SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Service Provider Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and ending 12/31/2018
A Name of plan	B Three-digit
WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN	plan number (PN)
	plan number (114)
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF	91-6145047
TRUSTEE	91-6145047
Part I Service Provider Information (see instructions)	
Fait 1 Service Provider Information (see instructions)	
You must complete this Part, in accordance with the instructions, to report the information rec	ruired 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	
plan during the plan year. If a person received only eligible indirect compensation for which	
answer line 1 but are not required to include that person when completing the remainder of the	nis Part.
1 Information on Persons Receiving Only Eligible Indirect Compensation	on
a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of thi	s Part because they received only eligible
indirect compensation for which the plan received the required disclosures (see instructions for	or definitions and conditions) Yes X No
$oldsymbol{b}$ If you answered line 1a "Yes," enter the name and EIN or address of each person providing	
received only eligible indirect compensation. Complete as many entries as needed (see instr	uctions).
4.	
(b) Enter name and EIN or address of person who provided you disc	losures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disc	losures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disc	losures on eligible indirect compensation
-	
(b) Enter name and EIN or address of person who provided you disc	losures on eligible indirect compensation

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(b) Enter name and EIN or address of person w	no provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person w	no provided you disclosures on eligible indirect compensation
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(b) Enter name and EIN or address of person w	no provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person w	no provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person w	no provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person w	no provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person w	ho provided you disclosures on eligible indirect compensation

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answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	address (see instructions)		
NORTHWE	EST ADMINISTRATO	RS, INC.				
91-068069	7					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
12 13 15 50	NONE	64048685	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
22-121167		(4)	(4)	(6)	(2)	(1-)
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
13 28 50 51 52	NONE	41515564	Yes X No	Yes No 🗵	8062469	Yes No X
		(a) Enter name and EIN or	address (see instructions)		
UBS REAL	TY INVESTORS LLC					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount

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28 51

NONE

9902158

Yes No X

Yes No

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

CAMDEN ASSET MANAGEMENT, LP

95-4319164

(b) Service Code(s)			(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
28 51 68	NONE	9417924	Yes X No	Yes No 🛚	131663	Yes No X

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

ALAN D. BILLER & ASSOCIATES, INC.

94-2854958

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee organization, or		receive indirect compensation? (sources	include eligible indirect compensation, for which the	compensation received by service provider excluding	provider give you a formula instead of
	person known to be a party-in-interest		other than plan or plan sponsor)	plan received the required disclosures?	eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
27 50	NONE	8227120				
			Yes No X	Yes No		Yes No

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

INVESCO TRUST COMPANY

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none,		Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you	formula instead of an amount or
	a party in interest		oponios.)	3.00.002.007	answered "Yes" to element (f). If none, enter -0	
28 51	NONE	4664518	Yes No X	Yes No		Yes No

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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) Future and FIN or address (as instructions)

INTECH INVESTMENT MANAGEMENT LLC

01-0614895

(b) Service Code(s)		nship to employee compensation paid by the plan. If none, on own to be enter -0 Enter direct compensation paid receive indirect compensation? (sources other than plan or plan		(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	4254918		Yes No		Yes No

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

FOREST INVESTMENT ASSOCIATES LP

58-1678729

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
Code(s)		by the plan. If none,	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
28 51	NONE	4151949	Yes No 🛚	Yes No		Yes No

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

MARTINGALE ASSET MANAGEMENT, L.P.

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none,		Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you	formula instead of an amount or
	a party in interest		oponiosi,)	alsoloculos.	answered "Yes" to element (f). If none, enter -0	
28 51	NONE	4046858	Yes No X	Yes No		Yes No

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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).

WELLS CAPITAL MANAGEMENT INC

95-3692822

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
28 51 68	NONE	3055468	Yes X No [Yes No 🛚	141570	Yes No X

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

BRIDGEWATER ASSOCIATES, LP

27-1437501

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or		Did service provider receive indirect compensation? (sources	Did indirect compensation include eligible indirect compensation, for which the	Enter total indirect compensation received by service provider excluding	Did the service provider give you a formula instead of
	person known to be a party-in-interest		other than plan or plan sponsor)	plan received the required disclosures?	eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
28 51	NONE	2857920	Yes No X	Yes No		Yes No

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

ORACLE AMERICA, INC.

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect	formula instead of an amount or estimated amount?
					(f). If none, enter -0	
16 50	NONE	2672845	Yes No 🛚	Yes No		Yes No

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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)

WELLINGTON MANAGEMENT COMPANY LLC

04-2683227

(b) Service Code(s)			(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 68	NONE	2595992	Yes X No [Yes No 🛚	44910	Yes No X

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

ARROWSTREET CAPITAL LP

04-3472863

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
		by the plan. If none,	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
28 51	NONE	2511468	Yes No 🛚	Yes No		Yes No

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

TRUCKER HUSS, APC

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee			Did indirect compensation include eligible indirect	Enter total indirect compensation received by	
	organization, or person known to be a party-in-interest	, ,	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
29 50	NONE	2410452	Yes No X	Yes No		Yes No

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2. Information on Other Ser	vice Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you
answered "Yes" to line 1a above, c	complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation ue) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).
	(a) Enter name and EIN or address (see instructions)
BNY MELLON	

25-6078093

(b) Service Code(s)			(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
28 51	NONE	2139932	Yes No 🛚	Yes No		Yes No

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

HANCOCK NATURAL RESOURCE GROUP

04-3254942

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)		, ,	receive indirect compensation? (sources other than plan or plan sponsor)	include eligible indirect compensation, for which the plan received the required disclosures?	compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
28 51	NONE	1969336	Yes No 🛚	Yes No		Yes No

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

OAKTREE CAPITAL MANAGEMENT LP

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service
	organization, or person known to be a party-in-interest	by the plan. If none,		compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
28 51 52	NONE	1730914	Yes X No	Yes No X	6099528	Yes No No

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NONE

1104753

Yes No X

Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
-	<u></u>	· · · · · · · · · · · · · · · · · · ·	(a) Enter name and EIN or	r address (see instructions)	<u> </u>	•
PANAGOR	RA ASSET MANAGEM	MENT INC	<u> </u>			
04-306384	10					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1172977	Yes No 🗵	Yes No		Yes No
			(a) Enter name and EIN or	addross (soo instructions)		
91-067564 (b) Service Code(s)	Relationship to employer, employee organization, or person known to be	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required	(g) Enter total indirect compensation received by service provider excluding eligible indirect	(h) Did the service provider give you a formula instead of an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element (f). If none, enter -0	estimated amount
11 17 50	NONE	1147294	Yes No 🛚	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
WHITE OF	AK GLOBAL ADVISOR	RS, LLC				
26-034039	95					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?

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

REID, MCCARTHY, BALLEW & LEAHY, LLP

91-0749971

(b) Service Code(s)			(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	1037474	Yes No X	Yes No		Yes No

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

PACIFIC STANDARD PRINTING

01-0551382

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
49 50	NONE	1025292	Yes No 🛚	Yes No		Yes No

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

COVINGTON & BURLING LLP

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	receive indirect compensation? (sources other than plan or plan sponsor)	include eligible indirect compensation, for which the plan received the required disclosures?	compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
29 36 50	NONE	1014933	Yes No 🛚	Yes No		Yes No

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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN o	r address (see instructions)		
MACKAY	SHIELDS LLC					
13-558286	69					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	970571	Yes No X	Yes No		Yes No
			a) Enter name and FIN or	address (see instructions)		
BLACKRO	OCK FINANCIAL MANA	AGEMENT INC	•	· · · · · · · · · · · · · · · · · · ·		
13-380669 (b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	939932	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
BARCLAY	'S CAPITAL INC		701 5T STE 71 SEATT			
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 50	NONE	859383		İ	1	1

Yes No X

Yes No

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Yes No

Yes No

49 50

NONE

456592

Yes No X

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
(1.0.1, 111011	es anything close of			r address (see instructions)	plan daming the plan year. (e	
TRANSAN	MERICA PREMIER LIF	E INSURANCE	<u>` '</u>	<u>`</u>		
52-041979	90					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amount
49 50	NONE	832381	Yes No X	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
(b) Service	(c) Relationship to	(d) Enter direct	(e) Did service provider	(f) Did indirect compensation	(g) Enter total indirect	(h) Did the service
(b) Service Code(s)		Enter direct				
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element (f). If none, enter -0	estimated amoun
19 50	NONE	640984	Yes No 🛚	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
	SULTING, INC.					
95-484456	50		,		T	
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amount

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Page	3	-	1	1	

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

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

P.F. SCHMIDT CONSULTING LLC

47-4531855

(b) Service Code(s)			(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
16 50	NONE	450090	Yes No 🛚	Yes No		Yes No

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

JP MORGAN CLEARING CORP

13-3604093

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)		, ,	receive indirect compensation? (sources other than plan or plan sponsor)	include eligible indirect compensation, for which the plan received the required disclosures?	compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
33 50	NONE	395636	Yes No 🛚	Yes No		Yes No

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

THE UNION LABOR LIFE INSURANCE COMP

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service
	organization, or person known to be a party-in-interest	by the plan. If none,		compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
28 51 72	NONE	367373	Yes X No	Yes No 🛛	54575	Yes No X
			_	_		_

Page	3 -	1	12
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answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	ich person receiving, directly or	indirectly, \$5,000 or more in t	otal compensation
(a) Enter name and EIN or address (see instructions) LINDQUIST LLP						
LINDQUIS	T LLP					
52-2385290	6					
(b) Service Code(s)		(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	365835	Yes No X	Yes No		Yes No
Code(s) Service Relationship to employer, employee Code(s) or party-in-interest Code(s) Code(s						
CHUCK MA	ACK & ASSOC - CO-(CHAIR COMP	2440 C	AMINO RAMON		
Service	Relationship to employer, employee organization, or person known to be	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	Did the service provider give you a formula instead of an amount or
20 50		345253		Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
EDWARD I	R. LENHART CO-CH/		SUITE 114TH	1300 AVE SE		
Service	Relationship to employer, employee organization, or person known to be	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	Did the service provider give you a formula instead of an amount or
20 50		322013		Yes No		Yes No

