

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1510-0110
1510-0089**2019****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2019 or fiscal plan year beginning **01/01/2019** and ending **12/31/2019**


- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ☒ ☐ special extension (enter description) _____
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program

Part II Basic Plan Information - enter all requested information

1a Name of plan INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 04/01/1967
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BO BOARD OF TRUSTEES 7234 PARKWAY DRIVE HANOVER MD 21076-1307	2b Employer Identification Number (EIN) 52-6073909 2c Plan Sponsor's telephone number 410-564-5500 2d Business code (see instructions) 238300

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

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

SIGN HERE		10/12/20	KENNETH E. RIGMAIDEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

Form **5558**

(Rev. September 2018)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time
To File Certain Employee Plan Returns**

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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

OMB No. 1545-0212

File With IRS Only**Part I Identification****A** Name of filer, plan administrator, or plan sponsor (see instructions)
**INTL PAINTERS & ALLIED TRADES IND.
PENSION FUND- BOARD OF TRUSTEES**

Number, street, and room or suite no. (If a P.O. box, see instructions)

7234 PARKWAY DRIVE

City or town, state, and ZIP code

HANOVER, MD 21076-1307**B** Filer's identifying number (see instructions)

Employer identification number (EIN) (9 digits XX-XXXXXXX)

52-6073909

Social security number (SSN) (9 digits XXX-XX-XXXX)

C Plan namePlan
number

Plan year ending -

MM

DD

YYYY

INTERNATIONAL PAINTERS AND ALLIED TRADES INDU**001****12****31****2019****Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA**

- 1**
- ☐
- Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.

- 2**
- I request an extension of time until
- 10/15/2020**
- to file Form 5500 series. See instructions.

Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.

- 3**
- I request an extension of time until
- 10/15/2020**
- to file Form 8955-SSA. See instructions.

Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.**Part III Extension of Time To File Form 5330 (see instructions)**

- 4**
- I request an extension of time until _____ to file Form 5330.

You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

- a**
- Enter the Code section(s) imposing the tax
- ▶ a**

- b**
- Enter the payment amount attached
- ▶ b**

- c**
- For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date
- ▶ c**

- 5**
- State in detail why you need the extension:

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶

Date ▶

Form **5558** (Rev. 9-2018)

3a Plan administrator's name and address ☒ Same as Plan Sponsor**3b** Administrator's EIN**3c** Administrator's telephone number**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:**a** Sponsor's name**c** Plan Name**4b** EIN**4d** PN**5** Total number of participants at the beginning of the plan year**5** 91690**6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).**a(1)** Total number of active participants at the beginning of the plan year**a(2)** Total number of active participants at the end of the plan year**b** Retired or separated participants receiving benefits**c** Other retired or separated participants entitled to future benefits**d** Subtotal. Add lines 6a(2), 6b, and 6c**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**f** Total. Add lines 6d and 6e**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested**7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7** 3945**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:**1B****b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:**4L****9a** Plan funding arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning **01/01/2019** and ending **12/31/2019**

A Name of plan INTERNATIONAL PAINTERS AND ALLIED TRADES	B Three-digit plan number (PN) ► 001
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C Plan sponsor's name as shown on line 2a of Form 5500 INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BO	D Employer Identification Number (EIN) 52-6073909
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Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE & ANNUITY CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	M01123		01/01/2019	12/31/2019

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			1

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 2518637

5 Current value of plan's interest under this contract in separate accounts at year end **5**

6 Contracts With Allocated Funds:

a State the basis of premium rates ►

b Premiums paid to carrier

6b

c Premiums due but unpaid at the end of the year

6c

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount

6d

Specify nature of costs ►

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ►

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

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

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

b Balance at the end of the previous year **7b** 2722803

c Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 79998
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**

(6) Total additions **7c(6)** 79998

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 2802801

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 251616
(2) Administration charge made by carrier **7e(2)** 32548
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**

(5) Total deductions **7e(5)** 284164

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 2518637

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No
- 12** If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning **01/01/2019** and ending **12/31/2019**

A Name of plan INTERNATIONAL PAINTERS AND ALLIED TRADES	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BO	D Employer Identification Number (EIN) 52-6073909

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE CO. OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	GA-9400		01/01/2019	12/31/2019

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 15666517**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ►**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount **6d**

Specify nature of costs ►

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ►**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ►**b** Balance at the end of the previous year **7b** 15112390**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 623042(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**

►

(6) Total additions **7c(6)** 623042**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 15735432**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 32645(2) Administration charge made by carrier **7e(2)** 36270(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**

►

(5) Total deductions **7e(5)** 68915**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 15666517

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	
	Specify nature of costs.		

