	4/27/2023	6,237.56		6,237.56
4/18/2023	1,556.27		1,556.27	4/25/2023	13,218.03		13,218.03	4/27/2023	3,550.31		3,550.31
4/18/2023	12,501.01		12,501.01	4/25/2023	158.33		158.33	4/27/2023	109,399.15		109,399.15
4/18/2023	4,670.80		4,670.80	4/25/2023	1,123.54		1,123.54	4/27/2023	31,809.54		31,809.54
4/19/2023	2,810.66		2,810.66	4/25/2023	14,486.06		14,486.06	4/27/2023	9,490.95		9,490.95
4/19/2023	29,467.58		29,467.58	4/25/2023	15,625.04		15,625.04	4/27/2023	55,540.80		55,540.80
4/19/2023	14,216.37		14,216.37	4/25/2023	2,652.46		2,652.46	4/27/2023	1,482.95		1,482.95
4/19/2023	15,069.24		15,069.24	4/25/2023	1,900.48		1,900.48	4/27/2023	10,093.59		10,093.59
4/19/2023	18,040.24		18,040.24	4/25/2023	38,495.86		38,495.86	4/27/2023	42,041.04		42,041.04
4/20/2023	8,899.74		8,899.74	4/25/2023	2,333.32		2,333.32	4/28/2023	11,448.02		11,448.02
4/20/2023	13,936.44		13,936.44	4/25/2023	3,177.12		3,177.12	4/28/2023	15,701.14		15,701.14
4/20/2023	31,066.12		31,066.12	4/25/2023	119,750.34		119,750.34	4/28/2023	1,640.33		1,640.33
4/20/2023	40,673.97		40,673.97	4/25/2023	5,749.98		5,749.98	4/28/2023	22,838.70		22,838.70
4/20/2023	27,795.20		27,795.20	4/25/2023	3,748.25		3,748.25	4/28/2023	630.03		630.03
4/20/2023	36,204.80		36,204.80	4/25/2023	4,191.52		4,191.52	4/28/2023	42,212.04		42,212.04
4/20/2023	4,027.19		4,027.19	4/25/2023	7,400.00		7,400.00	4/28/2023	50,736.80		50,736.80
4/20/2023	3,915.46		3,915.46	4/25/2023	2,168.30		2,168.30	4/28/2023	2,327.06		2,327.06
4/21/2023	13,803.97		13,803.97	4/25/2023	2,285.85		2,285.85	4/28/2023	1,852.42		1,852.42
4/21/2023	25,445.18		25,445.18	4/25/2023	5,934.90		5,934.90	4/28/2023	920.07		920.07
4/21/2023	19,557.47		19,557.47	4/25/2023	1,154.77		1,154.77	4/28/2023	1,540.76		1,540.76

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
4/28/2023	7,284.73		7,284.73	5/1/2023	336,397.00		336,397.00	5/2/2023	7,442.93		7,442.93
4/28/2023	951.56		951.56	5/1/2023	9,573.58		9,573.58	5/2/2023	949.61		949.61
4/28/2023	46,911.53		46,911.53	5/1/2023	4,591.92		4,591.92	5/2/2023	3,000.00		3,000.00
4/28/2023	7,772.14		7,772.14	5/1/2023	6,767.70		6,767.70	5/2/2023	101,231.06		101,231.06
4/28/2023	1,053.45		1,053.45	5/1/2023	7,710.57		7,710.57	5/2/2023	2,988.45		2,988.45
4/28/2023	17,395.31		17,395.31	5/1/2023	12,474.08		12,474.08	5/2/2023	30,367.30		30,367.30
4/28/2023	10,047.47		10,047.47	5/1/2023	6,981.17		6,981.17	5/2/2023	1,665.87		1,665.87
4/28/2023	664.08		664.08	5/1/2023	28,584.21		28,584.21	5/3/2023	9,358.90		9,358.90
4/28/2023	333,406.74		333,406.74	5/1/2023	36,027.14		36,027.14	5/3/2023	890.74		890.74
4/28/2023	347,529.18		347,529.18	5/1/2023	763.16		763.16	5/3/2023	1,278.49		1,278.49
4/28/2023	34,931.65		34,931.65	5/1/2023	14,339.90		14,339.90	5/3/2023	704.61		704.61
4/28/2023	7,836.24		7,836.24	5/1/2023	11,299.29		11,299.29	5/3/2023	120,746.26		120,746.26
4/28/2023	1,149,839.36		1,149,839.36	5/1/2023	18,191.18		18,191.18	5/3/2023	714.07		714.07
4/28/2023	1,225,935.44		1,225,935.44	5/1/2023	111,409.84		111,409.84	5/3/2023	8,904.61		8,904.61
5/1/2023	1,983.60		1,983.60	5/1/2023	1,791.36		1,791.36	5/3/2023	2,430.57		2,430.57
5/1/2023	3,486.55		3,486.55	5/1/2023	938.91		938.91	5/3/2023	573.42		573.42
5/1/2023	6,114.44		6,114.44	5/1/2023	877.55		877.55	5/3/2023	1,896.53		1,896.53
5/1/2023	1,109.30		1,109.30	5/1/2023	20,586.43		20,586.43	5/3/2023	4,631.94		4,631.94
5/1/2023	2,223.28		2,223.28	5/2/2023	1,317.53		1,317.53	5/4/2023	1,915.51		1,915.51
5/1/2023	4,318.26		4,318.26	5/2/2023	1,126.91		1,126.91	5/4/2023	691.75		691.75
5/1/2023	445.57		445.57	5/2/2023	49,750.00		49,750.00	5/4/2023	691.75		691.75
5/1/2023	4,856.69		4,856.69	5/2/2023	2,255.72		2,255.72	5/4/2023	4,772.25		4,772.25
5/1/2023	34,368.44		34,368.44	5/2/2023	1,500.00		1,500.00	5/4/2023	7,164.41		7,164.41
5/1/2023	14,188.26		14,188.26	5/2/2023	2,016.74		2,016.74	5/5/2023	991.77		991.77
5/1/2023	5,114.91		5,114.91	5/2/2023	1,040.12		1,040.12	5/5/2023	953.43		953.43
5/1/2023	3,859.50		3,859.50	5/2/2023	6,100.33		6,100.33	5/5/2023	4,868.98		4,868.98
5/1/2023	6,240.80		6,240.80	5/2/2023	7,332.76		7,332.76	5/5/2023	15,706.07		15,706.07
5/1/2023	5,043.60		5,043.60	5/2/2023	85,969.56		85,969.56	5/5/2023	19,650.02		19,650.02
5/1/2023	14,837.03		14,837.03	5/2/2023	135,544.64		135,544.64	5/5/2023	1,150.45		1,150.45
5/1/2023	1,591.76		1,591.76	5/2/2023	2,869.00		2,869.00	5/5/2023	32,500.00		32,500.00
5/1/2023	1,616.61		1,616.61	5/2/2023	1,305.70		1,305.70	5/5/2023	1,339.10		1,339.10
5/1/2023	703,421.11		703,421.11	5/2/2023	7,022.71		7,022.71	5/8/2023	2,871.70		2,871.70
5/1/2023	18,084.44		18,084.44	5/2/2023	2,940.02		2,940.02	5/8/2023	1,500.50		1,500.50
5/1/2023	2,089.47		2,089.47	5/2/2023	2,940.02		2,940.02	5/8/2023	459.95		459.95
5/1/2023	47,901.00		47,901.00	5/2/2023	7,399.82		7,399.82	5/8/2023	19,149.16		19,149.16
5/1/2023	384,607.82		384,607.82	5/2/2023	1,490.79		1,490.79	5/8/2023	2,370.49		2,370.49

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
5/8/2023	2,086.69		2,086.69	5/16/2023	4,254.38		4,254.38	5/23/2023	14,486.06		14,486.06
5/8/2023	1,556.27		1,556.27	5/16/2023	18,040.24		18,040.24	5/23/2023	10,186.93		10,186.93
5/9/2023	1,928.12		1,928.12	5/17/2023	29,467.58		29,467.58	5/23/2023	13,472.14		13,472.14
5/9/2023	4,887.11		4,887.11	5/17/2023	843.56		843.56	5/23/2023	6,237.56		6,237.56
5/9/2023	2,316.56		2,316.56	5/17/2023	1,177.18		1,177.18	5/23/2023	3,550.31		3,550.31
5/9/2023	233.89		233.89	5/17/2023	4,670.80		4,670.80	5/23/2023	63,065.91		63,065.91
5/9/2023	1,136.85		1,136.85	5/18/2023	2,810.66		2,810.66	5/23/2023	9,490.95		9,490.95
5/9/2023	1,062.37		1,062.37	5/18/2023	2,940.02		2,940.02	5/23/2023	55,540.80		55,540.80
5/9/2023	2,846.06		2,846.06	5/18/2023	6,981.17		6,981.17	5/23/2023	5,934.90		5,934.90
5/9/2023	20,111.27		20,111.27	5/19/2023	27,795.20		27,795.20	5/23/2023	2,063.07		2,063.07
5/9/2023	1,418.04		1,418.04	5/19/2023	36,204.80		36,204.80	5/24/2023	11,448.02		11,448.02
5/9/2023	2,220.26		2,220.26	5/19/2023	13,803.97		13,803.97	5/24/2023	131,940.55		131,940.55
5/9/2023	694.55		694.55	5/19/2023	19,557.47		19,557.47	5/24/2023	3,775.72		3,775.72
5/9/2023	27,098.54		27,098.54	5/19/2023	14,216.37		14,216.37	5/24/2023	1,162.67		1,162.67
5/9/2023	4,491.31		4,491.31	5/19/2023	1,352.01		1,352.01	5/24/2023	3,591.70		3,591.70
5/9/2023	1,480.64		1,480.64	5/19/2023	7,836.24		7,836.24	5/24/2023	5,749.98		5,749.98
5/10/2023	2,836.68		2,836.68	5/22/2023	445.60		445.60	5/24/2023	7,400.00		7,400.00
5/10/2023	6,577.54		6,577.54	5/22/2023	3,910.10		3,910.10	5/24/2023	4,021.15		4,021.15
5/10/2023	3,591.70		3,591.70	5/22/2023	31,066.12		31,066.12	5/24/2023	763.16		763.16
5/10/2023	12,477.57		12,477.57	5/22/2023	63,363.66		63,363.66	5/24/2023	76,320.61		76,320.61
5/10/2023	4,671.09		4,671.09	5/22/2023	40,673.97		40,673.97	5/24/2023	3,244.21		3,244.21
5/11/2023	4,772.25		4,772.25	5/22/2023	4,205.09		4,205.09	5/24/2023	877.55		877.55
5/11/2023	7,164.41		7,164.41	5/22/2023	2,727.29		2,727.29	5/25/2023	13,218.03		13,218.03
5/12/2023	2,316.81		2,316.81	5/22/2023	2,652.46		2,652.46	5/25/2023	81,137.97		81,137.97
5/12/2023	52,705.32		52,705.32	5/22/2023	39,833.71		39,833.71	5/25/2023	30,094.56		30,094.56
5/12/2023	2,877.02		2,877.02	5/22/2023	7,907.33		7,907.33	5/25/2023	877.59		877.59
5/12/2023	9,301.05		9,301.05	5/22/2023	5,553.16		5,553.16	5/25/2023	2,327.06		2,327.06
5/15/2023	2,781.92		2,781.92	5/22/2023	2,988.45		2,988.45	5/25/2023	1,852.42		1,852.42
5/15/2023	2,823.80		2,823.80	5/22/2023	6,366.64		6,366.64	5/25/2023	920.07		920.07
5/15/2023	1,288.63		1,288.63	5/23/2023	15,701.14		15,701.14	5/25/2023	750.00		750.00
5/15/2023	2,333.32		2,333.32	5/23/2023	30,346.74		30,346.74	5/25/2023	38,495.86		38,495.86
5/15/2023	24,589.74		24,589.74	5/23/2023	1,349.00		1,349.00	5/25/2023	2,940.02		2,940.02
5/15/2023	32,205.60		32,205.60	5/23/2023	691.46		691.46	5/25/2023	15,069.24		15,069.24
5/15/2023	49,976.85		49,976.85	5/23/2023	46,440.51		46,440.51	5/25/2023	3,177.12		3,177.12
5/15/2023	3,832.85		3,832.85	5/23/2023	1,123.54		1,123.54	5/25/2023	7,446.85		7,446.85
5/15/2023	5,683.80		5,683.80	5/23/2023	4,027.19		4,027.19	5/25/2023	1,482.95		1,482.95