Page	3 -	1	3
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NONE

182160

Yes No X

Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or	indirectly, \$5,000 or more in t	total compensation
(i.e., mor	ney or anything else of			ne plan or their position with the raddress (see instructions)	plan during the plan year. (S	e instructions).
MORGAN	STANLEY & CO INC,		(4) 2.1101 Harris and 2.110			
13-265599	98					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amount
33 50	NONE	276986	Yes No 🛚	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
91-059120 (b) Service Code(s)	(c) Relationship to employer, employee		(e) Did service provider receive indirect	(f) Did indirect compensation include eligible indirect	(g) Enter total indirect compensation received by	(h) Did the service provider give you
· · · · · · · · · · · · · · · · · · ·	organization, or person known to be a party-in-interest	by the plan. If none, enter -0	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or
29 50	NONE	198961	Yes No 🗵	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
GOLDMAI 13-510888	N SACHS & CO					
		(d)	(0)	(f)	(a)	(b)
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount

Page	3 -	1	14
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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	total compensation
-			(a) Enter name and EIN or	r address (see instructions)		
WEEDEN	& CO					
13-33643	18					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
33 50	NONE	181711	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
91-053192 (b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
10 00	NONE	117666	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
12-059649 (b)		(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you formula instead o an amount or
33 50	NONE	174853				

Yes No X

Yes No

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Schedule C	(Form	5500	2018

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

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

CHUCK MACK & ASSOC-COCHR OFF EXP

27-0707784

(b) Service Code(s)			(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	CORP: CO- CHAIR/TTEE SVCS	169339	Yes No X	Yes No		Yes No

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

UBS SECURITIES LLC

13-3873456

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect	Did the service provider give you a
Code(s)		, ,	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
33 50	NONE	165726	Yes No 🛚	Yes No		Yes No

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

SG AMERICAS SECURITIES LLC

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee organization, or		receive indirect compensation? (sources	include eligible indirect compensation, for which the	compensation received by service provider excluding	formula instead of
	person known to be	enter -0	other than plan or plan	plan received the required	eligible indirect	an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element	
					(f). If none, enter -0	
33 50	NONE	131597				
			Yes No X	Yes No		Yes No

	Schedule	C	(Form	5500	2018
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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)
SOLID OBJECT SOFTWARE LLC

47-5685105

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	124950	Yes No X	Yes No		Yes No

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

BERNSTEIN SANFORD C & CO

13-4132953

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	receive indirect compensation? (sources other than plan or plan sponsor)	include eligible indirect compensation, for which the plan received the required disclosures?	compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
33 50	NONE	121240	Yes No 🛚	Yes No		Yes No

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

RBC CAPITAL MARKETS, LLC

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee			Did indirect compensation include eligible indirect	Enter total indirect compensation received by	
	organization, or person known to be a party-in-interest	, ,	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
33 50	NONE	120075	Yes No X	Yes No		Yes No

Page	3	-	1	7
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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
-		ı	(a) Enter name and EIN o	r address (see instructions)		
JEFFERIE	S & CO INC					
95-262290	00					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 50	NONE	117637	Yes No X	Yes No		Yes No
			(a) Enter name and FIN o	r address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 50	NONE	110299	Yes No 🛚	Yes No	(i). If notice, critical of	Yes No
		((a) Enter name and EIN or	r address (see instructions)		
COWEN	AND COMPANY LLC		20TH F	XINGTON AVE FLOOR 'ORK, NY 10022		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none, enter -0	other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
33 50	NONE	109490				

Yes No X

Yes No

Page	3 -	18
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NONE

88493

Yes No X

Yes No

compensation, for which the person known to be a party-in-interest compensation or plan compensation, for which the plan received the required disclosures? compensation for which you answered "Yes" to element (f). If none, enter -0	answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
Code(s) Code				(a) Enter name and EIN o	r address (see instructions)		
Code(s) Relationship to employer, employee organization, or person known to be a party-in-interest Code(s) Code(s) Relationship to employer, employee organization, or person known to be a party-in-interest Code(s) Code(s) Relationship to employer, employee organization, or person known to be a party-in-interest Code(s) Code(EDWARD F	R. LENHART COCHR	OFF EXP				
Service Code(s) employer, employee or person known to be a party-in-interest enter -0 Code Co	47-5671956	6					
(a) Enter name and EIN or address (see instructions) BLACKROCK INST TRUST COMPANY N.A. 94-3112180 (b) (c) Relationship to employer, employee organization, or person known to be a party-in-interest a party-in-interest enter -0 28 51 NONE 97742 Yes No (c) (d) (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) (a) Enter name and EIN or address (see instructions) (b) (c) Relationship to employer, employee organization, or person known to be a party-in-interest enter -0 28 51 NONE 97742 Yes No (a) Enter name and EIN or address (see instructions) (b) (c) Relationship to enter -0 (c) Did service provider of sponsorion include eligible indirect compensation received by service provider disclosures? Yes No (a) Enter name and EIN or address (see instructions) DEUTSCHE BK SECS INC 13-2730828	Service	Relationship to employer, employee organization, or person known to be	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	(h) Did the service provider give you formula instead o an amount or estimated amount
BLACKROCK INST TRUST COMPANY N.A. 94-3112180 (b) (c) Relationship to employer, employee organization, or person known to be a party-in-interest of a party-in-	6 50	CHAIRMAN/TTEE	104047		Yes No		Yes No
BLACKROCK INST TRUST COMPANY N.A. 94-3112180 (b) (c) Relationship to employer, employee organization, or person known to be a party-in-interest of a party-in-	-			(a) Enter name and FIN or	address (see instructions)		
person known to be a party-in-interest enter -0 other than plan or plan sponsor) plan received the required disclosures? eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0 Party-in-interest Part	(b) Service	(c) Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	(h) Did the service provider give you
(a) Enter name and EIN or address (see instructions) DEUTSCHE BK SECS INC 13-2730828 (b) (c) (d) (e) (f) (g) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect		person known to be		other than plan or plan	plan received the required	eligible indirect compensation for which you answered "Yes" to element	formula instead o an amount or estimated amount
DEUTSCHE BK SECS INC 13-2730828 (b) (c) (d) (e) (f) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect	28 51	NONE	97742		Yes No		Yes No
(b) (c) (d) (e) (f) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect				(a) Enter name and EIN or	address (see instructions)		
Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect							
Code(s) employer, employee organization, or person known to be a party-in-interest end of the following of the plan. If none, enter -0 Some of the plan or plan sponsor end of the plan or plan or plan sponsor end of the plan or plan disclosures? Some of the plan or plan service provider excluding eligible indirect compensation, for which the plan received the required disclosures? Some of the plan or plan service provider excluding eligible indirect compensation for which you answered "Yes" to element	Service	Relationship to employer, employee organization, or person known to be	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you	(h) Did the service provider give you formula instead o an amount or estimated amount

Page :	3 -	1	19
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NONE

72307

Yes No X

Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
ROBERT	F. MAY COMPANY					
84-068317	73					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	85800	Yes No X	Yes No		Yes No
			3) Enter name and EIN or	address (see instructions)		
IMAGENE 47-088517						
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	83140	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
ICBC FINO	CL SVCS	<u> </u>		ILOOR NDISON AVENUE ORK, NY 10022		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?

Page 3	3 -	2
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	Schedule	C	(Form	5500	2018
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NONE

56782

Yes No X

Yes No

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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	total compensation
	, , ,	·		r address (see instructions)		,
ROSENBL	ATT SECURITIES IN	C				
13-297586	55					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0		(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
33 50	NONE	68948	Yes No 🛚	Yes No		Yes No
		1	(0) 5-1	and described the section of the sec		
			(a) Enter name and EIN or	address (see instructions)		
CREDIT S	SUISSE					
13-189881	18					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0		(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
33 50	NONE	61522	Yes No 🗵	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
MERRILI	LYNCH PIERCE FEN		a) Enter name and Envor	address (see instructions)		
WERRIEL	ETNOTT IEROET EN	NEIX OMITTI				
13-567408	35					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0		(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount

NONE

51690

Yes No X

Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	otal compensation
-		((a) Enter name and EIN o	r address (see instructions)		
WELLS FA	ARGO BANK N.A.					
94-134739	93					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amount
49 50	NONE	54923	Yes No X	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
74-261680 (b)	05 (c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct	Did service provider receive indirect	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you formula instead of an amount or
49 50	NONE	52458	Yes No X	Yes No		Yes No
			(a) Enter name and EIN or	r address (see instructions)		
CITIGROU 11-241819	JP GLOBAL MARKET	SINC				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount

Page 3 -	. 2
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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	total compensation
	· · · ·	<u> </u>		r address (see instructions)		,
INSIGHT I	DIRECT USA, INC.					
36-394899	96					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	46380	Yes No X	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
52-147184						
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	40693	Yes No X	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
CENVEO 83-168158	31					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	37122	Yes No 🛚	Yes No		Yes No