Part IV Provision of Information

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? Yes ☐ No ☒
- 12** If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2019</div> This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning **01/01/2019** and ending **12/31/2019**

A Name of plan INTERNATIONAL PAINTERS AND ALLIED TRADES	B Three-digit plan number (PN) ► 001 <div style="background-color: #cccccc; height: 20px; width: 100%; margin-top: 5px;"></div>
C Plan sponsor's name as shown on line 2a of Form 5500 INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BO	D Employer Identification Number (EIN) 52-6073909

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA-02013		01/01/2019	12/31/2019

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	17622

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ULLICO INVESTMENT COMPANY
8403 COLESVILLE ROAD ,13TH FLOOR
SILVER SPRING MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	17622		3

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

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

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

Schedule A (Form 5500) 2019
v. 190130

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	24762277

6 Contracts With Allocated Funds:**a** State the basis of premium rates ►**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**6d**

Specify nature of costs ►

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ►**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ►**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below)

7c(5)

(6) Total additions

7c(6)

0

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below)

7e(4)

(5) Total deductions

7e(5)

0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)**a** ☐ Health (other than dental or vision)**b** ☐ Dental**c** ☐ Vision**d** ☐ Life insurance**e** ☐ Temporary disability (accident and sickness)**f** ☐ Long-term disability**g** ☐ Supplemental unemployment**h** ☐ Prescription drug**i** ☐ Stop loss (large deductible)**j** ☐ HMO contract**k** ☐ PPO contract**l** ☐ Indemnity contract**m** ☐ Other (specify) **9** Experience-rated contracts:**a** Premiums: (1) Amount received

(2) Increase (decrease) in amount due but unpaid

(3) Increase (decrease) in unearned premium reserve

(4) Earned ((1) + (2) - (3))

9a(1)**9a(2)****9a(3)****9a(4)****b** Benefit charges (1) Claims paid

(2) Increase (decrease) in claim reserves

(3) Incurred claims (add (1) and (2))

(4) Claims charged

9b(1)**9b(2)****9b(3)****9b(4)****c** Remainder of premium: (1) Retention charges (on an accrual basis) --

(A) Commissions

(B) Administrative service or other fees

(C) Other specific acquisition costs

(D) Other expenses

(E) Taxes

(F) Charges for risks or other contingencies

(G) Other retention charges

(H) Total retention

9c(1)(A)**9c(1)(B)****9c(1)(C)****9c(1)(D)****9c(1)(E)****9c(1)(F)****9c(1)(G)****9c(1)(H)**(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)**9c(2)****d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement

(2) Claim reserves

(3) Other reserves

9d(1)**9d(2)****9d(3)****e** Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)**9e****10** Nonexperience-rated contracts:**a** Total premiums or subscription charges paid to carrier**10a****b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount**10b**

Specify nature of costs.

Part IV Provision of Information**11** Did the insurance company fail to provide any information necessary to complete Schedule A?

Yes

☒ No**12** If the answer to line 11 is "Yes," specify the information not provided.

SCHEDULE 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 <div style="border: 1px solid black; padding: 5px; text-align: center;"> 2019 </div> This Form is Open to Public Inspection.
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan INTERNATIONAL PAINTERS AND ALLIED TRADES	B Three-digit plan number (PN) ► 001	
C Plan sponsor's name as shown on line 2a of Form 5500 INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BO	D Employer Identification Number (EIN) 52-6073909	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
JMB INSURANCE AGENCY INC 36-2711359

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRUDENTIAL RETIREMENT & ANNUITY INS 06-1050034

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BUILD FUND OF AMERICA (AMERISERV) 25-1689052

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BRIDGEWATER ASSOCIATES LP 27-1437501

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

THE BANK OF NEW YORK MELLON

13-2614959

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

ENTRUST PARTNERS OFFSHORE LP

90-0644478

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

SEI TRUST COMPANY

06-1271230

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

GMO GLOBAL ASSET ALLOCATION FUND

04-3319886

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

NORTHERN TRUST COMPANY OF CONNECTICUT

06-6275604

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

NORTHERN TRUST INVESTMENTS INC.