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
5/25/2023	1,154.77		1,154.77	5/31/2023	50,736.80		50,736.80	6/1/2023	1,305.70		1,305.70
5/25/2023	7,429.38		7,429.38	5/31/2023	1,540.76		1,540.76	6/1/2023	1,616.61		1,616.61
5/25/2023	2,063.07		2,063.07	5/31/2023	951.56		951.56	6/1/2023	703,421.11		703,421.11
5/25/2023	2,063.07		2,063.07	5/31/2023	18,084.44		18,084.44	6/1/2023	1,490.79		1,490.79
5/26/2023	12,675.79		12,675.79	5/31/2023	47,901.00		47,901.00	6/1/2023	384,607.82		384,607.82
5/26/2023	2,201.42		2,201.42	5/31/2023	10,047.47		10,047.47	6/1/2023	39,612.03		39,612.03
5/26/2023	22,838.70		22,838.70	5/31/2023	40,721.83		40,721.83	6/1/2023	336,397.00		336,397.00
5/26/2023	7,284.73		7,284.73	5/31/2023	16,163.00		16,163.00	6/1/2023	4,591.92		4,591.92
5/26/2023	412,946.74		412,946.74	5/31/2023	4,191.52		4,191.52	6/1/2023	119,750.34		119,750.34
5/26/2023	12,822.13		12,822.13	5/31/2023	14,339.90		14,339.90	6/1/2023	7,710.57		7,710.57
5/26/2023	38,930.71		38,930.71	5/31/2023	938.91		938.91	6/1/2023	12,474.08		12,474.08
5/26/2023	1,053.45		1,053.45	5/31/2023	333,406.74		333,406.74	6/1/2023	2,370.49		2,370.49
5/26/2023	0.00	390,000.00	390,000.00	5/31/2023	347,529.18		347,529.18	6/1/2023	3,748.25		3,748.25
5/26/2023	10,093.59		10,093.59	5/31/2023	1,790.29		1,790.29	6/1/2023	43,223.19		43,223.19
5/30/2023	795.09		795.09	5/31/2023	20,586.43		20,586.43	6/1/2023	28,584.21		28,584.21
5/30/2023	2,316.81		2,316.81	5/31/2023	231,670.16		231,670.16	6/1/2023	36,027.14		36,027.14
5/30/2023	158.33		158.33	5/31/2023	1,149,839.36		1,149,839.36	6/1/2023	11,299.29		11,299.29
5/30/2023	14,188.26		14,188.26	5/31/2023	1,225,935.44		1,225,935.44	6/1/2023	18,191.18		18,191.18
5/30/2023	1,755.18		1,755.18	6/1/2023	3,486.55		3,486.55	6/1/2023	111,409.84		111,409.84
5/30/2023	3,859.50		3,859.50	6/1/2023	22,527.85		22,527.85	6/1/2023	30,367.30		30,367.30
5/30/2023	6,240.80		6,240.80	6/1/2023	1,109.30		1,109.30	6/1/2023	1,665.87		1,665.87
5/30/2023	1,591.76		1,591.76	6/1/2023	953.43		953.43	6/1/2023	4,491.31		4,491.31
5/30/2023	7,772.14		7,772.14	6/1/2023	2,255.72		2,255.72	6/2/2023	8,899.74		8,899.74
5/30/2023	2,089.47		2,089.47	6/1/2023	4,318.26		4,318.26	6/2/2023	39,576.83		39,576.83
5/30/2023	704.61		704.61	6/1/2023	445.57		445.57	6/2/2023	49,750.00		49,750.00
5/30/2023	17,395.31		17,395.31	6/1/2023	4,856.69		4,856.69	6/2/2023	3,589.88		3,589.88
5/30/2023	6,767.70		6,767.70	6/1/2023	34,368.44		34,368.44	6/2/2023	1,040.12		1,040.12
5/30/2023	109,399.15		109,399.15	6/1/2023	5,114.91		5,114.91	6/2/2023	85,969.56		85,969.56
5/30/2023	664.08		664.08	6/1/2023	4,684.26		4,684.26	6/2/2023	6,330.61		6,330.61
5/30/2023	31,809.54		31,809.54	6/1/2023	6,100.33		6,100.33	6/2/2023	2,869.00		2,869.00
5/30/2023	2,230.30		2,230.30	6/1/2023	7,332.76		7,332.76	6/2/2023	2,846.06		2,846.06
5/30/2023	42,041.04		42,041.04	6/1/2023	6,294.05		6,294.05	6/2/2023	7,442.93		7,442.93
5/30/2023	34,931.65		34,931.65	6/1/2023	1,900.48		1,900.48	6/2/2023	2,220.26		2,220.26
5/31/2023	3,638.53		3,638.53	6/1/2023	5,043.60		5,043.60	6/2/2023	1,150.45		1,150.45
5/31/2023	630.03		630.03	6/1/2023	14,837.03		14,837.03	6/2/2023	2,285.85		2,285.85
5/31/2023	42,212.04		42,212.04	6/1/2023	46,911.53		46,911.53	6/2/2023	12,501.01		12,501.01

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
6/2/2023	1,791.36		1,791.36	6/9/2023	135,544.64		135,544.64	6/20/2023	40,673.97		40,673.97
6/2/2023	4,772.25		4,772.25	6/9/2023	1,500.50		1,500.50	6/20/2023	27,795.20		27,795.20
6/2/2023	7,164.41		7,164.41	6/12/2023	31,066.12		31,066.12	6/20/2023	36,204.80		36,204.80
6/2/2023	4,631.94		4,631.94	6/12/2023	2,223.28		2,223.28	6/20/2023	843.56		843.56
6/5/2023	8,185.84		8,185.84	6/12/2023	2,016.74		2,016.74	6/20/2023	63,065.91		63,065.91
6/5/2023	1,317.53		1,317.53	6/12/2023	2,727.29		2,727.29	6/20/2023	6,577.54		6,577.54
6/5/2023	1,640.00		1,640.00	6/12/2023	2,836.68		2,836.68	6/20/2023	18,040.24		18,040.24
6/5/2023	1,278.49		1,278.49	6/12/2023	2,823.80		2,823.80	6/20/2023	7,446.85		7,446.85
6/5/2023	47,584.12		47,584.12	6/12/2023	4,671.09		4,671.09	6/20/2023	1,418.04		1,418.04
6/5/2023	87.01		87.01	6/12/2023	101,231.06		101,231.06	6/20/2023	12,477.57		12,477.57
6/5/2023	10,186.93		10,186.93	6/13/2023	18,998.77		18,998.77	6/20/2023	1,177.18		1,177.18
6/5/2023	13,472.14		13,472.14	6/13/2023	4,887.11		4,887.11	6/20/2023	2,430.57		2,430.57
6/5/2023	115.07		115.07	6/13/2023	7,399.82		7,399.82	6/20/2023	2,086.69		2,086.69
6/5/2023	7,022.71		7,022.71	6/13/2023	20,111.27		20,111.27	6/20/2023	4,670.80		4,670.80
6/5/2023	9,573.58		9,573.58	6/13/2023	3,000.00		3,000.00	6/21/2023	39,833.71		39,833.71
6/5/2023	19,149.16		19,149.16	6/14/2023	52,705.32		52,705.32	6/21/2023	7,907.33		7,907.33
6/5/2023	714.07		714.07	6/14/2023	2,877.02		2,877.02	6/21/2023	5,951.46		5,951.46
6/5/2023	32,500.00		32,500.00	6/14/2023	694.55		694.55	6/22/2023	9,438.84		9,438.84
6/6/2023	459.95		459.95	6/15/2023	2,781.92		2,781.92	6/22/2023	63,363.66		63,363.66
6/6/2023	7,250.40		7,250.40	6/15/2023	233.89		233.89	6/22/2023	691.46		691.46
6/6/2023	573.42		573.42	6/15/2023	1,915.51		1,915.51	6/22/2023	81,137.97		81,137.97
6/6/2023	1,896.53		1,896.53	6/15/2023	3,177.12		3,177.12	6/22/2023	4,027.19		4,027.19
6/7/2023	2,871.70		2,871.70	6/15/2023	9,301.05		9,301.05	6/22/2023	328.92		328.92
6/7/2023	1,126.91		1,126.91	6/15/2023	3,832.85		3,832.85	6/22/2023	3,915.46		3,915.46
6/7/2023	15,706.07		15,706.07	6/16/2023	14,216.37		14,216.37	6/22/2023	949.61		949.61
6/7/2023	19,650.02		19,650.02	6/16/2023	38,930.71		38,930.71	6/22/2023	7,429.38		7,429.38
6/7/2023	2,333.32		2,333.32	6/16/2023	5,553.16		5,553.16	6/22/2023	1,480.64		1,480.64
6/7/2023	27,098.54		27,098.54	6/16/2023	1,339.10		1,339.10	6/23/2023	15,701.14		15,701.14
6/8/2023	991.77		991.77	6/16/2023	32,205.60		32,205.60	6/23/2023	29,467.58		29,467.58
6/8/2023	4,868.98		4,868.98	6/16/2023	49,976.85		49,976.85	6/23/2023	13,218.03		13,218.03
6/8/2023	2,316.56		2,316.56	6/16/2023	5,683.80		5,683.80	6/23/2023	13,803.97		13,803.97
6/8/2023	950.04		950.04	6/20/2023	38,994.90		38,994.90	6/23/2023	19,557.47		19,557.47
6/8/2023	950.04		950.04	6/20/2023	4,254.38		4,254.38	6/23/2023	14,486.06		14,486.06
6/8/2023	950.04		950.04	6/20/2023	2,810.66		2,810.66	6/23/2023	2,652.46		2,652.46
6/8/2023	1,062.37		1,062.37	6/20/2023	1,928.12		1,928.12	6/23/2023	38,495.86		38,495.86
6/9/2023	1,136.85		1,136.85	6/20/2023	890.74		890.74	6/23/2023	1,556.27		1,556.27