Page 3	3 -	2
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(a) Enter name and EIN or address (see instructions) ERIC GOULDSBERRY ART DIRECTION 77-0541381 (b) (c) Relationship to error organization, or be a party-in-interest exception and the party-in-interest except		Schedule C (Form 550	00) 2018		Page 3 - 23		
Service Relationship to emptoyer, employee organization, or person known to be a patry-in-interest Service Code(s) Patry P	answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	ich person receiving, directly or	indirectly, \$5,000 or more in t	total compensation
Service Code(e) Code(e			((a) Enter name and EIN or	r address (see instructions)		
Code(s) Relationship to employer employer employers on protection paid organization, or person known to be a party-in-interest Code(s) Party Code(KAYE-SM	ITH					
Service Code(s) Code(s	93-052300	03					
(a) Enter name and EIN or address (see instructions) Column	Service	Relationship to employer, employee organization, or person known to be	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	Did the service provider give you a formula instead of an amount or estimated amount
Code(s) Relationship to employer, employee organization, or person known to be a party-in-interest Code(s) Post-interest	36 50	NONE	32804	Yes No X	Yes No		Yes No
Code(s) Relationship to employer, employee organization, or person known to be a party-in-interest Code(s) Post-interest Post-interest Code(s) Post-interest Post-in				(a) Enter name and EIN or	address (see instructions)		
Service Code(s) Relationship to Code(s) Rela			ECTION				
(a) Enter name and EIN or address (see instructions) No	Service	Relationship to employer, employee organization, or person known to be	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	Did the service provider give you a formula instead of an amount or estimated amount
(b) Service Code(s) Relationship to employer, employee organization, or person known to be a party-in-interest (c) Relationship to employer, employee organization, or person known to be a party-in-interest (d) Enter direct compensation paid by the plan. If none, enter -0 (e) Did service provider receive indirect compensation; (sources other than plan or plan sponsor) (f) Did indirect compensation include eligible indirect compensation for which the plan received the required disclosures? (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	49 50	NONE	28860	Yes No 🛚	Yes No		Yes No
(b) Service Code(s) Relationship to employer, employee organization, or person known to be a party-in-interest enter -0 (d) Enter direct compensation paid by the plan. If none, enter -0 (e) Did service provider receive indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? (f) Did indirect compensation include eligible indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0			(a) Enter name and EIN or	address (see instructions)		
Service Code(s) Relationship to employer, employee organization, or person known to be a party-in-interest Relationship to employer, employee organization, or person known to be a party-in-interest Relationship to employer, employee organization, or person known to be a party-in-interest Relationship to employer, employee organization, or person known to be a party-in-interest Service Code(s) Did service provider receive indirect compensation, for which the plan received the required disclosures? Did the service provider excluding eligible indirect compensation for which the plan received the required disclosures? Service Code(s) Did indirect compensation include eligible indirect compensation for which the plan received the required disclosures? Service Provider give you a service provider excluding eligible indirect compensation for which the plan received the required disclosures? Service Provider give you a service provider excluding eligible indirect compensation for which the plan received the required disclosures? Service Provider give you a service provider excluding eligible indirect compensation for which the plan received the required disclosures? Service Provider service provider excluding eligible indirect compensation for which the plan received the required disclosures?			•		· · · · · · · · · · · · · · · · · · ·		
	Service	Relationship to employer, employee organization, or person known to be	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	Did the service provider give you a formula instead of an amount or estimated amount'

Yes No X

Yes No

NONE

18335

Yes No X

Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	total compensation
			(a) Enter name and EIN o	r address (see instructions)		
IMAGE AC	CCESS CORP					
22-276260	02					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amount
16 50	NONE	25382	Yes No 🛛	Yes No		Yes No
			a) Enter name and EIN or	r address (see instructions)		
STIFEL N 43-053877						
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amount
33 50	NONE	21074	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	r address (see instructions)	1	
MACQUA 43-208290	RIE CAPITAL (USA) IN	NC				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amount
33 50	NONE	18335		1		I

Page 3	3 -	1
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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
PERSHIN	G LLC					
13-274172	29					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 50	NONE	15867	Yes No X	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
SCOTT A.	. SULLIVAN			305 NTERURBAN AVE SOUTH LA, WA 98168		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	UNION TRUSTEE	15789	Yes No 🗵	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
WALTER	R. MAESTAS			ALLOON PARK ROAD NE JUERQUE, NM 87109		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none, enter -0	other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	UNION TRUSTEE	15358	Yes ☐ No X	Yes No		Yes No

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NONE

14375

Yes No X

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	total compensation
			(a) Enter name and EIN or	r address (see instructions)		
BEESON,	TAYER & BODINE, A	PC				
94-312613	36					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead or an amount or estimated amount
29 50	NONE	14696	Yes No 🛚	Yes No		Yes No
	1	<u>'</u>	a) Enter name and EIN or	address (see instructions)		
13-409593 (b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct	Did service provider receive indirect	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you formula instead o an amount or
33 50	NONE	14543	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
92-016782	STENOGRAPHIC RE	PORTERS, INC				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	(h) Did the service provider give you formula instead o an amount or estimated amount

Yes No

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answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation	indirectly, \$5,000 or more in t	otal compensation
(i.e., mon	ey or anything else of	,		ne plan or their position with the raddress (see instructions)	plan during the plan year. (Se	ee instructions).
DAVID J. N	MACKENZIE		300 S N	MEDIO DRIVE NGELES, CA 90049		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	EMPLOYER TRUSTEE	14045	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)	,	
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	DUVER, WA 98661 (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
NEIL J. FII	NERTY			ADCLIFF ROAD ' PARK, IL 60487		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	EMPLOYER TRUSTEE	13684	Yes □ No 🛛	Yes □ No □		Yes □ No □

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Schedule	C ((Form	5500	2018

NONE

12577

Yes No X

Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation	indirectly, \$5,000 or more in t	total compensation
(i.e., mon	ley or arrything else or	<u> </u>		ne plan or their position with the raddress (see instructions)	plan duning the plan year. (S	ee instructions).
ROBERT	E. WRIGHTSON			COTTONWOOD DRIVE VER, OR 97707		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	EMPLOYER TRUSTEE	13344	Yes No 🛛	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
WILLIAM	R. BLYTH			800 RIVER ROAD MONT, IL 60018		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0		(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	EMPLOYER TRUSTEE	13268	Yes No 🗵	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
ADVANCE 22-236843	ED SYSTEM CONCEP	TS, INC.				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	r address (see instructions)		
DAVE HA	WLEY			OUTH MARKET STREET NG, CA 96001		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	UNION TRUSTEE	11944	Yes No 🗵	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
RICK E. P	ORTER			N 54TH LANE IIX, AZ 85083		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	EMPLOYER TRUSTEE	11559	Yes No X	Yes No		Yes No
	•		a) Enter name and EIN or	address (see instructions)		
MARK SC	HWARTZ			IDDLEWOOD STREET ON, TX 77063		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	EMPLOYER TRUSTEE	11470	Yes No X	Yes No		Yes No

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answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
TONY L. A	ANDREWS			E 162ND AVENUE AND, OR 97230		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	UNION TRUSTEE	10364	Yes No 🗵	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
MARIA A.	ALVARADO			MINER AVENUE (TON, CA 95202		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
20 50	UNION TRUSTEE	10219	Yes No X	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)	,	
DARIN TO	PROSIAN			INE STREET INATI, OH 45202		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	EMPLOYER TRUSTEE	9403	Yes No X	Yes ☐ No ☐		Yes No

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answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
JOSEPH F	F. HODGE			JUNIPER STREET MINSTER, CA 92683		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	EMPLOYER TRUSTEE	9282	Yes No 🗵	Yes No		Yes No
	1	(a) Enter name and FIN or	address (see instructions)		
JAMES R.	HAM			/ IRONWOOD PLACE NA, AZ 85658		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	EMPLOYER TRUSTEE	9032	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)	,	
RICHARD	D. COX		SUITE 7320 N	154, BOX 526 LA CHOLLA BOULEVARD DN, AZ 85741		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	EMPLOYER TRUSTEE	8759	Yes No X	Yes No		Yes No

NONE

8640

Yes No X

Yes No

-	,	,				
answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	address (see instructions)	<u> </u>	
CHRIS LA	NGAN			5 NLAKE PARKWAY NE TA, GA 30328		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	EMPLOYER TRUSTEE	8743	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
				ESIDE LANE R, CO 80212		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	UNION TRUSTEE	8697	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
BAIRD, RG	OBERT W & CO INC	<u> </u>	<u>, </u>	<u> </u>		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none enter -0-	(h) Did the service provider give you a formula instead of an amount or estimated amount

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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	total compensation
(i.e., mor	ney or anything else of			r address (see instructions)	pian during the pian year. (5	ee instructions).
BTIG LLC	;		. ,	,		
04-369573	39					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amount
33 50	NONE	8589	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
RICK HIC	KS			303 NTERURBAN AVE SOUTH LA, WA 98168		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amount
20 50	UNION TRUSTEE	7372	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
G&H PRIN						
				(0)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amount
49 50	NONE	7004	Yes ☐ No 🛚	Yes No N		Yes No

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answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	address (see instructions)		
LANGUAG	E LINE SERVICES					
77-058671	0					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	6853	Yes No 🛚	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(c) Relationship to employer, employee	(d) Enter direct compensation paid	(e) Did service provider receive indirect	(f) Did indirect compensation include eligible indirect	(g) Enter total indirect compensation received by	(h) Did the service provider give you a
, ,	organization, or person known to be a party-in-interest	by the plan. If none, enter -0	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or
33 50	NONE	6616	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
CARLOS E	BORBA			LHAMBRA AVENUE NEZ, CA 94553		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	UNION TRUSTEE	6456	Yes No X	Yes No		Yes No

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(1.6., 11101	ney or anything else of	<u>, </u>		ne plan or their position with the raddress (see instructions)	plan during the plan year. (S	ee instructions).
THOMAS	VINCZE MEDIA	<u>'</u>	a) Enter hame and Env of	address (see instructions)		
84-296969	95					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	6300	Yes ☐ No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
BMO CAF	ITAL MARKETS COR	P				
13-34598	T	(4)	(0)	(6)	(5)	(6)
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
33 50	NONE	5510	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
MAGNUM 91-17237	PRINT SOLUTIONS					
	(0)	(d)	(e) Did service provider	(f) Did indirect compensation	(g) Enter total indirect	(h) Did the service
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	receive indirect compensation? (sources other than plan or plan sponsor)	include eligible indirect compensation, for which the plan received the required disclosures?	compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	provider give you formula instead of an amount or estimated amount

Yes No X

Yes No

Yes No

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(i.e., mor	ley of arrything cise of	<u>, </u>		r address (see instructions)	<u> </u>	ee mandenene).
EVERCO	RE ISI	<u> </u>	a) Enter hame and Env of	address (see instructions)		
20-45538	18					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount.
33 50	NONE	5222	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
LANGUA	GE SCIENTIFIC					
04-34757	52					
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or
49 50	NONE	5217	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
SEAPOR	T GROUP SECURITIE	S, LLC				
SEAPOR	Γ GROUP SECURITIE	S, LLC				
SEAPOR 11-36690		S, LLC				
		(d) Enter direct	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 X

Yes No

Yes No

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

INDUSTRY FUNDS MANAGEMENT PTY LTD.