36-3608252

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

PIMCO

33-0629048

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

WHITEBOX ADVISORS LLC

41-1957584

**SCHEDULE C
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Service Provider Information**This schedule is required to be filed under section 104 of the
Employee Retirement Income Security Act of 1974 (ERISA).► **File as an attachment to Form 5500.**

OMB No. 1210-0110

2019**This Form is Open to
Public Inspection.**For calendar plan year 2019 or fiscal plan year beginning **01/01/2019** and ending **12/31/2019****A** Name of plan**INTERNATIONAL PAINTERS AND ALLIED TRADES****B** Three-digit
plan number (PN) ►**001****C** Plan sponsor's name as shown on line 2a of Form 5500**INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BO****D** Employer Identification Number (EIN)**52-6073909****Part I Service Provider Information (see instructions)**

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

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PRUDENTIAL RETIREMENT & ANNUITY INS 06-1050034

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BUILD FUND OF AMERICA (AMERISERV) 25-1689052

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

BRIDGEWATER ASSOCIATES LP 27-1437501

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

Schedule C (Form 5500) 2019

v. 190130

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THE BANK OF NEW YORK MELLON

13-2614959

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36-3608252

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

PIMCO

33-0629048

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

WHITEBOX ADVISORS LLC

41-1957584

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 <div style="border: 1px solid black; padding: 5px; text-align: center;"> 2019 </div> This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning	01/01/2019	and ending	12/31/2019
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A Name of plan INTERNATIONAL PAINTERS AND ALLIED TRADES	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BO	D Employer Identification Number (EIN) 52-6073909

Part I Service Provider Information (see instructions)

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PERRY CORP	13-3486979

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
STANDARD PACIFIC CAPITAL, LLC	94-3222769

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MARSHALL WACE LLP	98-0430284

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
OBERWEIS ASSET MANAGEMENT INC	36-3668290

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

PARK SQUARE CAPITAL LLP
5 STRATTON STREET, 7TH FLR
LONDON

GB

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

PASSPORT CAPITAL LLC

94-3368567

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

SIGULER GUFF ADVISERS LLC

13-3855629

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

WESTPORT CAPITAL PARTNERS LLC

20-3834766

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

ERECT FUND I

25-1689052

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

GRANTHAM, MAYO & VAN WATERLOO & CO

04-2691242

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

LIBREMAX CAPITAL LLC

27-2436175

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

LIGHTHOUSE INVESTMENT PARTNERS LLC

20-3528185

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 <div style="border: 1px solid black; padding: 5px; text-align: center;"> 2019 </div> This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning **01/01/2019** and ending **12/31/2019**

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C Plan sponsor's name as shown on line 2a of Form 5500 INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BO	D Employer Identification Number (EIN) 52-6073909

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ALYESKA INVESTMENT GROUP 26-1919051

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ALLIANZ GLOBAL INVESTORS US LLC 01-0645160

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERISERV TRUST AND FINANCIAL SERVI 25-1689052

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ARTISAN PARTNERS LIMITED PARTNERSHI 39-1807188

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

BOSTON PARTNERS GLOBAL INVESTORS 98-0202744

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

CRITERION CAPITAL MANAGEMENT LLC 27-0008048

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

GROSVENOR CAPITAL MANAGEMENT LP 36-3795985

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

HEXAVEST INC. 27-4751991

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

HPS INVESTMENT PARTNERS 30-0931099

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

OAK HILL ADVISORS LP 13-4077194

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

VOYA ALTERNATIVE ASSET MANAGMENT LL 13-3863170

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

TRICADIA CAPITAL MANAGEMENT LLC 20-2605420

**SCHEDULE C
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Service Provider Information**This schedule is required to be filed under section 104 of the
Employee Retirement Income Security Act of 1974 (ERISA).► **File as an attachment to Form 5500.**