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
6/23/2023	76,320.61		76,320.61	6/28/2023	1,591.76		1,591.76	6/29/2023	4,491.31		4,491.31
6/23/2023	7,836.24		7,836.24	6/28/2023	1,490.79		1,490.79	6/30/2023	1,109.30		1,109.30
6/26/2023	445.60		445.60	6/28/2023	16,163.00		16,163.00	6/30/2023	42,212.04		42,212.04
6/26/2023	13,060.35		13,060.35	6/28/2023	6,981.17		6,981.17	6/30/2023	50,736.80		50,736.80
6/26/2023	131,940.55		131,940.55	6/28/2023	8,904.61		8,904.61	6/30/2023	1,540.76		1,540.76
6/26/2023	4,205.09		4,205.09	6/28/2023	8,980.67		8,980.67	6/30/2023	31,250.08		31,250.08
6/26/2023	1,288.63		1,288.63	6/28/2023	664.08		664.08	6/30/2023	951.56		951.56
6/26/2023	15,069.24		15,069.24	6/28/2023	3,244.21		3,244.21	6/30/2023	6,330.61		6,330.61
6/26/2023	1,363.56		1,363.56	6/28/2023	1,790.29		1,790.29	6/30/2023	5,043.60		5,043.60
6/26/2023	3,591.70		3,591.70	6/28/2023	115,835.08		115,835.08	6/30/2023	14,837.03		14,837.03
6/26/2023	4,021.15		4,021.15	6/29/2023	11,448.02		11,448.02	6/30/2023	46,911.53		46,911.53
6/26/2023	763.16		763.16	6/29/2023	3,638.53		3,638.53	6/30/2023	7,772.14		7,772.14
6/26/2023	1,154.77		1,154.77	6/29/2023	22,838.70		22,838.70	6/30/2023	1,305.70		1,305.70
6/26/2023	2,230.30		2,230.30	6/29/2023	630.03		630.03	6/30/2023	1,616.61		1,616.61
6/26/2023	2,063.07		2,063.07	6/29/2023	3,775.72		3,775.72	6/30/2023	1,053.45		1,053.45
6/27/2023	12,675.79		12,675.79	6/29/2023	18,998.77		18,998.77	6/30/2023	47,901.00		47,901.00
6/27/2023	30,346.74		30,346.74	6/29/2023	47,584.12		47,584.12	6/30/2023	17,395.31		17,395.31
6/27/2023	1,349.00		1,349.00	6/29/2023	2,327.06		2,327.06	6/30/2023	3,625.20		3,625.20
6/27/2023	46,440.51		46,440.51	6/29/2023	1,852.42		1,852.42	6/30/2023	43,223.19		43,223.19
6/27/2023	12,442.01		12,442.01	6/29/2023	920.07		920.07	6/30/2023	109,399.15		109,399.15
6/27/2023	2,940.02		2,940.02	6/29/2023	7,332.76		7,332.76	6/30/2023	28,584.21		28,584.21
6/27/2023	40,721.83		40,721.83	6/29/2023	3,859.50		3,859.50	6/30/2023	25,139.52		25,139.52
6/27/2023	5,749.98		5,749.98	6/29/2023	6,240.80		6,240.80	6/30/2023	11,299.29		11,299.29
6/27/2023	3,748.25		3,748.25	6/29/2023	10,186.93		10,186.93	6/30/2023	12,501.01		12,501.01
6/27/2023	4,191.52		4,191.52	6/29/2023	13,472.14		13,472.14	6/30/2023	333,406.74		333,406.74
6/27/2023	7,400.00		7,400.00	6/29/2023	328.92		328.92	6/30/2023	347,529.18		347,529.18
6/27/2023	9,490.95		9,490.95	6/29/2023	1,900.48		1,900.48	6/30/2023	20,586.43		20,586.43
6/27/2023	55,540.80		55,540.80	6/29/2023	1,162.67		1,162.67	6/30/2023	6,366.64		6,366.64
6/27/2023	5,934.90		5,934.90	6/29/2023	6,237.56		6,237.56	6/30/2023	34,931.65		34,931.65
6/27/2023	1,482.95		1,482.95	6/29/2023	3,550.31		3,550.31	6/30/2023	1,149,839.36		1,149,839.36
6/27/2023	1,791.36		1,791.36	6/29/2023	704.61		704.61	6/30/2023	1,225,935.44		1,225,935.44
6/27/2023	10,093.59		10,093.59	6/29/2023	10,047.47		10,047.47	7/3/2023	1,317.53		1,317.53
6/28/2023	39,576.83		39,576.83	6/29/2023	2,370.49		2,370.49	7/3/2023	953.43		953.43
6/28/2023	158.33		158.33	6/29/2023	2,285.85		2,285.85	7/3/2023	49,750.00		49,750.00
6/28/2023	7,284.73		7,284.73	6/29/2023	877.55		877.55	7/3/2023	1,640.66		1,640.66
6/28/2023	412,946.74		412,946.74	6/29/2023	42,041.04		42,041.04	7/3/2023	4,318.26		4,318.26

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
7/3/2023	445.57		445.57	7/6/2023	1,915.51		1,915.51	7/11/2023	7,399.82		7,399.82
7/3/2023	1,123.54		1,123.54	7/6/2023	7,442.93		7,442.93	7/11/2023	3,177.12		3,177.12
7/3/2023	4,856.69		4,856.69	7/6/2023	2,220.26		2,220.26	7/11/2023	2,430.57		2,430.57
7/3/2023	34,368.44		34,368.44	7/6/2023	2,086.69		2,086.69	7/11/2023	1,339.10		1,339.10
7/3/2023	1,278.49		1,278.49	7/6/2023	1,150.45		1,150.45	7/11/2023	27,098.54		27,098.54
7/3/2023	5,114.91		5,114.91	7/6/2023	30,367.30		30,367.30	7/11/2023	5,683.80		5,683.80
7/3/2023	7,022.71		7,022.71	7/6/2023	24,589.74		24,589.74	7/12/2023	18,998.77		18,998.77
7/3/2023	703,421.11		703,421.11	7/7/2023	8,899.74		8,899.74	7/12/2023	233.89		233.89
7/3/2023	2,089.47		2,089.47	7/7/2023	9,358.90		9,358.90	7/12/2023	1,062.37		1,062.37
7/3/2023	384,607.82		384,607.82	7/7/2023	890.74		890.74	7/12/2023	119,750.34		119,750.34
7/3/2023	336,397.00		336,397.00	7/7/2023	2,255.72		2,255.72	7/12/2023	4,671.09		4,671.09
7/3/2023	9,573.58		9,573.58	7/7/2023	2,016.74		2,016.74	7/12/2023	4,772.25		4,772.25
7/3/2023	4,591.92		4,591.92	7/7/2023	1,746.25		1,746.25	7/12/2023	7,164.41		7,164.41
7/3/2023	6,767.70		6,767.70	7/7/2023	877.59		877.59	7/13/2023	4,887.11		4,887.11
7/3/2023	19,149.16		19,149.16	7/7/2023	714.07		714.07	7/13/2023	20,111.27		20,111.27
7/3/2023	7,710.57		7,710.57	7/7/2023	4,631.94		4,631.94	7/13/2023	32,205.60		32,205.60
7/3/2023	12,474.08		12,474.08	7/10/2023	991.77		991.77	7/13/2023	49,976.85		49,976.85
7/3/2023	36,027.14		36,027.14	7/10/2023	31,066.12		31,066.12	7/14/2023	1,126.91		1,126.91
7/3/2023	14,339.90		14,339.90	7/10/2023	4,868.98		4,868.98	7/14/2023	4,254.38		4,254.38
7/3/2023	32,500.00		32,500.00	7/10/2023	15,706.07		15,706.07	7/14/2023	30,344.60		30,344.60
7/3/2023	573.42		573.42	7/10/2023	2,836.68		2,836.68	7/14/2023	2,333.32		2,333.32
7/3/2023	18,191.18		18,191.18	7/10/2023	49,895.00		49,895.00	7/14/2023	52,705.32		52,705.32
7/3/2023	111,409.84		111,409.84	7/10/2023	2,846.06		2,846.06	7/14/2023	9,301.05		9,301.05
7/3/2023	938.91		938.91	7/10/2023	19,650.02		19,650.02	7/17/2023	1,928.12		1,928.12
7/3/2023	1,665.87		1,665.87	7/10/2023	1,363.66		1,363.66	7/17/2023	1,136.85		1,136.85
7/3/2023	(62,775.33)		(62,775.33)	7/10/2023	949.61		949.61	7/17/2023	6,577.54		6,577.54
7/5/2023	4,684.26		4,684.26	7/10/2023	694.55		694.55	7/17/2023	1,418.04		1,418.04
7/5/2023	85,969.56		85,969.56	7/10/2023	1,896.53		1,896.53	7/17/2023	1,177.18		1,177.18
7/6/2023	8,185.84		8,185.84	7/11/2023	2,781.92		2,781.92	7/17/2023	5,553.16		5,553.16
7/6/2023	2,223.28		2,223.28	7/11/2023	2,871.70		2,871.70	7/17/2023	101,231.06		101,231.06
7/6/2023	1,040.12		1,040.12	7/11/2023	2,201.42		2,201.42	7/17/2023	1,556.27		1,556.27
7/6/2023	950.04		950.04	7/11/2023	2,316.81		2,316.81	7/17/2023	6,366.64		6,366.64
7/6/2023	2,869.00		2,869.00	7/11/2023	2,316.56		2,316.56	7/17/2023	3,832.85		3,832.85
7/6/2023	1,500.50		1,500.50	7/11/2023	750.00		750.00	7/17/2023	1,480.64		1,480.64
7/6/2023	18,084.44		18,084.44	7/11/2023	2,823.80		2,823.80	7/18/2023	2,810.66		2,810.66
7/6/2023	459.95		459.95	7/11/2023	135,544.64		135,544.64	7/18/2023	2,727.29		2,727.29

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
7/18/2023	750.00		750.00	7/25/2023	11,448.02		11,448.02	7/27/2023	12,304.04		12,304.04
7/18/2023	1,288.63		1,288.63	7/25/2023	39,576.83		39,576.83	7/27/2023	1,915.51		1,915.51
7/18/2023	3,915.46		3,915.46	7/25/2023	2,223.28		2,223.28	7/27/2023	19,149.16		19,149.16
7/18/2023	24,589.74		24,589.74	7/25/2023	13,218.03		13,218.03	7/27/2023	2,877.02		2,877.02
7/19/2023	1,349.00		1,349.00	7/25/2023	691.46		691.46	7/27/2023	25,139.52		25,139.52
7/19/2023	843.56		843.56	7/25/2023	158.33		158.33	7/27/2023	1,482.95		1,482.95
7/19/2023	14,216.37		14,216.37	7/25/2023	1,123.54		1,123.54	7/27/2023	2,230.30		2,230.30
7/19/2023	30,344.60		30,344.60	7/25/2023	4,205.09		4,205.09	7/27/2023	4,491.31		4,491.31
7/19/2023	18,040.24		18,040.24	7/25/2023	4,027.19		4,027.19	7/28/2023	1,640.33		1,640.33
7/19/2023	7,446.85		7,446.85	7/25/2023	15,625.04		15,625.04	7/28/2023	630.03		630.03
7/20/2023	40,673.97		40,673.97	7/25/2023	63,065.91		63,065.91	7/28/2023	18,998.77		18,998.77
7/20/2023	27,795.20		27,795.20	7/25/2023	38,495.86		38,495.86	7/28/2023	7,284.73		7,284.73
7/20/2023	36,204.80		36,204.80	7/25/2023	1,490.79		1,490.79	7/28/2023	6,330.61		6,330.61
7/20/2023	328.92		328.92	7/25/2023	3,591.70		3,591.70	7/28/2023	7,772.14		7,772.14
7/20/2023	6,244.01		6,244.01	7/25/2023	5,749.98		5,749.98	7/28/2023	1,053.45		1,053.45
7/20/2023	1,900.48		1,900.48	7/25/2023	7,400.00		7,400.00	7/28/2023	109,399.15		109,399.15
7/21/2023	19,248.03		19,248.03	7/25/2023	763.16		763.16	7/28/2023	9,490.95		9,490.95
7/21/2023	29,467.58		29,467.58	7/25/2023	2,285.85		2,285.85	7/28/2023	55,540.80		55,540.80
7/21/2023	13,803.97		13,803.97	7/25/2023	5,934.90		5,934.90	7/28/2023	853.85		853.85
7/21/2023	19,557.47		19,557.47	7/25/2023	3,012.73		3,012.73	7/28/2023	42,041.04		42,041.04
7/21/2023	14,486.06		14,486.06	7/25/2023	2,988.45		2,988.45	7/28/2023	34,931.65		34,931.65
7/21/2023	38,930.71		38,930.71	7/25/2023	76,320.61		76,320.61	7/31/2023	1,317.53		1,317.53
7/21/2023	39,833.71		39,833.71	7/25/2023	1,154.77		1,154.77	7/31/2023	3,638.53		3,638.53
7/21/2023	7,907.33		7,907.33	7/25/2023	877.55		877.55	7/31/2023	42,212.04		42,212.04
7/21/2023	12,477.57		12,477.57	7/25/2023	1,790.29		1,790.29	7/31/2023	50,736.80		50,736.80
7/21/2023	4,670.80		4,670.80	7/25/2023	1,165.30		1,165.30	7/31/2023	2,327.06		2,327.06
7/21/2023	7,836.24		7,836.24	7/26/2023	3,775.72		3,775.72	7/31/2023	1,852.42		1,852.42
7/24/2023	15,701.14		15,701.14	7/26/2023	12,722.59		12,722.59	7/31/2023	920.07		920.07
7/24/2023	63,363.66		63,363.66	7/26/2023	1,162.67		1,162.67	7/31/2023	1,540.76		1,540.76
7/24/2023	131,940.55		131,940.55	7/26/2023	16,163.00		16,163.00	7/31/2023	3,859.50		3,859.50
7/24/2023	2,652.46		2,652.46	7/26/2023	3,244.21		3,244.21	7/31/2023	6,240.80		6,240.80
7/24/2023	4,191.52		4,191.52	7/26/2023	7,429.38		7,429.38	7/31/2023	10,186.93		10,186.93
7/24/2023	4,021.15		4,021.15	7/26/2023	10,093.59		10,093.59	7/31/2023	13,472.14		13,472.14
7/25/2023	445.60		445.60	7/26/2023	2,063.07		2,063.07	7/31/2023	951.56		951.56
7/25/2023	8,899.74		8,899.74	7/27/2023	22,838.70		22,838.70	7/31/2023	1,591.76		1,591.76
7/25/2023	12,675.79		12,675.79	7/27/2023	81,137.97		81,137.97	7/31/2023	2,089.47		2,089.47