26TH FLOOR 114 WEST 47TH STREET NEW YORK, NY 10036

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes X No [Yes No 🛚	16295578	Yes No X

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

GENSTAR CAPITAL PARTNERS LLC

36-4810731

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
52	NONE	0	Yes X No	Yes 🗌 No 🛚	14723100	Yes No X

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

GREENBRIAR EQUITY GROUP LP

(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes X No	Yes No 🛚	7865866	Yes No 🗵

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52

NONE

answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or	indirectly, \$5,000 or more in t	otal compensation
(i.e., mon	ey or anything else of			ne plan or their position with the	plan during the plan year. (So	ee instructions).
OFNIOTAE	OARITAL MANAGE		(a) Enter name and EIN of	r address (see instructions)		
GENSTAR	R CAPITAL MANAGEM	IENT LLC				
90-066579	02					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes X No [Yes No X	7775369	Yes No X
			6) Fatan ann an d FIN an	address (as a lastwest as a)		
	AGEMENT COMPANY		a) Enter name and EIN or	address (see instructions)		
27-276714	17					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes X No	Yes No 🗵	6917683	Yes No X
	1	(a) Enter name and EIN or	address (see instructions)		
UNIGESTI	ION UK (LTD)			RASSE 20 H, SWITZERLAND CH 8021 CH	1	
				40		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 X No

Yes No X

6789819

Yes No X

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Schedule C	(Form	5500	2018

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

75-2578511

(b) Service Code(s)		by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
72	NONE	0	Yes X No [Yes No 🛚	6266441	Yes No X

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

GI MANAGER LP

56-2526642

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee			Did indirect compensation include eligible indirect		Did the service provider give you a
	organization, or person known to be a party-in-interest		compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
52	NONE	0	Yes 🛛 No 🗌	Yes No 🛚	5849244	Yes No X

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

LONE STAR GLOBAL ACQUISITIONS, LTD.

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)				include eligible indirect	compensation received by	provider give you a
	,	, ,	compensation? (sources	compensation, for which the	service provider excluding	formula instead of
	person known to be	enter -0	other than plan or plan	plan received the required	eligible indirect	an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element	estimated amount?
					(f). If none, enter -0	
					(i). Il floric, criter o :	
52	NONE	0			5292084	
			Yes X No	Yes ☐ No 🛛		Yes No X

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Schedule C	C (Form	5500	2018

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

TRILANTIC CAPITAL MANAGEMENT L.P.

26-4600829

(b) Service Code(s)			(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes X No [Yes No 🛚	4882146	Yes No X

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

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
52	NONE	0	Yes X No [Yes No 🛚	4812343	Yes No X

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

ENCAP EQUITY FUND X GP, L.P.

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
52	NONE	0	Yes X No	Yes No 🗓	4439675	Yes No 🛚

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	Schedule	C	(Form	5500	2018
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(a) Enter name and EIN or address (see instructions)

MONARCH ALTERNATIVE CAPITAL LP

37-1424923

(b) Service Code(s)			(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52 72 99	NONE	0	Yes X No [Yes No 🛚	4048418	Yes No X

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

WATERFALL ASSET MANAGEMENT LLC

20-2421778

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or		Did service provider receive indirect compensation? (sources	Did indirect compensation include eligible indirect compensation, for which the	Enter total indirect compensation received by service provider excluding	Did the service provider give you a formula instead of
	person known to be a party-in-interest		other than plan or plan sponsor)	plan received the required disclosures?	eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
52	NONE	0	Yes 🛛 No 🗌	Yes 📗 No 🛚	3333084	Yes No X

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

SUMMIT PARTNERS GE IX, L.P.

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be	by the plan. If none,	compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect	formula instead of an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes X No	Yes No X	3330112	Yes No X

Schedule C	(Form 5	5500) 201	8
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(a) Enter name and EIN or address (see instructions)

PACIFIC INVESTMENT MANAGEMENT CO

33-0629048

(b) Service Code(s)			(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes X No [Yes No 🛚	3156610	Yes No X

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

GENERAL ATLANTIC SERVICE COMPANY

13-3491941

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes X No	Yes 🗌 No 🛚	3065158	Yes No X

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

CENTERBRIDGE ADVISORS III, LLC

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)			receive indirect compensation? (sources	include eligible indirect compensation, for which the	compensation received by service provider excluding	provider give you a formula instead of
	organization, or person known to be	enter -0	other than plan or plan	plan received the required	eligible indirect	an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you	
					answered "Yes" to element	
					(f). If none, enter -0	
52	NONE	0			2711546	
			Yes X No	Yes No X		Yes No X

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	Schedule	C	(Form	5500	2018
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(a) Enter name and EIN or address (see instructions)

ENERVEST, LTD.

76-0378595

(b) Service Code(s)			(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes X No [Yes No 🛚	2652858	Yes No X

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

AUDAX MANAGEMENT COMPANY (NY), LLC

04-3525044

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
52	NONE	0	Yes X No	Yes No 🛚	2488668	Yes No X

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

INNOVATUS CAPITAL PARTNERS, LLC

(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
52	NONE	0	Yes X No	Yes No X	2284125	Yes No X

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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)

ENCAP EQUITY FUND XI GP, L.P.

81-4542772

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes X No	Yes No 🗵	2250000	Yes No X

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

UBS INTL. INFRASTRUCTURE FUND GP

45 MARKET STREET GARDENIA COURT GRAND CAYMAN KY1-1104 KY

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
		by the plan. If none,	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
52	NONE	0	Yes X No [Yes No 🛚	2178547	Yes No X

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

TA ASSOCIATES SDF IV GP, LP

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
52	NONE	0	Yes X No	Yes No 🗓	1901861	Yes No X

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	Schedule	C	(Form	5500	2018
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(a) Enter name and EIN or address (see instructions)

PANTHEON VENTURES US LP

27-2278613

(b) Service Code(s)		by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes X No [Yes No 🛚	1716409	Yes No X

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

POMONA MANAGEMENT LLC

13-3840977

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
52	NONE	0	Yes 🛛 No 🗌	Yes 🗌 No 🛚	1611627	Yes No X

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

PERELLA WEINBERG PARTNERS CAPITAL

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes X No	Yes No 🛚	1562852	Yes No X

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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)

GOLDPOINT PARTNERS LLC

13-5582869

(b) Service Code(s)		by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes X No [Yes No 🛚	1495045	Yes No X

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

ENCAP EQUITY FUND IX GP, L.P.

90-0899127

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employee	Enter direct	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
Code(s)			compensation? (sources	compensation, for which the	service provider excluding	
	person known to be a party-in-interest	enter -0	other than plan or plan	plan received the required disclosures?	eligible indirect compensation for which you	an amount or
	a party-in-interest		sponsor)	uisciosures?	answered "Yes" to element	
					(f). If none, enter -0	
52	NONE	0			1456522	
			Yes X No	Yes No X		Yes No X

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

AUDAX MANAGEMENT COMPANY, LLC

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
52	NONE	0	Yes X No	Yes No X	1441301	Yes No X

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Schedule	C	(Form	5500	2018

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

(b) Service Code(s)		by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes X No [Yes No 🛚	1387325	Yes No X

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

MC CREDIT PARTNERS LP

46-2738205

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes X No	Yes 🗌 No 🛚	1359445	Yes No X

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

HARBOURVEST PARTNERS LP

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
			compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes X No	Yes No 🗵	1338480	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)

CENTERBRIDGE ADVISORS II, LLC

27-3060659

(b) Service Code(s)			(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes X No [Yes No 🛚	1319918	Yes No X

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

THOMA BRAVO PARTNERS XII, LP

81-0724970

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
	organization, or person known to be a party-in-interest	, ,	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
52	NONE	0	Yes X No [Yes No 🛚	1232452	Yes No X

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

WINDJAMMER MANAGEMENT PARTNERS L.P.

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
	organization, or person known to be	, ,	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes X No	Yes No X	1208427	Yes No X

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

WP GLOBAL PARTNERS LLC

46-3077038

(b) Service Code(s)			(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes X No [Yes No X	1161903	Yes No X

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

PARTNERS GROUP (USA) INC.

13-4118892

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
		by the plan. If none,	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
52	NONE	0	Yes X No [Yes No 🛚	1035000	Yes No X

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

WP GLOBAL PARTNERS INC

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or	by the plan. If none,	compensation? (sources	Did indirect compensation include eligible indirect compensation, for which the	Enter total indirect compensation received by service provider excluding	formula instead of
	person known to be a party-in-interest	enter -0	other than plan or plan sponsor)	plan received the required disclosures?	eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes X No	Yes No X	1013281	Yes No X

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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)
ENCAP EQUITY FUND VIII GP, LP

27-2032431

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee			Did indirect compensation include eligible indirect	Enter total indirect compensation received by	
	organization, or person known to be a party-in-interest	, ,	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes 🛛 No 🗌	Yes 📗 No 🗵	1009027	Yes No X

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

PARTNERS GROUP MANAGEMENT VI LTD

PO BOX 477 TUDOR HOUSE LE BORDAGE ST. PETER PORT, GUERNSEY GY16BD GG

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	receive indirect compensation? (sources other than plan or plan sponsor)	include eligible indirect compensation, for which the plan received the required disclosures?	compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
52	NONE	0	Yes 🛛 No 🗌	Yes No 🛚	713405	Yes No X

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

YUCAIPA ALLIANCE MANAGEMENT, LLC

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
· /	organization, or person known to be	by the plan. If none,	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes X No	Yes No 🗵	673794	Yes No X

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Schedule (2	(Form	5500	2018

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

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

TENNENBAUM CAPITAL PARTNERS, LLC

95-4759860

(b) Service Code(s)			(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes X No [Yes No 🛚	570368	Yes No X

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

LANDMARK EQUITY ADVISORS LLC

06-1519082

(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
52	NONE	0	Yes X No [Yes No 🛚	457370	Yes No X

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

INVESCO ADVISORS INC.