OMB No. 1210-0110

2019**This Form is Open to
Public Inspection.**For calendar plan year 2019 or fiscal plan year beginning **01/01/2019** and ending **12/31/2019****A** Name of plan
INTERNATIONAL PAINTERS AND ALLIED TRADES**B** Three-digit
plan number (PN) ► **001****C** Plan sponsor's name as shown on line 2a of Form 5500
INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BO**D** Employer Identification Number (EIN)
52-6073909**Part I Service Provider Information (see instructions)**

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation**AUTONOMY CAPITAL**
90 PARK AVE, 31ST FLR
NEW YORK NY 10016**(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation****RENAISSANCE TECHNOLOGIES LLC 26-0385758****(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation****RCP F1 GP, LP 47-3075554****(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation****SYMPHONY ASSET MANAGEMENT LLC 94-3252504**

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

Schedule C (Form 5500) 2019
v. 190130

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

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

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

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

SEE STATEMENT 1

BEACHPOINT CAPITAL MANAGEMENT LP

80-0242162

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5099084.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

INTL UNION OF PAINTERS & ALLIED TRA

35-0198600

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	RELATED ORGANIZATION	1455674.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JENNINGS SIGMOND P.C.

23-2025670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	1332291.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(a) Enter name and EIN or address (see instructions) **SEE STATEMENT 1**

NEUBERGER BERMAN LLC **13-5521910**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	1262938.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BNY MELLON INVESTMENT MGT LTD
P.O. BOX 309 UGLAND HOUSE
GEORGE TOWN **KY**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	1052325.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WALTER SCOTT & PARTNERS LTD **98-0465834**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 52 68	NONE	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	1010232.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEE STATEMENT 1

CANYON PARTNERS LLC

95-4665514

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 52 72	NONE	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	811139.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PNC BANK, NATIONAL ASSOCIATION

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 52 72	NONE	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	692452.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

VITECH SYSTEMS GROUP INC

13-3785492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	676995.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEE STATEMENT 1

NATIONAL INVESTMENT SERVICES INC 80-0169636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	664613.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLACKROCK INSTITUTIONAL TRUST COMPA 94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	627893.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROTHSCHILD ASSET MANAGEMENT 13-2544634

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 71	NONE	626218.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(a) Enter name and EIN or address (see instructions) **SEE STATEMENT 1**

CRESCENT MEZZANINE PARTNERS **80-0790681**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 27	NONE	374167.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	216232.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NORTHERN TRUST CORPORATION **36-2723087**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 51 33	NONE	443313.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	42093.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NOVAK FRANCELLE LLC **61-1436956**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	485111.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEE STATEMENT 1

MAKURIA INVESTMENT MANAGEMENT LLP**30 CHARLES II STREET****LONDON****SWIY 4AE****GB**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 52	NONE	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	469809.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ULLICO**13-1423090**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	465984.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PNC REALTY INVESTORS INC**22-1146430**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 52 72	NONE	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	455798.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

(a) Enter name and EIN or address (see instructions) **SEE STATEMENT 1**

ROBECO INVESTMENT MANAGEMENT INC **98-0202744**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	396471.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MONDRIAN INVESTMENT GROUP U.S. INC. **56-2475915**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	387043.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEPC LLC **26-1429809**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	377435.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(a) Enter name and EIN or address (see instructions) **SEE STATEMENT 1**

KAYNE ANDERSON CAPITAL ADVISORS LP **95-4486379**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51 28	NONE	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	351418.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ASB CAPITAL MANAGEMENT **80-0618452**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	347354.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THOMA BRAVO LLC **26-1416963**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	293251.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(a) Enter name and EIN or address (see instructions) **SEE STATEMENT 1**

DAVIDSON KEMPNER CAPITAL MGT LP **13-3863161**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 52 72	NONE	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	284378.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NORTH SKY CAPITAL LLC **20-2249684**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	270000.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TIMOTHY MAITLAND **52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	262138.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEE STATEMENT 1