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
7/31/2023	47,901.00		47,901.00	8/1/2023	4,591.92		4,591.92	8/4/2023	573.42		573.42
7/31/2023	704.61		704.61	8/1/2023	119,750.34		119,750.34	8/7/2023	19,406.78		19,406.78
7/31/2023	9,573.58		9,573.58	8/1/2023	7,710.57		7,710.57	8/7/2023	2,871.70		2,871.70
7/31/2023	6,767.70		6,767.70	8/1/2023	12,474.08		12,474.08	8/7/2023	3,589.88		3,589.88
7/31/2023	40,721.83		40,721.83	8/1/2023	3,748.25		3,748.25	8/7/2023	15,706.07		15,706.07
7/31/2023	2,430.57		2,430.57	8/1/2023	28,584.21		28,584.21	8/7/2023	1,040.12		1,040.12
7/31/2023	664.08		664.08	8/1/2023	36,027.14		36,027.14	8/7/2023	135,544.64		135,544.64
7/31/2023	14,339.90		14,339.90	8/1/2023	32,500.00		32,500.00	8/7/2023	1,500.50		1,500.50
7/31/2023	1,791.36		1,791.36	8/1/2023	11,299.29		11,299.29	8/7/2023	459.95		459.95
7/31/2023	938.91		938.91	8/1/2023	18,191.18		18,191.18	8/7/2023	7,442.93		7,442.93
7/31/2023	333,406.74		333,406.74	8/1/2023	111,409.84		111,409.84	8/7/2023	2,086.69		2,086.69
7/31/2023	347,529.18		347,529.18	8/1/2023	12,501.01		12,501.01	8/7/2023	694.55		694.55
7/31/2023	20,586.43		20,586.43	8/2/2023	890.74		890.74	8/7/2023	1,556.27		1,556.27
7/31/2023	1,149,839.36		1,149,839.36	8/2/2023	1,278.49		1,278.49	8/7/2023	27,098.54		27,098.54
7/31/2023	1,225,935.44		1,225,935.44	8/2/2023	4,684.26		4,684.26	8/8/2023	2,201.42		2,201.42
8/1/2023	412,946.74		412,946.74	8/2/2023	412,946.74		412,946.74	8/8/2023	2,201.42		2,201.42
8/1/2023	792.17		792.17	8/2/2023	85,969.56		85,969.56	8/8/2023	2,316.81		2,316.81
8/1/2023	30,346.74		30,346.74	8/2/2023	7,022.71		7,022.71	8/8/2023	2,316.56		2,316.56
8/1/2023	953.43		953.43	8/2/2023	6,237.56		6,237.56	8/8/2023	233.89		233.89
8/1/2023	4,318.26		4,318.26	8/2/2023	3,550.31		3,550.31	8/8/2023	1,136.85		1,136.85
8/1/2023	46,440.51		46,440.51	8/2/2023	10,047.47		10,047.47	8/8/2023	1,062.37		1,062.37
8/1/2023	4,856.69		4,856.69	8/2/2023	8,904.61		8,904.61	8/8/2023	2,869.00		2,869.00
8/1/2023	34,368.44		34,368.44	8/2/2023	101,231.06		101,231.06	8/8/2023	19,650.02		19,650.02
8/1/2023	5,114.91		5,114.91	8/2/2023	4,631.94		4,631.94	8/8/2023	7,399.82		7,399.82
8/1/2023	7,332.76		7,332.76	8/3/2023	8,185.84		8,185.84	8/8/2023	2,370.49		2,370.49
8/1/2023	328.92		328.92	8/3/2023	49,750.00		49,750.00	8/8/2023	949.61		949.61
8/1/2023	5,043.60		5,043.60	8/3/2023	9,358.90		9,358.90	8/8/2023	1,150.45		1,150.45
8/1/2023	14,837.03		14,837.03	8/3/2023	2,255.72		2,255.72	8/8/2023	1,480.64		1,480.64
8/1/2023	46,911.53		46,911.53	8/3/2023	445.57		445.57	8/9/2023	1,126.91		1,126.91
8/1/2023	1,305.70		1,305.70	8/3/2023	2,846.06		2,846.06	8/9/2023	4,868.98		4,868.98
8/1/2023	1,616.61		1,616.61	8/3/2023	714.07		714.07	8/9/2023	2,823.80		2,823.80
8/1/2023	703,421.11		703,421.11	8/3/2023	6,981.17		6,981.17	8/9/2023	6,577.54		6,577.54
8/1/2023	18,084.44		18,084.44	8/3/2023	30,367.30		30,367.30	8/9/2023	9,301.05		9,301.05
8/1/2023	384,607.82		384,607.82	8/3/2023	1,665.87		1,665.87	8/10/2023	991.77		991.77
8/1/2023	26,090.41		26,090.41	8/3/2023	1,896.53		1,896.53	8/10/2023	2,836.68		2,836.68
8/1/2023	336,397.00		336,397.00	8/4/2023	3,625.20		3,625.20	8/10/2023	328.92		328.92

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
8/10/2023	30,344.60		30,344.60	8/18/2023	19,557.47		19,557.47	8/25/2023	13,218.03		13,218.03
8/10/2023	2,333.32		2,333.32	8/18/2023	14,216.37		14,216.37	8/25/2023	1,053.45		1,053.45
8/10/2023	20,111.27		20,111.27	8/18/2023	3,915.46		3,915.46	8/25/2023	5,749.98		5,749.98
8/10/2023	3,000.00		3,000.00	8/18/2023	4,670.80		4,670.80	8/25/2023	763.16		763.16
8/10/2023	32,205.60		32,205.60	8/21/2023	445.60		445.60	8/25/2023	853.85		853.85
8/10/2023	49,976.85		49,976.85	8/21/2023	31,066.12		31,066.12	8/25/2023	1,154.77		1,154.77
8/11/2023	12,722.59		12,722.59	8/21/2023	40,673.97		40,673.97	8/25/2023	3,244.21		3,244.21
8/11/2023	4,671.09		4,671.09	8/21/2023	4,205.09		4,205.09	8/25/2023	2,063.07		2,063.07
8/11/2023	1,339.10		1,339.10	8/21/2023	2,652.46		2,652.46	8/25/2023	7,836.24		7,836.24
8/14/2023	4,254.38		4,254.38	8/21/2023	39,833.71		39,833.71	8/28/2023	11,448.02		11,448.02
8/14/2023	1,928.12		1,928.12	8/21/2023	7,907.33		7,907.33	8/28/2023	26,120.70		26,120.70
8/14/2023	843.56		843.56	8/21/2023	1,177.18		1,177.18	8/28/2023	2,810.66		2,810.66
8/14/2023	1,352.01		1,352.01	8/22/2023	15,701.14		15,701.14	8/28/2023	158.33		158.33
8/14/2023	52,705.32		52,705.32	8/22/2023	63,363.66		63,363.66	8/28/2023	47,584.12		47,584.12
8/14/2023	1,418.04		1,418.04	8/22/2023	2,727.29		2,727.29	8/28/2023	7,284.73		7,284.73
8/14/2023	2,877.02		2,877.02	8/22/2023	14,486.06		14,486.06	8/28/2023	18,084.44		18,084.44
8/14/2023	5,683.80		5,683.80	8/22/2023	63,065.91		63,065.91	8/28/2023	2,089.47		2,089.47
8/15/2023	877.59		877.59	8/22/2023	7,429.38		7,429.38	8/28/2023	9,573.58		9,573.58
8/15/2023	4,887.11		4,887.11	8/23/2023	38,930.71		38,930.71	8/28/2023	6,767.70		6,767.70
8/15/2023	12,501.01		12,501.01	8/23/2023	7,446.85		7,446.85	8/28/2023	40,721.83		40,721.83
8/15/2023	24,589.74		24,589.74	8/23/2023	3,591.70		3,591.70	8/28/2023	43,223.19		43,223.19
8/15/2023	3,832.85		3,832.85	8/23/2023	2,220.26		2,220.26	8/28/2023	4,191.52		4,191.52
8/16/2023	19,248.03		19,248.03	8/23/2023	7,400.00		7,400.00	8/28/2023	664.08		664.08
8/16/2023	2,781.92		2,781.92	8/24/2023	1,349.00		1,349.00	8/28/2023	10,093.59		10,093.59
8/16/2023	29,467.58		29,467.58	8/24/2023	131,940.55		131,940.55	8/29/2023	8,899.74		8,899.74
8/17/2023	750.00		750.00	8/24/2023	22,838.70		22,838.70	8/29/2023	30,346.74		30,346.74
8/17/2023	1,288.63		1,288.63	8/24/2023	81,137.97		81,137.97	8/29/2023	2,582.18		2,582.18
8/17/2023	18,040.24		18,040.24	8/24/2023	2,016.74		2,016.74	8/29/2023	691.46		691.46
8/17/2023	3,177.12		3,177.12	8/24/2023	6,203.71		6,203.71	8/29/2023	46,440.51		46,440.51
8/17/2023	43,223.19		43,223.19	8/24/2023	328.92		328.92	8/29/2023	1,123.54		1,123.54
8/17/2023	12,477.57		12,477.57	8/24/2023	38,495.86		38,495.86	8/29/2023	18,998.77		18,998.77
8/17/2023	5,553.16		5,553.16	8/24/2023	2,940.02		2,940.02	8/29/2023	4,027.19		4,027.19
8/18/2023	27,795.20		27,795.20	8/24/2023	1,490.79		1,490.79	8/29/2023	3,859.50		3,859.50
8/18/2023	36,201.80		36,201.80	8/24/2023	4,021.15		4,021.15	8/29/2023	6,240.80		6,240.80
8/18/2023	3.00		3.00	8/25/2023	12,675.79		12,675.79	8/29/2023	7,399.82		7,399.82
8/18/2023	13,803.97		13,803.97	8/25/2023	1,640.33		1,640.33	8/29/2023	704.61		704.61