(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
68	NONE	0	Yes X No	Yes No X	440232	Yes No 🛚

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52

NONE

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) LAZARD FRERES & CO. LLC 13-5545100 (b) (c) (d) (e) (f) (g) (h) Did service provider Did indirect compensation Enter total indirect Service Relationship to Enter direct Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a service provider excluding organization, or by the plan. If none compensation? (sources compensation, for which the formula instead of other than plan or plan person known to be enter -0-. plan received the required eligible indirect an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. NONE 383268 Yes No X Yes X No Yes No X (a) Enter name and EIN or address (see instructions) BLACKROCK INVESTMENT MGMT., LLC 20-5319476 (b) (f) (c) (d) (e) (g) (h) Did indirect compensation Service Relationship to Enter direct Did service provider Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none organization, or compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest compensation for which you disclosures? sponsor) estimated amount? answered "Yes" to element (f). If none, enter -0-. NONE Yes X No Yes No X Yes No X (a) Enter name and EIN or address (see instructions) HAMILTON LANE ADVISORS, LLC 23-2962336 (b) (d) (h) (c) (e) (f) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service receive indirect include eligible indirect Code(s) employer, employee compensation paid compensation received by provider give you a organization, or by the plan. If none, compensation? (sources compensation, for which the service provider excluding formula instead of person known to be plan received the required eligible indirect enter -0-. other than plan or plan an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-.

Yes X No

Yes No X

252911

Yes No X

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Schedule C	(Form	5500	2018

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

OMI MANAGEMENT U.S. LTD PARTNERSHIP

31-1678794

(b) Service Code(s)			(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes X No [Yes No 🛚	187026	Yes No X

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

MCMORGAN & COMPANY LLC

52-2334338

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
72	NONE	0	Yes X No [Yes 🗌 No 🛚	170731	Yes No X

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

S & A HORN LIMITED

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or
53	NONE	169	Yes X No	Yes No 🗓	158910	Yes No X

Schedule C	(Form	5500	2018

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

THEODORE LIFTMAN INSURANCE, INC.

04-2629666

(b) Service Code(s)			(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
53	NONE	0	Yes X No [Yes No X	53651	Yes No X

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

GROSVENOR CAPITAL MANAGEMENT, L.P.

36-3795985

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes X No	Yes No 🛚	38750	Yes No 🛚

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

CRESCENT CAPITAL GROUP LP

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
	organization, or person known to be	, ,	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes X No	Yes No X	10680	Yes No X

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au	◡	J	_	

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
	CIATES SDF IV CAYN	IAN GP L.P.				
98-133749	0					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes X No	Yes No 🛚	10022	Yes No X
			2) Enter name and EIN or	addraga (aga instructions)		
			a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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

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Schedule C (Form 5500) 2018

Part I Service Provider Information (continued)

INDUSTRY FUNDS MANAGEMENT PTY LTD. 52	16295578		
formula u	escribe the indirect compensation, including any a used to determine the service provider's eligibility or or the amount of the indirect compensation.		
IFM GLOBAL INFRASTRUCTURE FUND MANAGEME UP TO \$300	MANAGEMENT FEES EQUAL TO 0.77% ON INV SHARE OUP TO \$300MM, 0.65% ON EXCESS		
98-0569684			
	Service Codes e instructions) (c) Enter amount of indirect compensation		
GENSTAR CAPITAL PARTNERS LLC 52	9590126		
	escribe the indirect compensation, including any a used to determine the service provider's eligibility		
	or or the amount of the indirect compensation.		
GENSTAR CAPITAL PARTNERS VII, L.P. MANAGEME CAPITAL CAPITAL	MENT FEES EQUAL TO 1.75% OF COMMITTED		
47-4181314			
	Service Codes e instructions) (c) Enter amount of indirect compensation		
GREENBRIAR EQUITY GROUP LLC 52	7865866		
	escribe the indirect compensation, including any a used to determine the service provider's eligibility		
for	or or the amount of the indirect compensation.		
GREENBRIAR EQUITY FUND III L.P. MANAGEME CAPITAL	MANAGEMENT FEES EQUAL TO 2.00% OF COMMITTED CAPITAL		
46-1549910			

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GENSTAR CAPITAL MANAGEMENT LLC	52	7775369
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
GENSTAR CAPITAL PARTNERS VI, L.P.	MANAGEMENT FEES EQUAL TO 1.75% OF INVESTED CAPITAL	
80-0690808		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UNIGESTION UK (LTD)	52	6789819
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
WCTPT CHOICE LP	MANAGEMENT FEES EQUAL TO 0.85% OF INVESTED CAPITAL; 0.70% OF COMMITTED CAPITAL (SUB-POOL 2017)	
27-1883850		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GENSTAR CAPITAL PARTNERS LLC	52	5132974
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
GENSTAR CAPITAL PARTNERS VIII, L.P.	MANAGEMENT FEES EQUAL TO 1.75% OF COMMITTED CAPITAL	
82-0802939		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INSURANCE CO.	52	4451052
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
PRISA	OTHER INVESTMENT FEES	
22-1211670		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ENCAP EQUITY FUND X GP, L.P.	52	4439675
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
ENCAP ENERGY CAPITAL FUND X, L.P.	MANAGEMENT FEES EQUAL TO 1.50% OF COMMITTED CAPITAL	
47-2732735		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GI MANAGER LP	52	4420656
(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.	
GI PARTNERS FUND IV L.P.	MANAGEMENT FEES EQUAL TO 1.75% OF INVESTED CAPITAL	
90-0905243		

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Schedule C (Form 5500) 2018

Part I Service Provider Information (continued)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EIG MANAGEMENT COMPANY, LLC	52	4285543
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
ENERGY FUND XVI, L.P.	MANAGEMENT FEES EQUAL TO 1.25% OF INVESTED CAPITAL	
46-2825629		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRILANTIC CAPITAL MANAGEMENT LP	52	3607322
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility
TRILANTIC CAPITAL PARTNERS V, LP	for or the amount of the indirect compensation. MANAGEMENT FEES EQUAL TO 1.125% OF INVESTED CAPITAL	
45-3645729		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INSURANCE CO.	52	3455763
(d) Enter name and EIN (address) of source of indirect compensation	` ,	compensation, including any
PRISA II	formula used to determine the service provider's eligibility for or the amount of the indirect compensation. MANAGEMENT FEES	
	MANAGEMENT LEG	
22-1211670		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WATERFALL ASSET MANAGEMENT LLC	52	3333084
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
WATERFALL VICTORIA ERISA FUND, LTD.	MANAGEMENT FEES EQUAL TO 1.30% OF NET ASSET VALUE	
98-0679890		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SUMMIT PARTNERS GE IX, LP	52	3330112
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
SUMMIT PARTNERS GROWTH EQ FUND IX-A	MANAGEMENT FEES EQUAL TO 2.00% OF COMMITTED CAPITAL	
47-3143348		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PACIFIC INVESTMENT MGMT CO	52	3156610
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
PIMCO INCOME FUND	ESTIMATED MANAGEMENT FEES EQUAL TO 0.5% OF ENDING MARKET VALUE	
20-8552950		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GENERAL ATLANTIC SERVICE COMPANY	52	3065158
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
GAIP 2017, L.P.	MANAGEMENT FEES EQUAL TO 1.65% OF COMMITTED CAPITAL	
82-2758195		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CENTERBRIDGE ADVISORS III, LLC	52	2705448
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility
CENTERBRIDGE CAPITAL PARTNERS III	for or the amount of the indirect compensation. MANAGEMENT FEES EQUAL TO 1.50% OF COMMITTED CAPITAL	
61-1742348 -		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ENERVEST, LTD	52	2652858
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
ENERVEST ENERGY INST. FD XIV-A, LP	MANAGEMENT FEES EQUAL TO 1.50% OF INVESTED CAPITAL	
47-2575103		

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Schedule C (Form 5500) 2018

Part I Service Provider Information (continued)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AUDAX MANAGEMENT COMPANY (NY), LLC	52	2488668
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
AUDAX SENIOR DEBT (WCTPT), LLC	MANAGEMENT FEES EQUAL TO 1.0% OF INVESTED CAPITAL	
45-4126236		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LONE STAR GLOBAL ACQUISITIONS, LTD.	52	2409182
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility
LONE STAR FUND X U.S. L.P.	for or the amount of the indirect compensation. MANAGEMENT FEES EQUAL TO 0.60% OF REMAINING COMMITMENTS	
38-4003899		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
LONE STAR GLOBAL ACQUISITIONS, LTD.	52	2397902
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
LONE STAR REAL ESTATE FUND IV U.S.	MANAGEMENT FEES EQUAL TO 0.60% OF REMAINING COMMITMENTS	
36-4801649		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MONARCH ALTERNATIVE CAPITAL LP	52	2359744
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
MONARCH CAPITAL PTNRS OFFSHORE III	MANAGEMENT FEES EQUAL TO 1.66% OF LESSER OF INVESTED CAPITAL AND COMMITMENT	
98-1148405		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ENCAP EQUITY FUND XI GP, L.P.	52	2250000
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
ENCAP ENERGY CAPITAL FUND XI, L.P.	MANAGEMENT FEES EQUAL TO 1.50% OF COMMITTED CAPITAL	
81-4648210		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UBS INTL. INFRASTRUCTURE FD. GP	52	2178547
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
ARCHMORE INTL INFRASTRUCTURE TAX EX	MANAGEMENT FEES EQUAL TO 1.00% OF INVESTED CAPITAL	
98-0597490		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OAKTREE CAPITAL MANAGEMENT LP	52	2000000
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
OAKTREE ENHANCED INCOME FUND II LP	MANAGEMENT FEES EQUAL TO 2.00% OF COMMITTED CAPITAL	
46-4870866		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OAKTREE CAPITAL MANAGEMENT LP	52	2000000
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility
OAKTREE ENHANCED INCOME FUND III LP	for or the amount of the indirect compensation. MANAGEMENT FEES EQUAL TO 2.00% OF COMMITTED CAPITAL	
47-3429167 		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TA ASSOCIATES SDF IV GP, LP	52	1901861
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
TA SUBORDINATED DEBT FUND IV, LP	MANAGEMENT FEES EQUAL TO 1.00% OF INVESTED CAPITAL	
32-0463544		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MONARCH ALTERNATIVE CAPITAL LP	52	1688674
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
MONARCH CAPITAL PARTNERS III LP	MANAGEMENT FEES EQUAL TO 1.66% OF LESSER OF INVESTED CAPITAL AND COMMITMENT	
46-4422724		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUDSON ADVISORS LLC	72	1642069
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
LONE STAR FUND IX U.S. L.P.	OTHER INVESTMENT MANAGEMENT SERVICES	
46-4793904		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUDSON ADVISORS LLC	72	1596528
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
LONE STAR FUND X U.S. L.P.	OTHER INVESTMENT MANAGEMENT SERVICES	
38-4003899		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	52	1587739
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
JP MORGAN US CORPORATE FINANCE IV	MANAGEMENT FEES EQUAL TO 0.70% OF COMMITTED CAPITAL	
22-3980387		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PERELLA WEINBERG PARTNERS CAPITAL	52	1562852
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
ABV OPPORTUNITY OFFSHORE FUND III A	MANAGEMENT FEES EQUAL TO 1.40% ON INVESTED CAPITAL	
98-0687354		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	52	1559753
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
JP MORGAN US CORPORATE FINANCE V	MANAGEMENT FEES EQUAL TO 0.90% OF COMMITTED CAPITAL	
80-0967622		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation	
ENCAP EQUITY FUND IX GP, L.P.	52	1456522	
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.	
ENCAP ENERGY CAPITAL FUND IX, LP	MANAGEMENT FEES EQUAL TO 1.50% OF INVESTED CAPITAL		
80-0860738			
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation	
NNOVATUS CAPITAL PARTNERS, LLC	52	1454357	
(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.		
INNOVATUS FLAGSHIP FUND I LP	MANAGEMENT FEES EQUAL TO 1.00% OF INVESTED CAPITAL		
37-1808594			
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation	
GI MANAGER LP	52	1428588	
(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.	
GI PARTNERS FUND V L.P.	MANAGEMENT FEES EQUAL TO 1.75% OF COMMITTED CAPITAL		
61-1832101			