THE MCKEOGH COMPANY

23-3003375

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	261547.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ASHMORE INVESTMENT ADVISORS LTD

61 ALDWYCH

LONDON

WC2B 4AE

GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 52	NONE	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	252666.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BROWN BROTHERS HARRIMAN & CO

13-4973745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 52	NONE	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	225448.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

(a) Enter name and EIN or address (see instructions) **SEE STATEMENT 1**

INVESCO TRUST COMPANY **46-3793325**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 71	NONE	216235.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CLINT BEAULIEU **52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	196153.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARTWELL INVESTMENT PARTNERS LP **23-2891243**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	194665.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEE STATEMENT 1

WELLINGTON TRUST

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	191818.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CRESCENT CAPITAL GROUP LP

27-2698206

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	190746.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	185764.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(a) Enter name and EIN or address (see instructions) **SEE STATEMENT 1**

PRUDENTIAL INSURANCE CO OF AMER **22-1211670**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 52	NONE	177650.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLUE BAY LLP **98-1028247**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 52	NONE	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	175418.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PARAMETRIC PORTFOLIO ASSOCIATES LLC **20-0292745**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	173764.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(a) Enter name and EIN or address (see instructions) **SEE STATEMENT 1**

JAMES RAY **52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	167235.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PAINTING INDUSTRY INSURANCE FD DC9 **13-5600369**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	162756.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALINDA CAPITAL PARTNERS LLC **20-3103500**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	162658.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEE STATEMENT 1

JULIET GRAY

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	143976.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARSHALL & MOSS LLP

04-3652965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	NONE	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	140887.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NAPIER PARK GLOBAL CAPITAL LP

80-0857707

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 52	NONE	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	140493.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEE STATEMENT 1

CHRISTENSEN JAMES & MARTIN

88-0330040

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	130504.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

N'DIA WILLIAMS

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	126069.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NICKETT BOATWRIGHT

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	123914.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEE STATEMENT 1

BRENDA QUEST

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	121223.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALCENTRA US

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	118504.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MICHAEL O'MALLEY

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	118138.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEE STATEMENT 1

GOSAYE KIDANEMARIAM

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	106872.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHRISTINA EMMEL

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	105379.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARJI SMITH

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	104222.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(a) Enter name and EIN or address (see instructions) **SEE STATEMENT 1**

FOLOTOTO AIOLUPOTEA **52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	101363.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JAMES BOGART **52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	98441.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FRANK M. VACCARO & ASSOCIATES INC **23-3013555**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	95831.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEE STATEMENT 1**EVENZIER NANALIG, JR****52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	94897.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LAUREN BROWN**52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	93582.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RONI HANKINS**52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	92394.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(a) Enter name and EIN or address (see instructions) **SEE STATEMENT 1**

LAURIE HAND **52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	91703.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ERIC OLEAN **52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	91465.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LINDQUIST LLP **52-2385296**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	90482.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEE STATEMENT 1

AMIE MCELROY

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	89666.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MICHELE ABABNEH

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	88905.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JENNIFER ANN RUHLING

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	88619.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEE STATEMENT 1

VANESSA HENDERSON

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	87908.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FARRAH NICHOLES

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	86988.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KELLY PRESS INC

52-0975591

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
38 50	NONE	84806.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(a) Enter name and EIN or address (see instructions) **SEE STATEMENT 1**

ANDREW HARDING **52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	84339.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GIOVANNY LARA **52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	83044.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JACQUELINE COURTIEN **52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	79393.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(a) Enter name and EIN or address (see instructions) **SEE STATEMENT 1**

LUZ RODRIGUEZ **52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	78321.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JARSO FEYISA **52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	70786.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GENARA MATEO **52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	66218.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEE STATEMENT 1**CRYSTAL HAAS****52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	65666.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCOTT ROBERIE**52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	64575.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SHARICE SMITH**52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	62860.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEE STATEMENT 1

JENNIFER ROLLINS

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	61566.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SIGULER GUFF ADVISERS LLC

13-3855629

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 72	NONE	61112.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

DANIEL SACO

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	60156.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEE STATEMENT 1

EBONY DOZIER

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	59368.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRANDI SCHMIDT