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
8/29/2023	19,149.16		19,149.16	8/31/2023	802.54		802.54	9/1/2023	7,710.57		7,710.57
8/29/2023	25,139.52		25,139.52	8/31/2023	951.56		951.56	9/1/2023	12,474.08		12,474.08
8/29/2023	9,490.95		9,490.95	8/31/2023	1,305.70		1,305.70	9/1/2023	28,584.21		28,584.21
8/29/2023	55,540.80		55,540.80	8/31/2023	6,237.56		6,237.56	9/1/2023	36,027.14		36,027.14
8/29/2023	5,934.90		5,934.90	8/31/2023	3,550.31		3,550.31	9/1/2023	11,299.29		11,299.29
8/29/2023	1,482.95		1,482.95	8/31/2023	1,915.51		1,915.51	9/1/2023	18,589.70		18,589.70
8/29/2023	2,230.30		2,230.30	8/31/2023	3,625.20		3,625.20	9/1/2023	111,409.84		111,409.84
8/29/2023	1,790.29		1,790.29	8/31/2023	3,748.25		3,748.25	9/5/2023	792.17		792.17
8/30/2023	630.03		630.03	8/31/2023	109,399.15		109,399.15	9/5/2023	953.43		953.43
8/30/2023	1,540.76		1,540.76	8/31/2023	2,767.00		2,767.00	9/5/2023	49,750.00		49,750.00
8/30/2023	1,040.12		1,040.12	8/31/2023	14,339.90		14,339.90	9/5/2023	2,016.74		2,016.74
8/30/2023	10,186.93		10,186.93	8/31/2023	333,406.74		333,406.74	9/5/2023	47,584.12		47,584.12
8/30/2023	13,472.14		13,472.14	8/31/2023	347,529.18		347,529.18	9/5/2023	2,327.06		2,327.06
8/30/2023	1,162.67		1,162.67	8/31/2023	20,586.43		20,586.43	9/5/2023	1,852.42		1,852.42
8/30/2023	1,591.76		1,591.76	8/31/2023	4,772.25		4,772.25	9/5/2023	920.07		920.07
8/30/2023	7,772.14		7,772.14	8/31/2023	7,164.41		7,164.41	9/5/2023	85,969.56		85,969.56
8/30/2023	47,901.00		47,901.00	8/31/2023	1,149,839.36		1,149,839.36	9/5/2023	2,846.06		2,846.06
8/30/2023	34,790.65		34,790.65	8/31/2023	1,225,935.44		1,225,935.44	9/5/2023	6,981.17		6,981.17
8/30/2023	10,047.47		10,047.47	9/1/2023	412,946.74		412,946.74	9/5/2023	2,430.57		2,430.57
8/30/2023	119,750.42		119,750.42	9/1/2023	1,317.53		1,317.53	9/5/2023	2,086.69		2,086.69
8/30/2023	16,163.00		16,163.00	9/1/2023	2,223.28		2,223.28	9/5/2023	573.42		573.42
8/30/2023	714.02		714.02	9/1/2023	4,318.26		4,318.26	9/5/2023	1,665.87		1,665.87
8/30/2023	8,904.61		8,904.61	9/1/2023	445.57		445.57	9/5/2023	6,366.64		6,366.64
8/30/2023	2,285.85		2,285.85	9/1/2023	4,856.69		4,856.69	9/5/2023	4,631.94		4,631.94
8/30/2023	76,320.61		76,320.61	9/1/2023	34,368.44		34,368.44	9/6/2023	8,185.84		8,185.84
8/30/2023	938.91		938.91	9/1/2023	5,114.91		5,114.91	9/6/2023	9,358.90		9,358.90
8/30/2023	877.55		877.55	9/1/2023	15,625.04		15,625.04	9/6/2023	890.74		890.74
8/30/2023	42,041.04		42,041.04	9/1/2023	6,330.61		6,330.61	9/6/2023	1,278.49		1,278.49
8/30/2023	1,896.53		1,896.53	9/1/2023	5,043.60		5,043.60	9/6/2023	459.95		459.95
8/30/2023	115,835.08		115,835.08	9/1/2023	14,837.03		14,837.03	9/6/2023	32,500.00		32,500.00
8/30/2023	34,931.65		34,931.65	9/1/2023	46,911.53		46,911.53	9/7/2023	2,871.70		2,871.70
8/31/2023	39,576.83		39,576.83	9/1/2023	1,616.61		1,616.61	9/7/2023	2,255.72		2,255.72
8/31/2023	3,638.53		3,638.53	9/1/2023	703,421.11		703,421.11	9/7/2023	4,868.98		4,868.98
8/31/2023	3,775.72		3,775.72	9/1/2023	384,607.82		384,607.82	9/7/2023	17,936.22		17,936.22
8/31/2023	42,212.04		42,212.04	9/1/2023	336,397.00		336,397.00	9/7/2023	6,615.42		6,615.42
8/31/2023	50,736.80		50,736.80	9/1/2023	4,591.92		4,591.92	9/7/2023	7,332.76		7,332.76

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
9/7/2023	2,836.68		2,836.68	9/14/2023	2,316.56		2,316.56	9/20/2023	1,288.63		1,288.63
9/7/2023	328.92		328.92	9/14/2023	233.89		233.89	9/20/2023	18,040.24		18,040.24
9/7/2023	1,136.85		1,136.85	9/14/2023	2,940.02		2,940.02	9/20/2023	3,591.70		3,591.70
9/7/2023	1,900.48		1,900.48	9/14/2023	52,705.32		52,705.32	9/20/2023	1,177.18		1,177.18
9/7/2023	1,500.50		1,500.50	9/14/2023	1,418.04		1,418.04	9/21/2023	39,833.71		39,833.71
9/7/2023	7,442.93		7,442.93	9/14/2023	2,877.02		2,877.02	9/21/2023	7,907.33		7,907.33
9/7/2023	2,370.49		2,370.49	9/14/2023	4,671.09		4,671.09	9/22/2023	15,701.14		15,701.14
9/7/2023	5,951.46		5,951.46	9/14/2023	1,339.10		1,339.10	9/22/2023	63,363.66		63,363.66
9/7/2023	30,367.30		30,367.30	9/14/2023	4,491.31		4,491.31	9/22/2023	29,467.58		29,467.58
9/7/2023	1,480.64		1,480.64	9/15/2023	12,722.59		12,722.59	9/22/2023	1,640.33		1,640.33
9/8/2023	15,625.04		15,625.04	9/15/2023	949.61		949.61	9/22/2023	13,803.97		13,803.97
9/8/2023	135,544.64		135,544.64	9/15/2023	1,556.27		1,556.27	9/22/2023	19,557.47		19,557.47
9/8/2023	2,869.00		2,869.00	9/15/2023	9,301.05		9,301.05	9/22/2023	1,755.18		1,755.18
9/8/2023	19,650.02		19,650.02	9/15/2023	3,832.85		3,832.85	9/22/2023	14,486.06		14,486.06
9/8/2023	7,022.71		7,022.71	9/15/2023	5,683.80		5,683.80	9/22/2023	7,836.24		7,836.24
9/8/2023	1,150.45		1,150.45	9/18/2023	2,316.81		2,316.81	9/25/2023	13,060.35		13,060.35
9/8/2023	101,231.06		101,231.06	9/18/2023	2,727.29		2,727.29	9/25/2023	622,216.59		622,216.59
9/11/2023	19,248.03		19,248.03	9/18/2023	15,172.30		15,172.30	9/25/2023	131,940.55		131,940.55
9/11/2023	2,781.92		2,781.92	9/18/2023	3,915.46		3,915.46	9/25/2023	13,218.03		13,218.03
9/11/2023	2,201.42		2,201.42	9/18/2023	32,205.60		32,205.60	9/25/2023	81,137.97		81,137.97
9/11/2023	4,684.26		4,684.26	9/18/2023	49,976.85		49,976.85	9/25/2023	38,495.86		38,495.86
9/11/2023	2,823.80		2,823.80	9/18/2023	4,670.80		4,670.80	9/25/2023	1,352.01		1,352.01
9/11/2023	1,062.37		1,062.37	9/19/2023	445.60		445.60	9/25/2023	7,446.85		7,446.85
9/11/2023	2,333.32		2,333.32	9/19/2023	1,126.91		1,126.91	9/25/2023	4,021.15		4,021.15
9/11/2023	694.55		694.55	9/19/2023	4,254.38		4,254.38	9/25/2023	763.16		763.16
9/12/2023	3,589.88		3,589.88	9/19/2023	1,643,586.45		1,643,586.45	9/25/2023	1,154.77		1,154.77
9/12/2023	2,940.02		2,940.02	9/19/2023	46,440.51		46,440.51	9/25/2023	877.55		877.55
9/12/2023	20,111.27		20,111.27	9/19/2023	750.00		750.00	9/25/2023	6,366.64		6,366.64
9/12/2023	3,012.73		3,012.73	9/19/2023	843.56		843.56	9/25/2023	2,063.07		2,063.07
9/12/2023	2,988.45		2,988.45	9/19/2023	14,216.37		14,216.37	9/26/2023	12,675.79		12,675.79
9/12/2023	24,589.74		24,589.74	9/19/2023	3,177.12		3,177.12	9/26/2023	0.00	105,000.00	105,000.00
9/13/2023	991.77		991.77	9/20/2023	31,066.12		31,066.12	9/26/2023	30,346.74		30,346.74
9/13/2023	6,577.54		6,577.54	9/20/2023	2,810.66		2,810.66	9/26/2023	507.86		507.86
9/13/2023	5,553.16		5,553.16	9/20/2023	40,673.97		40,673.97	9/26/2023	158.33		158.33
9/14/2023	1,928.12		1,928.12	9/20/2023	27,795.20		27,795.20	9/26/2023	0.00	2,048,573.14	2,048,573.14
9/14/2023	4,887.11		4,887.11	9/20/2023	36,204.80		36,204.80	9/26/2023	4,205.09		4,205.09

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
9/26/2023	4,027.19		4,027.19	9/27/2023	2,230.30		2,230.30	9/29/2023	664.08		664.08
9/26/2023	328.92		328.92	9/27/2023	3,244.21		3,244.21	9/29/2023	137,350.78		137,350.78
9/26/2023	2,652.46		2,652.46	9/27/2023	10,093.59		10,093.59	9/29/2023	11,299.29		11,299.29
9/26/2023	6,237.56		6,237.56	9/27/2023	115,835.08		115,835.08	9/29/2023	76,320.61		76,320.61
9/26/2023	3,550.31		3,550.31	9/28/2023	22,838.70		22,838.70	9/29/2023	12,501.01		12,501.01
9/26/2023	63,065.91		63,065.91	9/28/2023	630.03		630.03	9/29/2023	938.91		938.91
9/26/2023	10,047.47		10,047.47	9/28/2023	7,284.73		7,284.73	9/29/2023	333,406.74		333,406.74
9/26/2023	6,767.70		6,767.70	9/28/2023	6,100.94		6,100.94	9/29/2023	347,529.18		347,529.18
9/26/2023	40,721.83		40,721.83	9/28/2023	1,900.48		1,900.48	9/29/2023	1,896.53		1,896.53
9/26/2023	19,149.16		19,149.16	9/28/2023	1,162.67		1,162.67	9/29/2023	34,931.65		34,931.65
9/26/2023	5,749.98		5,749.98	9/28/2023	3,662.78		3,662.78	9/29/2023	1,149,839.36		1,149,839.36
9/26/2023	12,477.57		12,477.57	9/28/2023	2,089.47		2,089.47	9/29/2023	1,225,935.44		1,225,935.44
9/26/2023	7,400.00		7,400.00	9/28/2023	2,270.08		2,270.08	10/2/2023	8,899.74		8,899.74
9/26/2023	9,490.95		9,490.95	9/28/2023	3,748.25		3,748.25	10/2/2023	1,317.53		1,317.53
9/26/2023	55,540.80		55,540.80	9/28/2023	43,223.19		43,223.19	10/2/2023	3,638.53		3,638.53
9/26/2023	2,285.85		2,285.85	9/28/2023	42,041.04		42,041.04	10/2/2023	49,750.00		49,750.00
9/26/2023	5,934.90		5,934.90	9/28/2023	4,491.31		4,491.31	10/2/2023	2,316.81		2,316.81
9/26/2023	853.85		853.85	9/28/2023	15,125.08		15,125.08	10/2/2023	4,318.26		4,318.26
9/26/2023	1,482.95		1,482.95	9/29/2023	792.17		792.17	10/2/2023	445.57		445.57
9/26/2023	7,429.38		7,429.38	9/29/2023	42,212.04		42,212.04	10/2/2023	34,368.44		34,368.44
9/26/2023	1,790.29		1,790.29	9/29/2023	50,736.80		50,736.80	10/2/2023	5,114.91		5,114.91
9/26/2023	4,772.25		4,772.25	9/29/2023	18,998.77		18,998.77	10/2/2023	2,327.06		2,327.06
9/26/2023	7,164.41		7,164.41	9/29/2023	1,540.76		1,540.76	10/2/2023	1,852.42		1,852.42
9/27/2023	11,448.02		11,448.02	9/29/2023	3,859.50		3,859.50	10/2/2023	920.07		920.07
9/27/2023	39,576.83		39,576.83	9/29/2023	6,240.80		6,240.80	10/2/2023	3,881.72		3,881.72
9/27/2023	1,349.00		1,349.00	9/29/2023	951.56		951.56	10/2/2023	1,305.70		1,305.70
9/27/2023	1,123.54		1,123.54	9/29/2023	6,330.61		6,330.61	10/2/2023	7,022.71		7,022.71
9/27/2023	3,775.72		3,775.72	9/29/2023	5,043.60		5,043.60	10/2/2023	1,616.61		1,616.61
9/27/2023	10,186.93		10,186.93	9/29/2023	14,837.03		14,837.03	10/2/2023	703,421.11		703,421.11
9/27/2023	13,472.14		13,472.14	9/29/2023	46,911.53		46,911.53	10/2/2023	47,901.00		47,901.00
9/27/2023	38,930.71		38,930.71	9/29/2023	7,772.14		7,772.14	10/2/2023	384,607.82		384,607.82
9/27/2023	1,591.76		1,591.76	9/29/2023	1,053.45		1,053.45	10/2/2023	17,395.31		17,395.31
9/27/2023	1,490.79		1,490.79	9/29/2023	704.61		704.61	10/2/2023	336,397.00		336,397.00
9/27/2023	16,163.00		16,163.00	9/29/2023	109,399.15		109,399.15	10/2/2023	9,573.58		9,573.58
9/27/2023	4,191.52		4,191.52	9/29/2023	6,981.17		6,981.17	10/2/2023	4,591.92		4,591.92
9/27/2023	25,139.52		25,139.52	9/29/2023	28,584.21		28,584.21	10/2/2023	119,750.42		119,750.42