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OAKTREE CAPITAL MANAGEMENT LP	52	1423163
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
OAKTREE ENHANCED INCOME FUND LP	MANAGEMENT FEES EQUAL TO 1.50% OF NET ASSET VALUE	
46-1092614		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ENTRUST GLOBAL PARTNERS OFFSHORE LP	52	1387325
(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.	
ENTRUST ACTIVIST MANAGERS, L.P.	MANAGEMENT FEES EQUAL TO 1.00% OF CAPITAL BALANCE PLUS 1.25% OF CO-INVESTMENT ACCOUNT BALANCE	
46-1051612		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
MC CREDIT PARTNERS LP	52	1359445
(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.	
MC CREDIT FUND I LP	MANAGEMENT FEES EQUAL TO 1.25% OF INVESTED CAPITAL	
46-2774118		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	52	1329578
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
JP MORGAN IIF ERISA LP	MANAGEMENT FEES EQUAL TO 0.90% OF INVESTED CAPITAL	
91-6145047		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CENTERBRIDGE ADVISORS II, LLC	52	1290271
(d) Enter name and EIN (address) of source of indirect compensation		compensation, including any
CENTERBRIDGE CAPITAL PARTNERS II	formula used to determine the service provider's eligibility for or the amount of the indirect compensation. MANAGEMENT FEES EQUAL TO 1.25% OF INVESTED CAPITAL	
27- 3060225	DAFITAL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRILANTIC CAPITAL MANAGEMENT LP	52	1274824
(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	
TRILANTIC CAPITAL PARTNERS VI, LP	for or the amount of the indirect compensation. MANAGEMENT FEES EQUAL TO 1.50% OF COMMITTED CAPITAL	
82-1904470		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation	
HARBOURVEST PARTNERS LP	52	1238480	
(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.		
DOVER STREET VIII L.P.	MANAGEMENT FEES EQUAL TO 1.25% OF ADJUSTED CAPITAL COMMITMENTS		
45-2593305			
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation	
THOMA BRAVO PARTNERS XII, LP	52	1232452	
(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.		
THOMA BRAVO FUND XII LP	MANAGEMENT FEES EQUAL TO 1.50% OF COMMITTED CAPITAL		
81-1256412			
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation	
WINDJAMMER MGMT PARTNERS, LP	52	1208427	
(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.		
WINDJAMMER SENIOR EQUITY FUND V, LP	MANAGEMENT FEES EQUAL TO 2.00% OF COMMITTED CAPITAL		
82-3184124			

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUDSON ADVISORS LLC	72	1168342
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
LONE STAR FUND VIII U.S. L.P.	OTHER INVESTMENT MANAGEMENT SERVICES	
99-0384770		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EIG MANAGEMENT COMPANY, LLC	52	1127106
(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.	
ENERGY FUND XV-A, L.P.	MANAGEMENT FEES EQUAL TO 1.25% OF INVESTED CAPITAL	
27-2688983		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AUDAX MANAGEMENT COMPANY, LLC	52	1120034
(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.	
AUDAX PRIVATE EQUITY FUND V-A, L.P.	PERFORMANCE INCENTIVE FEE 20% OF NET PROFITS WITH 8% PREFERRED RETURN	
47-4416548		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PARTNERS GROUP (USA) INC	52	1035000
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
PARTNERS GROUP WCTPT EM 2011, L.P.	MANAGEMENT FEES EQUA CAPITAL	AL TO 1.15 % OF COMMITTED
98-1048226		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ENCAP EQUITY FUND VIII GP, LP	52	1009027
(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.	
ENCAP ENERGY CAPITAL FUND VIII, L.P	MANAGEMENT FEES EQUAL TO 1.50% OF INVESTED CAPITAL	
27-2032518		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EIG MANAGEMENT COMPANY, LLC	52	965105
(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.	
ENERGY FUND XVII, L.P.	MANAGEMENT FEES EQUAL TO 1.25% OF COMMITTED CAPITAL	
81-5439747		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PANTHEON VENTURES US LP	52	940427
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
PANTHEON USA FUND VIII, LP	MANAGEMENT FEES EQUAL TO 0.675% OF COMMITTED CAPITAL	
26-1269055		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUDSON ADVISORS LLC	72	932044
(d) Fatourous and FIN (address) of source of indicate assumption	(a) Describe the instituent	
(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.	
LONE STAR REAL ESTATE FUND IV U.S.	OTHER INVESTMENT MANAGEMENT SERVICES	
36-4801649		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
POMONA MANAGEMENT LLC	52	893109
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect	compensation, including any
(a)	formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
POMONA CAPITAL VIII, L.P.	MANAGEMENT FEES EQUAL TO 0.75% OF COMMITTED CAPITAL	
46-0715295		

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Part I	Service Provider Information (continued)
3. If you repo	orted on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary
	s 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 ga	ave 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
NNOVATUS CAPITAL PARTNERS, LLC	52	829768
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
NNOVATUS LIFE SCIENCES LENDING I	MANAGEMENT FEES EQUAL TO 0.75% OF INVESTED CAPITAL	
61-1812491		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PANTHEON VENTURES US LP	52	775982
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
PANTHEON GLOBAL SECONDARY FUND IV	MANAGEMENT FEES EQUAL TO 0.729% ON COMMITTED CAPITAL	
26-3872534		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WP GLOBAL PARTNERS INC	52	754460
(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.	
COREALPHA PEP III LP	MANAGEMENT FEES EQUAL TO 0.60% OF INVESTED CAPITAL	
26-3545254		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
POMONA MANAGEMENT LLC	52	718518
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
POMONA CAPITAL VII, L.P.	MANAGEMENT FEES EQUAL TO 0.25% ON INVESTED CAPITAL	
26-1701383		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PARTNERS GROUP MANAGEMENT VI LTD	52	713405
(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.	
PARTNERS GROUP SECONDARY 2008, LP.	MANAGEMENT FEES EQUAL TO 0.738 % OF COMMITTED CAPITAL	
98-0576320		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GOLDPOINT PARTNERS, LLC	52	694332
(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.	
NYLCAP MEZZ PARTNERS III PARALLEL	MANAGEMENT FEES EQUAL TO 0.90% OF INVESTED CAPITAL	
36-4713823		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OAKTREE CAPITAL MANAGEMENT LP	52	676365
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
OAKTREE SPECIAL SITUATIONS FUND, LP	MANAGEMENT FEES EQUA CAPITAL	AL TO 1.60% OF COMMITTED
98-1084550		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
YUCAIPA ALLIANCE MANAGEMENT, LLC	52	673794
(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.	
YUCAIPA AMERICAN ALLIANCE FD II, LP	MANAGEMENT FEES EQUAL TO 1.25% OF INVESTED CAPITAL	
26-2119907		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUDSON ADVISORS LLC	72	654889
(d) The property and TINI (address) of accuracy of indivent accuracy at indivent	(a) Describe the indiverse	
(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.	
LONE STAR REAL ESTATE FUND III U.S.	OTHER INVESTMENT MANAGEMENT SERVICES	
46-2967172		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TENNENBAUM CAPITAL PARTNERS, LLC	52	570368
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
TCP DIRECT LENDING FUND VIII-T, LLC	MANAGEMENT FEES EQUAL TO 1.0% OF INVESTED CAPITAL; 0.50% ON DRAWN LEVERAGE	
82-3634990		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
EIG CREDIT MANAGEMENT COMPANY	52	539929
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
EIG GLOBAL PRIVATE DEBT FUND-A (UL)	MANAGEMENT FEES EQUAL TO 1.00% OF INVESTED CAPITAL	
47-5423520		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WP GLOBAL PARTNERS LLC	52	515625
(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.	
COREALPHA PEP FUND V LP	MANAGEMENT FEES EQUAL TO 0.75% OF COMMITTED CAPITAL	
81-1502312		

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Part I	Service Provider	Information ((continued))
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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. (c) Enter amount of indirect (a) Enter service provider name as it appears on line 2 (b) Service Codes (see instructions) compensation LONE STAR GLOBAL ACQUISITIONS, LTD. 485000 (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. LONE STAR FUND XI U.S. L.P. MANAGEMENT FEES EQUAL TO 1.30% OF COMMITTED CAPITAL 98-1441228 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation LAZARD FRERES & CO. LLC 61 383268 (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. WINDJAMMER SENIOR EQUITY FUND V, LP PARTNERSHIP EXPENSES 82-3184124 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation

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

(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.