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
10/2/2023	7,710.57		7,710.57	10/6/2023	1,126.91		1,126.91	10/12/2023	6,577.54		6,577.54
10/2/2023	12,474.08		12,474.08	10/6/2023	9,358.90		9,358.90	10/12/2023	1,352.01		1,352.01
10/2/2023	0.00	334,269.08	334,269.08	10/6/2023	4,446.56		4,446.56	10/12/2023	20,111.27		20,111.27
10/2/2023	36,027.14		36,027.14	10/6/2023	4,868.98		4,868.98	10/12/2023	32,205.60		32,205.60
10/2/2023	14,339.90		14,339.90	10/6/2023	49,895.00		49,895.00	10/12/2023	49,976.85		49,976.85
10/2/2023	18,202.25		18,202.25	10/6/2023	19,650.02		19,650.02	10/13/2023	0.00	303,722.94	303,722.94
10/2/2023	111,409.84		111,409.84	10/6/2023	459.95		459.95	10/13/2023	12,722.59		12,722.59
10/2/2023	3,598.39		3,598.39	10/6/2023	3,625.20		3,625.20	10/13/2023	52,705.32		52,705.32
10/2/2023	27,098.54		27,098.54	10/6/2023	2,370.49		2,370.49	10/13/2023	2,877.02		2,877.02
10/2/2023	20,586.43		20,586.43	10/6/2023	2,086.69		2,086.69	10/13/2023	7,836.24		7,836.24
10/2/2023	4,631.94		4,631.94	10/6/2023	32,500.00		32,500.00	10/16/2023	0.01		0.01
10/3/2023	953.43		953.43	10/10/2023	2,871.70		2,871.70	10/16/2023	795.39		795.39
10/3/2023	890.74		890.74	10/10/2023	2,201.42		2,201.42	10/16/2023	12,477.57		12,477.57
10/3/2023	4,856.69		4,856.69	10/10/2023	1,928.12		1,928.12	10/16/2023	1,556.27		1,556.27
10/3/2023	1,278.49		1,278.49	10/10/2023	4,887.11		4,887.11	10/16/2023	1,339.10		1,339.10
10/3/2023	2,016.74		2,016.74	10/10/2023	1,040.12		1,040.12	10/16/2023	24,589.74		24,589.74
10/3/2023	7,332.76		7,332.76	10/10/2023	2,316.56		2,316.56	10/16/2023	27,098.54		27,098.54
10/3/2023	85,969.56		85,969.56	10/10/2023	328.92		328.92	10/16/2023	3,832.85		3,832.85
10/3/2023	2,869.00		2,869.00	10/10/2023	1,136.85		1,136.85	10/17/2023	2,781.92		2,781.92
10/3/2023	2,846.06		2,846.06	10/10/2023	1,062.37		1,062.37	10/17/2023	3,177.12		3,177.12
10/3/2023	18,084.44		18,084.44	10/10/2023	2,940.02		2,940.02	10/17/2023	1,177.18		1,177.18
10/3/2023	2,220.26		2,220.26	10/10/2023	1,500.50		1,500.50	10/17/2023	2,330.60		2,330.60
10/3/2023	8,904.61		8,904.61	10/10/2023	7,399.82		7,399.82	10/17/2023	4,670.80		4,670.80
10/3/2023	1,150.45		1,150.45	10/10/2023	1,418.04		1,418.04	10/17/2023	(15,746.39)		(15,746.39)
10/3/2023	101,231.06		101,231.06	10/10/2023	2,430.57		2,430.57	10/18/2023	3,915.46		3,915.46
10/3/2023	573.42		573.42	10/10/2023	694.55		694.55	10/18/2023	18,040.24		18,040.24
10/3/2023	30,367.30		30,367.30	10/10/2023	1,480.64		1,480.64	10/18/2023	4,191.52		4,191.52
10/3/2023	1,665.87		1,665.87	10/11/2023	4,254.38		4,254.38	10/18/2023	5,553.16		5,553.16
10/4/2023	8,185.84		8,185.84	10/11/2023	233.89		233.89	10/19/2023	13,060.35		13,060.35
10/4/2023	6,245.93		6,245.93	10/11/2023	2,333.32		2,333.32	10/19/2023	4,027.19		4,027.19
10/4/2023	135,544.64		135,544.64	10/11/2023	25,980.22		25,980.22	10/19/2023	750.00		750.00
10/4/2023	7,442.93		7,442.93	10/11/2023	4,671.09		4,671.09	10/19/2023	14,216.37		14,216.37
10/5/2023	2,255.72		2,255.72	10/12/2023	991.77		991.77	10/19/2023	691.75		691.75
10/5/2023	503.45		503.45	10/12/2023	1.00		1.00	10/19/2023	5,683.80		5,683.80
10/5/2023	47,584.12		47,584.12	10/12/2023	3,800.16		3,800.16	10/20/2023	31,066.12		31,066.12
10/5/2023	714.07		714.07	10/12/2023	2,836.68		2,836.68	10/20/2023	29,467.58		29,467.58

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
10/20/2023	40,673.97		40,673.97	10/25/2023	1,123.54		1,123.54	10/30/2023	9,358.90		9,358.90
10/20/2023	27,795.20		27,795.20	10/25/2023	2,652.46		2,652.46	10/30/2023	630.03		630.03
10/20/2023	36,204.80		36,204.80	10/25/2023	38,495.86		38,495.86	10/30/2023	158.33		158.33
10/20/2023	13,803.97		13,803.97	10/25/2023	5,749.98		5,749.98	10/30/2023	2,327.06		2,327.06
10/20/2023	19,557.47		19,557.47	10/25/2023	6,981.17		6,981.17	10/30/2023	1,852.42		1,852.42
10/20/2023	14,486.06		14,486.06	10/25/2023	7,400.00		7,400.00	10/30/2023	920.07		920.07
10/20/2023	2,823.80		2,823.80	10/25/2023	2,230.30		2,230.30	10/30/2023	4,684.26		4,684.26
10/20/2023	1,288.63		1,288.63	10/25/2023	2,063.07		2,063.07	10/30/2023	3,859.50		3,859.50
10/20/2023	7,446.85		7,446.85	10/26/2023	15,701.14		15,701.14	10/30/2023	6,240.80		6,240.80
10/20/2023	12,501.01		12,501.01	10/26/2023	22,838.70		22,838.70	10/30/2023	1,162.67		1,162.67
10/23/2023	445.60		445.60	10/26/2023	81,137.97		81,137.97	10/30/2023	1,591.76		1,591.76
10/23/2023	11,448.02		11,448.02	10/26/2023	6,100.94		6,100.94	10/30/2023	7,772.14		7,772.14
10/23/2023	1,349.00		1,349.00	10/26/2023	328.92		328.92	10/30/2023	2,089.47		2,089.47
10/23/2023	63,363.66		63,363.66	10/26/2023	38,930.71		38,930.71	10/30/2023	6,767.70		6,767.70
10/23/2023	4,205.09		4,205.09	10/26/2023	763.16		763.16	10/30/2023	40,721.83		40,721.83
10/23/2023	2,727.29		2,727.29	10/26/2023	853.85		853.85	10/30/2023	19,149.16		19,149.16
10/23/2023	843.56		843.56	10/26/2023	9,301.05		9,301.05	10/30/2023	3,591.70		3,591.70
10/23/2023	39,833.71		39,833.71	10/26/2023	76,320.61		76,320.61	10/30/2023	109,399.15		109,399.15
10/23/2023	7,907.33		7,907.33	10/26/2023	1,154.77		1,154.77	10/30/2023	2,430.57		2,430.57
10/23/2023	795.39		795.39	10/27/2023	19,248.03		19,248.03	10/30/2023	664.08		664.08
10/23/2023	43,223.19		43,223.19	10/27/2023	1,640.33		1,640.33	10/30/2023	938.91		938.91
10/23/2023	9,490.95		9,490.95	10/27/2023	18,998.77		18,998.77	10/30/2023	3,244.21		3,244.21
10/23/2023	55,540.80		55,540.80	10/27/2023	877.59		877.59	10/30/2023	42,041.04		42,041.04
10/23/2023	5,934.90		5,934.90	10/27/2023	1,086.32		1,086.32	10/30/2023	1,896.53		1,896.53
10/24/2023	131,940.55		131,940.55	10/27/2023	9.51		9.51	10/30/2023	34,931.65		34,931.65
10/24/2023	63,065.91		63,065.91	10/27/2023	1,203.03		1,203.03	10/31/2023	30,346.74		30,346.74
10/24/2023	949.61		949.61	10/27/2023	10.53		10.53	10/31/2023	953.43		953.43
10/24/2023	4,021.15		4,021.15	10/27/2023	7,284.73		7,284.73	10/31/2023	1,388.97		1,388.97
10/24/2023	2,285.85		2,285.85	10/27/2023	10,186.93		10,186.93	10/31/2023	0.00	643,569.96	643,569.96
10/24/2023	10,093.59		10,093.59	10/27/2023	13,472.14		13,472.14	10/31/2023	42,212.04		42,212.04
10/24/2023	1,790.29		1,790.29	10/27/2023	6,330.61		6,330.61	10/31/2023	50,736.80		50,736.80
10/24/2023	6,366.64		6,366.64	10/27/2023	1,053.45		1,053.45	10/31/2023	1,540.76		1,540.76
10/25/2023	8,899.74		8,899.74	10/27/2023	13,000.00		13,000.00	10/31/2023	7,332.76		7,332.76
10/25/2023	12,675.79		12,675.79	10/27/2023	8,904.61		8,904.61	10/31/2023	951.56		951.56
10/25/2023	2,316.81		2,316.81	10/27/2023	25,139.52		25,139.52	10/31/2023	1,900.48		1,900.48
10/25/2023	13,218.03		13,218.03	10/30/2023	1,317.53		1,317.53	10/31/2023	1,305.70		1,305.70

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
10/31/2023	2,940.02		2,940.02	11/1/2023	336,397.00		336,397.00	11/6/2023	4,868.98		4,868.98
10/31/2023	18,084.44		18,084.44	11/1/2023	4,591.92		4,591.92	11/6/2023	135,544.64		135,544.64
10/31/2023	47,901.00		47,901.00	11/1/2023	7,710.57		7,710.57	11/6/2023	2,869.00		2,869.00
10/31/2023	7,399.82		7,399.82	11/1/2023	12,474.08		12,474.08	11/6/2023	2,846.06		2,846.06
10/31/2023	704.61		704.61	11/1/2023	28,584.21		28,584.21	11/6/2023	1,352.01		1,352.01
10/31/2023	10,047.47		10,047.47	11/1/2023	36,027.14		36,027.14	11/6/2023	694.55		694.55
10/31/2023	9,573.58		9,573.58	11/1/2023	212,803.25		212,803.25	11/6/2023	32,500.00		32,500.00
10/31/2023	119,750.42		119,750.42	11/1/2023	11,299.29		11,299.29	11/6/2023	573.42		573.42
10/31/2023	16,163.00		16,163.00	11/1/2023	18,202.25		18,202.25	11/6/2023	5,683.80		5,683.80
10/31/2023	3,748.25		3,748.25	11/1/2023	111,409.84		111,409.84	11/7/2023	2,871.70		2,871.70
10/31/2023	14,339.90		14,339.90	11/1/2023	1,665.87		1,665.87	11/7/2023	46,440.51		46,440.51
10/31/2023	1,150.45		1,150.45	11/1/2023	115,835.08		115,835.08	11/7/2023	2,316.56		2,316.56
10/31/2023	7,429.38		7,429.38	11/1/2023	(1,590.78)		(1,590.78)	11/7/2023	2,836.68		2,836.68
10/31/2023	877.55		877.55	11/2/2023	2,255.72		2,255.72	11/7/2023	1,136.85		1,136.85
10/31/2023	333,406.74		333,406.74	11/2/2023	2,223.28		2,223.28	11/7/2023	19,650.02		19,650.02
10/31/2023	347,529.18		347,529.18	11/2/2023	1,278.49		1,278.49	11/7/2023	1,500.50		1,500.50
10/31/2023	20,586.43		20,586.43	11/2/2023	47,584.12		47,584.12	11/7/2023	459.95		459.95
10/31/2023	4,491.31		4,491.31	11/2/2023	1,040.12		1,040.12	11/8/2023	2,201.42		2,201.42
10/31/2023	15,125.08		15,125.08	11/2/2023	85,969.56		85,969.56	11/8/2023	233.89		233.89
10/31/2023	1,149,839.36		1,149,839.36	11/2/2023	5,043.60		5,043.60	11/8/2023	1,062.37		1,062.37
10/31/2023	1,225,935.44		1,225,935.44	11/2/2023	6,237.56		6,237.56	11/8/2023	1,490.79		1,490.79
11/1/2023	825,893.48		825,893.48	11/2/2023	3,550.31		3,550.31	11/8/2023	2,086.69		2,086.69
11/1/2023	792.17		792.17	11/2/2023	7,442.93		7,442.93	11/9/2023	39,576.83		39,576.83
11/1/2023	49,750.00		49,750.00	11/2/2023	101,231.06		101,231.06	11/9/2023	991.77		991.77
11/1/2023	4,318.26		4,318.26	11/2/2023	1,482.95		1,482.95	11/10/2023	4,671.09		4,671.09
11/1/2023	445.57		445.57	11/2/2023	30,367.30		30,367.30	11/10/2023	9,544.50		9,544.50
11/1/2023	4,856.69		4,856.69	11/3/2023	8,185.84		8,185.84	11/10/2023	14,328.82		14,328.82
11/1/2023	34,368.44		34,368.44	11/3/2023	2,016.74		2,016.74	11/13/2023	4,254.38		4,254.38
11/1/2023	5,114.91		5,114.91	11/3/2023	3,109.48		3,109.48	11/13/2023	2,823.80		2,823.80
11/1/2023	14,837.03		14,837.03	11/3/2023	3,625.20		3,625.20	11/13/2023	15,172.30		15,172.30
11/1/2023	46,911.53		46,911.53	11/3/2023	2,370.49		2,370.49	11/13/2023	2,333.32		2,333.32
11/1/2023	7,022.71		7,022.71	11/3/2023	714.07		714.07	11/13/2023	1,339.10		1,339.10
11/1/2023	1,616.61		1,616.61	11/3/2023	27,098.54		27,098.54	11/13/2023	1,791.36		1,791.36
11/1/2023	703,421.11		703,421.11	11/3/2023	4,631.94		4,631.94	11/13/2023	1,480.64		1,480.64
11/1/2023	384,607.82		384,607.82	11/6/2023	1,126.91		1,126.91	11/14/2023	2,781.92		2,781.92
11/1/2023	17,395.31		17,395.31	11/6/2023	890.74		890.74	11/14/2023	4,887.11		4,887.11

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
11/14/2023	52,705.32		52,705.32	11/20/2023	843.56		843.56	11/27/2023	2,810.66		2,810.66
11/14/2023	3,177.12		3,177.12	11/20/2023	704.61		704.61	11/27/2023	2,810.66		2,810.66
11/14/2023	2,877.02		2,877.02	11/20/2023	4,191.52		4,191.52	11/27/2023	131,940.55		131,940.55
11/14/2023	949.61		949.61	11/21/2023	445.60		445.60	11/27/2023	1,123.54		1,123.54
11/14/2023	12,477.57		12,477.57	11/21/2023	8,899.74		8,899.74	11/27/2023	6,981.17		6,981.17
11/14/2023	32,205.60		32,205.60	11/21/2023	11,448.02		11,448.02	11/27/2023	7,400.00		7,400.00
11/14/2023	49,976.85		49,976.85	11/21/2023	691.46		691.46	11/27/2023	763.16		763.16
11/15/2023	1,288.63		1,288.63	11/21/2023	4,205.09		4,205.09	11/27/2023	1,154.77		1,154.77
11/15/2023	1,556.27		1,556.27	11/21/2023	2,652.46		2,652.46	11/27/2023	3,244.21		3,244.21
11/15/2023	24,589.74		24,589.74	11/21/2023	63,065.91		63,065.91	11/27/2023	7,429.38		7,429.38
11/15/2023	3,832.85		3,832.85	11/21/2023	1,490.79		1,490.79	11/27/2023	6,366.64		6,366.64
11/16/2023	13,803.97		13,803.97	11/21/2023	39,833.71		39,833.71	11/28/2023	12,675.79		12,675.79
11/16/2023	750.00		750.00	11/21/2023	7,907.33		7,907.33	11/28/2023	19,248.03		19,248.03
11/16/2023	15,625.04		15,625.04	11/21/2023	12,501.01		12,501.01	11/28/2023	2,223.28		2,223.28
11/16/2023	15,625.04		15,625.04	11/22/2023	63,363.66		63,363.66	11/28/2023	630.03		630.03
11/16/2023	328.92		328.92	11/22/2023	4,027.19		4,027.19	11/28/2023	158.33		158.33
11/16/2023	328.92		328.92	11/22/2023	14,486.06		14,486.06	11/28/2023	12,722.59		12,722.59
11/16/2023	6,577.54		6,577.54	11/22/2023	6,330.61		6,330.61	11/28/2023	7,284.73		7,284.73
11/16/2023	18,040.24		18,040.24	11/22/2023	4,670.80		4,670.80	11/28/2023	1,591.76		1,591.76
11/16/2023	20,111.27		20,111.27	11/24/2023	13,060.35		13,060.35	11/28/2023	2,940.02		2,940.02
11/16/2023	1,177.18		1,177.18	11/24/2023	13,218.03		13,218.03	11/28/2023	18,084.44		18,084.44
11/16/2023	5,553.16		5,553.16	11/24/2023	81,137.97		81,137.97	11/28/2023	40,721.83		40,721.83
11/16/2023	2,988.45		2,988.45	11/24/2023	877.59		877.59	11/28/2023	119,750.42		119,750.42
11/16/2023	2,988.45		2,988.45	11/24/2023	3,335.42		3,335.42	11/28/2023	5,749.98		5,749.98
11/16/2023	3,012.73		3,012.73	11/24/2023	3,693.76		3,693.76	11/28/2023	25,139.52		25,139.52
11/16/2023	9,301.05		9,301.05	11/24/2023	38,495.86		38,495.86	11/28/2023	5,934.90		5,934.90
11/17/2023	29,467.58		29,467.58	11/24/2023	1,053.45		1,053.45	11/28/2023	859.85		859.85
11/17/2023	14,216.37		14,216.37	11/24/2023	13,000.00		13,000.00	11/28/2023	1,482.95		1,482.95
11/17/2023	3,915.46		3,915.46	11/24/2023	6,767.70		6,767.70	11/28/2023	2,230.30		2,230.30
11/17/2023	3,591.70		3,591.70	11/24/2023	7,446.85		7,446.85	11/28/2023	938.91		938.91
11/17/2023	7,836.24		7,836.24	11/24/2023	8,904.61		8,904.61	11/28/2023	877.55		877.55
11/20/2023	15,701.14		15,701.14	11/24/2023	4,021.15		4,021.15	11/28/2023	1,790.29		1,790.29
11/20/2023	31,066.12		31,066.12	11/24/2023	76,320.61		76,320.61	11/28/2023	0.00	17,855.57	17,855.57
11/20/2023	27,795.20		27,795.20	11/24/2023	10,093.59		10,093.59	11/29/2023	1,349.00		1,349.00
11/20/2023	36,204.80		36,204.80	11/24/2023	2,063.07		2,063.07	11/29/2023	18,998.77		18,998.77
11/20/2023	19,557.47		19,557.47	11/27/2023	1,126.91		1,126.91	11/29/2023	3,859.50		3,859.50