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GOLDPOINT PARTNERS SELECT MGR III

GOLDPOINT PARTNERS, LLC

MANAGEMENT FEES EQUAL TO 0.45% OF COMMITTED CAPITAL

98-1230148

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK INVESTMENT MGMT, LLC	52	336958
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
VESEY STREET FUND IV ERISA, L.P.	MANAGEMENT FEES EQUA CAPITAL	AL TO 0.75% OF INVESTED
87-0811953		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LANDMARK EQUITY ADVISORS LLC	52	331503
(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.	
LANDMARK EQUITY PARTNERS XIV, LP	MANAGEMENT FEES EQUAL TO 1.00% OF COMMITTED CAPITAL	
90-0409803		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AUDAX MANAGEMENT COMPANY, LLC	52	321267
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
AUDAX PRIVATE EQUITY FUND VI-A, L.P	MANAGEMENT FEES EQUAL TO 2.00% OF COMMITTED CAPITAL	
35-2632233		

Part I	Service Provider	Information ((continued
ıaıtı	DEIVICE I IUVIUEI	IIIIOI III auoii i	i Gorrinia C t

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WP GLOBAL PARTNERS LLC	52	288446
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
COREALPHA PEP CO-INVESTMENT FUND IV	MANAGEMENT FEES EQUA CAPITAL	AL TO 1.00% OF COMMITTED
32-0415500		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WP GLOBAL PARTNERS LLC	52	270875
(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.	
COREALPHA PEP FUND IV LP	MANAGEMENT FEES EQUAL TO 0.75% OF COMMITTED CAPITAL	
32-0415484		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
WP GLOBAL PARTNERS INC	52	258821
(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.	
COREALPHA PEP II LP	MANAGEMENT FEES EQUAL TO 0.60% OF INVESTED CAPITAL	
30-0428518		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HAMILTON LANE ADVISORS, LLC	52	252911
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
HAMILTON LANE CAPITAL OPPORTUNITIES	MANAGEMENT FEES EQUA CAPITAL	•
74-3218646		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GOLDPOINT PARTNERS, LLC	52	231507
(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.	
NYLCAP SELECT MANAGER FUND II LP	MANAGEMENT FEES EQUA CAPITAL	AL TO 0.45% OF COMMITTED
45-1620735 -		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	52	207868
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
JP MORGAN VENTURE CAPITAL V FUND		AL TO 0.90% OF COMMITTED
46-5262063		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GOLDPOINT PARTNERS, LLC	52	193343
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
GOLDPOINT PARTNERS SELECT MGR IV LP	MANAGEMENT FEES EQUA CAPITAL	L TO 0.50% OF COMMITTED
82-3609877		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OMI MGMT US LTD PARTNERSHIP	52	187026
(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.	
ONEX PARTNERS V LP	MANAGEMENT FEES EQUA CAPITAL	L TO 1.60% OF COMMITTED
98-1361467		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUDSON ADVISORS LLC	72	174847
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
LONE STAR RESIDENTIAL MORT FD I LP	OTHER INVESTMENT MANA	GEMENT SERVICES
35-2514997		

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Part I **Service Provider Information (continued)**

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MCMORGAN & COMPANY LLC	72	170731
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
MACKAY SHIELDS LLC	OTHER INVESTMENT MANA	GEMENT SERVICES
13-5582869		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INSURANCE CO.	52	155654
(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.	
PREDS	MANAGEMENT FEES	
22-1211670 		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	52	127405
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
JP MORGAN VENTURE CAPITAL IV FUND	MANAGEMENT FEES EQUA CAPITAL	L TO 0.90% OF COMMITTED
22-3980385		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LANDMARK EQUITY ADVISORS LLC	52	125867
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility ne indirect compensation.
LANDMARK EQUITY PARTNERS XIII, LP	MANAGEMENT FEES EQUAI VALUE	TO 1.00% OF REPORTED
20-3616351		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARBOURVEST PARTNERS LP	52	100000
(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.	
DOVER STREET VII L.P.	MANAGEMENT FEES EQUAI CAPITAL COMMITMENTS	TO 0.10% OF ADJUSTED
74-3234906		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
CAMDEN ASSET MANAGEMENT, L.P.	68	87185
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility ne indirect compensation.
JP MORGAN SECURITIES LLC	SOFT DOLLAR COMMISSION	NS
13-4110995		

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Part I	Service Provider	Information ((continued))

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WP GLOBAL PARTNERS LLC	52	86957
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
HC INNOVATIVE PARTNERS LP	MANAGEMENT FEES EQUA CAPITAL	L TO 1.00% OF COMMITTED
83-2245167		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
S & A HORN LIMITED	53	83915
(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.	
CHUBB GROUP OF INSURANCE COMPANIES	ESTIMATED INSURANCE C	OMMISSIONS FOR YEAR 2018
13-1963496		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUDSON ADVISORS LLC	72	76986
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any at the service provider's eligibility the indirect compensation.
LONE STAR FUND XI U.S. L.P.	OTHER INVESTMENT MANA	AGEMENT SERVICES
98-1441228 		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISORS INC	68	62571
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
CREDIT SUISSE	SOFT DOLLAR COMMISSIO	DNS
13-1898818		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE UNION LABOR LIFE INSURANCE COMP	72	54575
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
SEPARATE ACCOUNT J	LOAN SERVICING FEES	
13-1423090		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLS CAPITAL MANAGEMENT INC	68	51353
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
BNY CONVERGEX 1633 BROADWAY 48TH FLOOR NEW YORK, NY 10019	SOFT DOLLAR COMMISSIO	DNS

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Part I	Service Provider	Information ((continued)	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLS CAPITAL MANAGEMENT INC	68	47804
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
JEFFERIES & CO INC	SOFT DOLLAR COMMISSIO	NS
95-2622900		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISORS INC	68	47789
(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.	
MORGAN STANLEY & CO INC	SOFT DOLLAR COMMISSIO	NS
36-3145972		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISORS INC	68	42825
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
JP MORGAN SECURITIES	SOFT DOLLAR COMMISSION	NS
13-4110995		

(a) Enter service provider harne as it appears on line 2	(see instructions)	compensation
INVESCO ADVISORS INC	68	42278
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
BANK OF AMERICA MERRILL LYNCH	SOFT DOLLAR COMMISSIO	· · · · · · · · · · · · · · · · · · ·
13-2740599		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GROSVENOR CAPITAL MANAGEMENT, L.P.	52	38750
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility
GROSVENOR OPP MULTI-CREDIT FUND, LP		the indirect compensation. AL TO 0.60% OF NET ASSET
36-4904741		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CAMDEN ASSET MANAGEMENT, L.P.	68	31901
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
RBC CAPITAL MARKETS LLC	SOFT DOLLAR COMMISSIO	NS
41-1416330		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
S & A HORN LIMITED	53	29940
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
NATIONAL UNION AIG	ESTIMATED INSURANCE C	OMMISSIONS FOR YEAR 2018
13-2592361		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
REDDY ICE CORPORATION	72	29647
(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.	
CENTERBRIDGE CAPITAL PARTNERS II	TRANSACTION FEES	
27-3060225		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISORS INC	68	29218
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
HSBC SECURITIES USA INC	SOFT DOLLAR COMMISSIO	NS
13-2650272		

06-0732738

	Part I	Service Provider Information (continued)
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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. (c) Enter amount of indirect (a) Enter service provider name as it appears on line 2 (b) Service Codes (see instructions) compensation **INVESCO ADVISORS INC** 68 26171 (e) Describe the indirect compensation, including any (d) Enter name and EIN (address) of source of indirect compensation formula used to determine the service provider's eligibility for or the amount of the indirect compensation. **UBS SECURITIES LLC** SOFT DOLLAR COMMISSIONS 13-3873456 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation **INVESCO ADVISORS INC** 68 24467 (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. MACQUARIE CAPITAL (USA) INC SOFT DOLLAR COMMISSIONS 98-0141094 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation S & A HORN LIMITED 53 22110 (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. HARTFORD FINANCIAL PRODUCTS ESTIMATED INSURANCE COMMISSIONS FOR YEAR 2018

(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
68	21385
formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
SOFT DOLLAR COMMISSIO	NS
(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
72	20736
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OTHER INVESTMENT MANAGEMENT SERVICES	
(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
68	20433
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SOFT DOLLAR COMMISSIONS	
	(e) Describe the indirect of formula used to determine for or the amount of the soft of th

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THEODORE LIFTMAN INSURANCE, INC	53	18703
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
ARGONAUT INSURANCE COMPANY 101 HUDSON STREET JERSEY CITY, NJ 07302	ESTIMATED INSURANCE COMMISSIONS FOR YEAR 2018	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THEODORE LIFTMAN INSURANCE, INC	53	15817
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
AXIS INSURANCE COMPANY 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036	ESTIMATED INSURANCE COMMISSIONS FOR YEAR 2018	
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect
WELLS CAPITAL MANAGEMENT INC	(see instructions) 68	compensation 14141
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
JP MORGAN CLEARING CORP	SOFT DOLLAR COMMISSIONS	
13-3604093		

(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
53	13181
formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
ESTIMATED INSURANCE COMMISSIONS FOR YEAR 2018	
(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
68	12577
formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
SOFT DOLLAR COMMISSIONS	
(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
68	12231
formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
SOFT DOLLAR COMMISSIONS	
	(e) Describe the indirect formula used to determine for or the amount of ESTIMATED INSURANCE Codes (see instructions) (b) Service Codes (see instructions) 68 (e) Describe the indirect formula used to determine for or the amount of SOFT DOLLAR COMMISSICE (see instructions) 68 (e) Describe the indirect formula used to determine for or the amount of the amount o

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLS CAPITAL MANAGEMENT INC	68	11613
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
INSTINET CORP	SOFT DOLLAR COMMISSIONS	
12-0596491		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISORS INC	68	11556
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
GOLDMAN SACHS & CO.	SOFT DOLLAR COMMISSIONS	
13-5108880		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISORS INC	68	11302
(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.	
SOCIETE GENERALE INVESTMENT CORP	SOFT DOLLAR COMMISSIONS	
52-1128875		

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Part I	Service Provider Information (continued)
. If you rep	orted on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduc
or provide	es contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the follow

iary ving 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	
S & A HORN LIMITED	53	11250	
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.	
ARCH INSURANCE COMPANY	ESTIMATED INSURANCE C	OMMISSIONS FOR YEAR 2018	
43-0990710			
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation	
S & A HORN LIMITED	53	11217	
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.	
ULLICO INSURANCE GROUP	ESTIMATED INSURANCE COMMISSIONS FOR YEAR 2018		
13-2988846			
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation	
CRESCENT CAPITAL GROUP LP	52	10680	
(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.		
CRESCENT MEZZANINE PARTNERS VIB, LP	MANAGEMENT FEES EQUA CAPITAL	MANAGEMENT FEES EQUAL TO 1.250% OF INVESTED CAPITAL	
80-0790681			

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TA ASSOCIATES SDF IV CAYMAN GP, LP	52	10022
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
TA SDF IV UK AIV, LP	MANAGEMENT FEES EQUA CAPITAL	AL TO 1.00% OF INVESTED
98-1338739		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISORS INC	68	9683
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
RBC CAPITAL MARKETS	SOFT DOLLAR COMMISSIONS	
41-1416330		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLS CAPITAL MANAGEMENT INC	68	8990
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
SANFORD BERNSTEIN & CO, LLC	SOFT DOLLAR COMMISSIONS	
13-4064930		
	1	

(a) Enter service provider name as it appears on line 2	(see instructions)	compensation
INVESCO ADVISORS INC	68	8857
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
ITG INC	for or the amount of the indirect compensation. SOFT DOLLAR COMMISSIONS	
95-4339369		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISORS INC	68	8724
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
CITIGROUP GBL MKTS INC	SOFT DOLLAR COMMISSIONS	
11-2418191		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISORS INC	68	8670
(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.	
CLSA	SOFT DOLLAR COMMISSIO	NS
46-0882815		

BARCLAYS CAPITAL INC

06-1031656

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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) E	nter service provider name as it appears on line 2	(b) Service Codes (see instructions)	compensation
NVESCO ADVISORS INC		68	8205
(d) Enter na	me and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
EXANE, INC	SUITE 15 640 5TH AVENUE NEW YORK, NY 10019	SOFT DOLLAR COMMISSIO	NS
(a) E	nter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
NVESCO ADVISORS INC		68	7385
(d) Enter na	me and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
BERENBERG BANK		SOFT DOLLAR COMMISSIO	NS
27-4425934			
(a) E	nter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NVESCO ADVISORS INC		68	7381
(d) Enter na	me and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.

SOFT DOLLAR COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MAUSER PACKAGING SOLUTIONS	72	6098
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
CENTERBRIDGE CAPITAL PARTNERS III	MONITORING FEES	
61-1742348		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THEODORE LIFTMAN INSURANCE, INC	53	5950
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
CONTINENTAL CASUALTY COMPANY 53 STATE STREET BOSTON, MA 02019	ESTIMATED INSURANCE C	OMMISSIONS FOR YEAR 2018
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect
(a) 2.1161 co.1166 provides 11amo do 11 appealo 611 1116 2	(see instructions)	compensation
INVESCO ADVISORS INC	68	3872
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
SCOTIA CAPITAL	SOFT DOLLAR COMMISSIO	INS
13-5239583		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLINGTON MANAGEMENT COMPANY LLC	68	3732
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine t	I compensation, including any the service provider's eligibility be indirect compensation.
STIFEL NICOLAUS	SOFT DOLLAR COMMISSION	IS
43-0538770		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLS CAPITAL MANAGEMENT INC	68	3536
(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.	
INVESTMENT TECHNOLOGY GROUP	SOFT DOLLAR COMMISSION	IS
95-4339369		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISORS INC	68	3490
(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.	
NOMURA SECURITIES	SOFT DOLLAR COMMISSION	S
13-2642206		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLS CAPITAL MANAGEMENT INC	68	3179
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
BANK OF AMERICA MERRILL LYNCH	SOFT DOLLAR COMMISSIO	DNS
13-2740599		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISORS INC	68	2924
(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.	
BMO CAPITAL MARKETS	SOFT DOLLAR COMMISSIONS	
13-3459853		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLINGTON MANAGEMENT COMPANY LLC	68	2887
(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.	
MORGAN STANLEY & CO INC	SOFT DOLLAR COMMISSIONS	
36-3145972 		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISORS INC	68	2828
(d) Enter name and EIN (address) of source of indirect compensation		ompensation, including any the service provider's eligibility the indirect compensation.
DAIWA SECURITIES	SOFT DOLLAR COMMISSION	IS
13-5680329		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLINGTON MANAGEMENT COMPANY LLC	68	2494
(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.	
JP MORGAN SECURITIES LLC	SOFT DOLLAR COMMISSIONS	
13-4110995		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLINGTON MANAGEMENT COMPANY LLC	68	2362
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	ompensation, including any the service provider's eligibility the indirect compensation.
JEFFERIES & CO INC	SOFT DOLLAR COMMISSION	S
95-2622900		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISORS INC	68	2334
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
TD SECURITIES	SOFT DOLLAR COMMISSIO	INS
58-1495511		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLINGTON MANAGEMENT COMPANY LLC	68	2333
(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.	
GOLDMAN SACHS & CO.	SOFT DOLLAR COMMISSIONS	
13-5108880		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLINGTON MANAGEMENT COMPANY LLC	68	2198
(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.	
UBS SECURITIES LLC	SOFT DOLLAR COMMISSIO	NS
13-3873456		

(a) Enter service	e provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLINGTON MANAGEMENT COMPA	NY LLC	68	2080
(d) Enter name and Ell	N (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
SANFORD BERNSTEIN & CO, LLC		SOFT DOLLAR COMMISSIO	DNS
13-4064930			
(a) Enter service	e provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLINGTON MANAGEMENT COMPA	NY LLC	68	2053
(d) Enter name and Ell	N (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.	
RBC CAPITAL MARKETS LLC		SOFT DOLLAR COMMISSIONS	
41-1416330			
(a) Enter service	e provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISORS INC		68	2051
(d) Enter name and EII	N (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
CORMARK SECURITIES	SUITE 2800 ROYAL BANK PLAZA SOUTH TOWER TORONTO, CANADA A6 M5J 2J2 CA	SOFT DOLLAR COMMISSIO	DNS

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(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLINGTON MANAGEMENT COMPANY LLC	68	2035
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
CREDIT SUISSE	SOFT DOLLAR COMMISSIO	INS
13-1898818		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLINGTON MANAGEMENT COMPANY LLC	68	1925
40-	()	
(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.	
SUNTRUST CAPITAL MARKETS INC	SOFT DOLLAR COMMISSIONS	
62-0871146		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISORS INC	68	1872
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect	compensation, including any
	formula used to determine	e the service provider's eligibility the indirect compensation.
CIBC WORLD MARKETS	SOFT DOLLAR COMMISSIO	DNS
13-2798343		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISORS INC	68	1821
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
ABG SUNDAL COLLIER INC 850 THIRD AVENUE NEW YORK, NY 10022	SOFT DOLLAR COMMISSIO	DNS
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLINGTON MANAGEMENT COMPANY LLC	68	1716
(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.	
BTIG LLC	SOFT DOLLAR COMMISSIONS	
04-3695739		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLINGTON MANAGEMENT COMPANY LLC	68	1631
(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.	
WEEDEN & CO	SOFT DOLLAR COMMISSIONS	
13-3364318		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLINGTON MANAGEMENT COMPANY LLC	68	1548
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
LIQUIDNET	SOFT DOLLAR COMMISSIO	NS
13-4095933		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLINGTON MANAGEMENT COMPANY LLC	68	1355
(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.	
BAIRD, ROBERT W & CO INC	SOFT DOLLAR COMMISSIONS	
39-6037917		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLINGTON MANAGEMENT COMPANY LLC	68	1315
(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.	
BARCLAYS CAPITAL INC	SOFT DOLLAR COMMISSIO	NS
06-1031656		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISORS INC	68	1279
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
BANCO ITAU	SOFT DOLLAR COMMISSIO	NS
13-4197122		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLINGTON MANAGEMENT COMPANY LLC	68	1213
(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.	
BMO CAPITAL MARKETS	SOFT DOLLAR COMMISSIONS	
13-3459853		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
WELLINGTON MANAGEMENT COMPANY LLC	68	1202
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
CITIGROUP GBL MKTS INC	SOFT DOLLAR COMMISSIO	NS
11-2418191		
		-

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLINGTON MANAGEMENT COMPANY LLC	68	1087
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
BANK OF AMERICA MERRILL LYNCH	SOFT DOLLAR COMMISSIO	DNS
13-2740599		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISORS INC	68	1080
	(1) 5	
(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.	
KEPLER CAPITAL MARKETS 600 LEXINGTON AVENUE NEW YORK, NY 10022	SOFT DOLLAR COMMISSIO	DNS
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLINGTON MANAGEMENT COMPANY LLC	68	1021
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
COWEN AND COMPANY LLC 599 LEXINGTON AVE 20TH FLOOR NEW YORK, NY 10022	SOFT DOLLAR COMMISSIO	DNS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISORS INC	68	1015
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
JEFFERIES & CO INC	SOFT DOLLAR COMMISSIO	DNS
95-2622900		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISORS INC	68	1008
40.5	(2)	
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
DNB NOR 58TH FLOOR 1 CHASE MANHATTAN PLAZA NEW YORK, NY 10005	SOFT DOLLAR COMMISSIO	DNS
		(4)
(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	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.

Part II Service Providers Who Fail or Refuse to	Provide Infor	mation
		er who failed or refused to provide the information necessary to complete
(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
DELL MARKETING L.P.	49 50	THIS SERVICE PROVIDER DID NOT PROVIDE INFORMATION ON INDIRECT COMPENSATION, IF ANY
74-2616805		
(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	(b) Nature of	(c) Describe the information that the service provider failed or refused to
instructions)	Service Code(s)	provide
	(1-)	
(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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)			
_	Nome	(complete as many entries as needed)	b EIN:
<u>a</u>	Name:		D EIN:
d	Position Address		e Telephone:
u	Addres	55.	e reiepriorie.
Ex	planation	າ:	
а	Name:		b EIN:
С	Positio		
d	Addres		e Telephone:
			·
Ex	planation	n:	
а	Name:		b EIN:
С	Positio		
d	Addres	SS:	e Telephone:
	planation	2.	
LX	φιαιταιτοι	i.	
а	Name:		b EIN:
C	Positio		U LIIV.
d	Addres		e Telephone:
-	, taarot		• receptions.
Ex	planation	n:	
а	Name:		b EIN:
С	Positio	n:	
d	Addres	SS:	e Telephone:
Ex	planation	n:	