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
11/29/2023	6,240.80		6,240.80	11/30/2023	1,225,935.44		1,225,935.44	12/4/2023	890.74		890.74
11/29/2023	10,186.93		10,186.93	12/1/2023	15,706.07		15,706.07	12/4/2023	2,255.72		2,255.72
11/29/2023	13,472.14		13,472.14	12/1/2023	8,963.76		8,963.76	12/4/2023	1,278.49		1,278.49
11/29/2023	1,162.67		1,162.67	12/1/2023	792.17		792.17	12/4/2023	2,016.74		2,016.74
11/29/2023	38,930.71		38,930.71	12/1/2023	49,750.00		49,750.00	12/4/2023	47,584.12		47,584.12
11/29/2023	2,089.47		2,089.47	12/1/2023	4,318.26		4,318.26	12/4/2023	2,327.06		2,327.06
11/29/2023	47,901.00		47,901.00	12/1/2023	445.57		445.57	12/4/2023	1,852.42		1,852.42
11/29/2023	16,163.00		16,163.00	12/1/2023	4,856.69		4,856.69	12/4/2023	920.07		920.07
11/29/2023	43,223.19		43,223.19	12/1/2023	34,368.44		34,368.44	12/4/2023	4,684.26		4,684.26
11/29/2023	109,399.15		109,399.15	12/1/2023	5,114.91		5,114.91	12/4/2023	85,969.56		85,969.56
11/29/2023	2,285.85		2,285.85	12/1/2023	2,727.29		2,727.29	12/4/2023	15,172.30		15,172.30
11/29/2023	1,791.36		1,791.36	12/1/2023	951.56		951.56	12/4/2023	1,915.51		1,915.51
11/29/2023	42,041.04		42,041.04	12/1/2023	5,043.60		5,043.60	12/4/2023	1,915.51		1,915.51
11/29/2023	1,896.53		1,896.53	12/1/2023	14,837.03		14,837.03	12/4/2023	1,915.51		1,915.51
11/29/2023	15,125.08		15,125.08	12/1/2023	46,911.53		46,911.53	12/4/2023	9,573.58		9,573.58
11/30/2023	30,346.74		30,346.74	12/1/2023	1,616.61		1,616.61	12/4/2023	1,493.96		1,493.96
11/30/2023	22,838.70		22,838.70	12/1/2023	703,421.11		703,421.11	12/4/2023	714.07		714.07
11/30/2023	46,440.51		46,440.51	12/1/2023	384,607.82		384,607.82	12/4/2023	664.08		664.08
11/30/2023	42,212.04		42,212.04	12/1/2023	336,397.00		336,397.00	12/4/2023	27,098.54		27,098.54
11/30/2023	50,736.80		50,736.80	12/1/2023	4,591.92		4,591.92	12/4/2023	1,665.87		1,665.87
11/30/2023	1,540.76		1,540.76	12/1/2023	19,149.16		19,149.16	12/5/2023	8,185.84		8,185.84
11/30/2023	6,100.94		6,100.94	12/1/2023	7,710.57		7,710.57	12/5/2023	3,589.88		3,589.88
11/30/2023	7,332.76		7,332.76	12/1/2023	12,474.08		12,474.08	12/5/2023	507.86		507.86
11/30/2023	1,900.48		1,900.48	12/1/2023	28,584.21		28,584.21	12/5/2023	445.57		445.57
11/30/2023	116,667.66		116,667.66	12/1/2023	36,027.14		36,027.14	12/5/2023	1,040.12		1,040.12
11/30/2023	7,772.14		7,772.14	12/1/2023	14,339.90		14,339.90	12/5/2023	328.92		328.92
11/30/2023	1,305.70		1,305.70	12/1/2023	212,803.25		212,803.25	12/5/2023	7,022.71		7,022.71
11/30/2023	17,395.31		17,395.31	12/1/2023	11,299.29		11,299.29	12/5/2023	6,237.56		6,237.56
11/30/2023	10,047.47		10,047.47	12/1/2023	18,202.25		18,202.25	12/5/2023	3,550.31		3,550.31
11/30/2023	4,459.95		4,459.95	12/1/2023	111,409.84		111,409.84	12/5/2023	1,500.50		1,500.50
11/30/2023	333,406.74		333,406.74	12/1/2023	4,631.94		4,631.94	12/5/2023	3,748.25		3,748.25
11/30/2023	347,529.18		347,529.18	12/1/2023	(3,986,052.90)		(3,986,052.90)	12/5/2023	573.42		573.42
11/30/2023	20,586.43		20,586.43	12/1/2023	(604,073.82)		(604,073.82)	12/5/2023	30,367.30		30,367.30
11/30/2023	34,931.65		34,931.65	12/4/2023	39,576.83		39,576.83	12/5/2023	24,589.74		24,589.74
11/30/2023	8,570.16		8,570.16	12/4/2023	1,317.53		1,317.53	12/5/2023	1,480.64		1,480.64
11/30/2023	1,149,839.36		1,149,839.36	12/4/2023	9,358.90		9,358.90	12/6/2023	2,871.70		2,871.70

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
12/6/2023	2,201.42		2,201.42	12/12/2023	9,301.05		9,301.05	12/20/2023	5,553.16		5,553.16
12/6/2023	2,836.68		2,836.68	12/13/2023	2,823.80		2,823.80	12/20/2023	115,835.08		115,835.08
12/6/2023	135,544.64		135,544.64	12/13/2023	1,288.63		1,288.63	12/21/2023	13,060.35		13,060.35
12/6/2023	2,846.06		2,846.06	12/14/2023	4,254.38		4,254.38	12/21/2023	13,803.97		13,803.97
12/6/2023	7,442.93		7,442.93	12/14/2023	52,705.32		52,705.32	12/21/2023	4,027.19		4,027.19
12/6/2023	5,951.46		5,951.46	12/14/2023	12,477.57		12,477.57	12/21/2023	10,047.47		10,047.47
12/6/2023	2,430.57		2,430.57	12/14/2023	4,671.09		4,671.09	12/21/2023	7,907.33		7,907.33
12/6/2023	694.55		694.55	12/14/2023	32,205.60		32,205.60	12/21/2023	3,591.70		3,591.70
12/6/2023	9,490.95		9,490.95	12/14/2023	49,976.85		49,976.85	12/21/2023	763.16		763.16
12/6/2023	55,540.80		55,540.80	12/14/2023	4,670.80		4,670.80	12/22/2023	445.60		445.60
12/6/2023	1,150.45		1,150.45	12/14/2023	4,772.25		4,772.25	12/22/2023	33,263.84		33,263.84
12/6/2023	32,500.00		32,500.00	12/14/2023	7,164.41		7,164.41	12/22/2023	15,701.14		15,701.14
12/6/2023	115,835.08		115,835.08	12/15/2023	0.00	10,790,734.94	10,790,734.94	12/22/2023	63,363.66		63,363.66
12/7/2023	2,869.00		2,869.00	12/15/2023	6,330.61		6,330.61	12/22/2023	13,218.03		13,218.03
12/7/2023	7,399.82		7,399.82	12/15/2023	6,577.54		6,577.54	12/22/2023	19,557.47		19,557.47
12/7/2023	4,491.31		4,491.31	12/15/2023	3,832.85		3,832.85	12/22/2023	14,486.06		14,486.06
12/8/2023	991.77		991.77	12/18/2023	2,727.29		2,727.29	12/22/2023	2,652.46		2,652.46
12/8/2023	953.43		953.43	12/18/2023	15,625.04		15,625.04	12/22/2023	63,065.91		63,065.91
12/8/2023	1,640.33		1,640.33	12/18/2023	18,040.24		18,040.24	12/22/2023	13,000.00		13,000.00
12/8/2023	233.89		233.89	12/18/2023	2,370.49		2,370.49	12/22/2023	7,446.85		7,446.85
12/8/2023	19,650.02		19,650.02	12/18/2023	101,231.06		101,231.06	12/22/2023	6,981.17		6,981.17
12/8/2023	3,625.20		3,625.20	12/19/2023	691.46		691.46	12/22/2023	9,490.95		9,490.95
12/11/2023	2,781.92		2,781.92	12/19/2023	46,440.51		46,440.51	12/22/2023	55,540.80		55,540.80
12/11/2023	1,928.12		1,928.12	12/19/2023	750.00		750.00	12/22/2023	3,244.21		3,244.21
12/11/2023	2,316.81		2,316.81	12/19/2023	328.92		328.92	12/22/2023	2,063.07		2,063.07
12/11/2023	4,868.98		4,868.98	12/19/2023	14,216.37		14,216.37	12/22/2023	7,836.24		7,836.24
12/11/2023	1,136.85		1,136.85	12/19/2023	3,177.12		3,177.12	12/26/2023	12,675.79		12,675.79
12/11/2023	2,333.32		2,333.32	12/19/2023	1,339.10		1,339.10	12/26/2023	1,349.00		1,349.00
12/11/2023	1,418.04		1,418.04	12/20/2023	29,467.58		29,467.58	12/26/2023	1,640.33		1,640.33
12/11/2023	2,086.69		2,086.69	12/20/2023	27,795.20		27,795.20	12/26/2023	2,316.81		2,316.81
12/11/2023	1,556.27		1,556.27	12/20/2023	36,204.80		36,204.80	12/26/2023	158.33		158.33
12/12/2023	4,887.11		4,887.11	12/20/2023	843.56		843.56	12/26/2023	81,137.97		81,137.97
12/12/2023	2,316.56		2,316.56	12/20/2023	3,915.46		3,915.46	12/26/2023	47,584.12		47,584.12
12/12/2023	1,062.37		1,062.37	12/20/2023	1,352.01		1,352.01	12/26/2023	877.59		877.59
12/12/2023	25,987.31		25,987.31	12/20/2023	8,631.06		8,631.06	12/26/2023	1,095.83		1,095.83
12/12/2023	20,111.27		20,111.27	12/20/2023	4,191.52		4,191.52	12/26/2023	1,213.56		1,213.56

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
12/26/2023	38,495.86		38,495.86	12/29/2023	19,248.03		19,248.03	12/29/2023	15,125.08		15,125.08
12/26/2023	9,573.58		9,573.58	12/29/2023	792.17		792.17	12/29/2023	34,931.65		34,931.65
12/26/2023	5,749.98		5,749.98	12/29/2023	2,223.28		2,223.28	12/29/2023	1,149,839.36		1,149,839.36
12/26/2023	949.61		949.61	12/29/2023	1,123.54		1,123.54	12/29/2023	1,225,935.44		1,225,935.44
12/26/2023	4,021.15		4,021.15	12/29/2023	42,212.04		42,212.04				
12/26/2023	2,285.85		2,285.85	12/29/2023	50,736.80		50,736.80				
12/26/2023	25,000.00		25,000.00	12/29/2023	18,998.77		18,998.77				
12/26/2023	1,154.77		1,154.77	12/29/2023	1,540.76		1,540.76				
12/26/2023	877.55		877.55	12/29/2023	3,859.50		3,859.50				
12/26/2023	1,790.29		1,790.29	12/29/2023	6,240.80		6,240.80				
12/26/2023	5,683.80		5,683.80	12/29/2023	951.56		951.56				
12/27/2023	131,940.55		131,940.55	12/29/2023	14,837.03		14,837.03	**Periodic:**	**104,437,064.90**		
12/27/2023	4,205.09		4,205.09	12/29/2023	1,162.67		1,162.67				
12/27/2023	10,186.93		10,186.93	12/29/2023	46,911.53		46,911.53	**Lump Sum:**	**29,582,257.07**		
12/27/2023	13,472.14		13,472.14	12/29/2023	38,930.71		38,930.71	**Total:**	**134,019,321.97**		
12/27/2023	1,915.51		1,915.51	12/29/2023	1,591.76		1,591.76				
12/27/2023	8,904.61		8,904.61	12/29/2023	7,772.14		7,772.14				
12/27/2023	6,366.64		6,366.64	12/29/2023	1,053.45		1,053.45				
12/28/2023	22,838.70		22,838.70	12/29/2023	2,089.47		2,089.47				
12/28/2023	503.45		503.45	12/29/2023	459.95		459.95				
12/28/2023	630.03		630.03	12/29/2023	704.61		704.61				
12/28/2023	7,284.73		7,284.73	12/29/2023	6,767.70		6,767.70				
12/28/2023	6,100.94		6,100.94	12/29/2023	19,149.16		19,149.16				
12/28/2023	1,900.48		1,900.48	12/29/2023	3,625.20		3,625.20				
12/28/2023	6,237.56		6,237.56	12/29/2023	1,493.96		1,493.96				
12/28/2023	3,550.31		3,550.31	12/29/2023	43,223.19		43,223.19				
12/28/2023	17,395.31		17,395.31	12/29/2023	28,584.21		28,584.21				
12/28/2023	109,399.15		109,399.15	12/29/2023	7,400.00		7,400.00				
12/28/2023	25,139.52		25,139.52	12/29/2023	101,231.06		101,231.06				
12/28/2023	859.85		859.85	12/29/2023	5,934.90		5,934.90				
12/28/2023	1,482.95		1,482.95	12/29/2023	2,230.30		2,230.30				
12/28/2023	10,093.59		10,093.59	12/29/2023	938.91		938.91				
12/28/2023	42,041.04		42,041.04	12/29/2023	7,429.38		7,429.38				
12/28/2023	4,491.31		4,491.31	12/29/2023	333,406.74		333,406.74				
12/28/2023	115,835.08		115,835.08	12/29/2023	347,529.18		347,529.18				
12/29/2023	8,899.74		8,899.74	12/29/2023	1,896.53		1,896.53				