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	58309.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEIZERT CAPITAL PARTNERS

38-3553488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	57976.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(a) Enter name and EIN or address (see instructions) **SEE STATEMENT 1**

MICHELLE HUDSON **52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	57799.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRUDENTIAL RETIREMENT & ANNUITY INS **06-1050034**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	53735.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RENEE MARTIN **52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	53249.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(a) Enter name and EIN or address (see instructions) **SEE STATEMENT 1**

MADDIN HAUSER ROTH & HELLER PC **38-3024220**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	53029.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE CROWLEY COMPANY
5111 PEGASUS COURT, STE M
FREDERICK MD 21704

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	52960.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BERRY & CO. CPAS **88-0400174**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	51859.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(a) Enter name and EIN or address (see instructions) **SEE STATEMENT 1**

SIERRA INVESTMENT PARTNERS INC **68-0370668**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	51204.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SO CAL PAINTING & DRYWALL IN **95-1731374**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	51186.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JERRY SHIPP JR. **52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	50246.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(a) Enter name and EIN or address (see instructions) **SEE STATEMENT 1**
PORTFOLIO EVALUATIONS INC **22-3189064**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	50000.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)
LSV ASSET MANAGEMENT **23-2772200**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	46614.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)
RAVEN CLAY **52-6073909**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	45977.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEE STATEMENT 1

ROXANN MUNDO

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	45806.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOSHLYN EGGLESTON

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	45313.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

XEROX CORPORATION

16-0468020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	41784.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEE STATEMENT 1

SHANICE CASH

52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38173.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

IUPAT DISTRICT COUNCIL NO 21 WELFAR 91-2036994

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	35132.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RUBINBROWN LLP

43-0765316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	33695.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEE STATEMENT 1

WASHINGTON CAPITAL MANAGEMENT INC 91-1042342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	32396.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KAYLA MOSBY 52-6073909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28508.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DATABANK IMX 25-1921937

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	27802.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(a) Enter name and EIN or address (see instructions) **SEE STATEMENT 1**

ROTHNER, SEGALL & GREENSTONE **95-4364982**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	25191.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PAINTING INDUSTRY INSURANCE FD DC6 **34-0695505**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	24900.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ADP PAYROLL SERVICES **22-1467904**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	15261.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEE STATEMENT 1

MCGRANN SHEA FRANZEN CARNIVAL

41-1654544

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	14185.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WOHLNER KAPLON PHILLIPS YOUNG & CUT

95-4177931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	14104.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CENTRAL DATA SERVICES INC

25-1352803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	12000.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(a) Enter name and EIN or address (see instructions) **SEE STATEMENT 1**

CAVANAGH & O'HARA LLP **37-1259635**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	11403.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MOORE RENNER & SIMONIN PC **37-1207139**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	11189.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PACIFIC SOUTHWEST ADMINISTRATORS **46-4942970**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	10939.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEE STATEMENT 1**WILSON-MCSHANE CORPORATION****41-0956552**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	10775.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMERICAN ARBITRATION ASSOCIATION

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	10614.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ADLER POLLOCK & GREENSTONE**05-0343749**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	10300.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEE STATEMENT 1

NORTHWESTERN OHIO ADMINISTRATORS IN 34-1337680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	10074.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

E&Y CAYMAN

98-0677326

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 72	NONE	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	10051.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

IRON MOUNTAIN

23-2588479

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9435.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEE STATEMENT 1

FAULKNER HOFMMAN & PHILLIPS LLC

45-1540483

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	7417.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ZENITH AMERICAN SOLUTIONS INC

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6896.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PROXY VOTE PLUS

20-0509976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	5400.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(a) Enter name and EIN or address (see instructions) **SEE STATEMENT 1**
BLAKE & UHLIG, PA **48-0918231**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5255.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MARSHALL & MOSS LLP	10 49 99	140887.
(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.	
PAINTING INDUSTRY INSURANCE 13-5600369	PAYROLL COMPLIANCE & REVIEW FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NORTHERN TRUST CORPORATION	19	42093.
(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.	
BNY MELLON INVESTMENT MGT LT PO BOX 309 UGLAND HOUSE GEORGE TOWN KY	CUSTODIAL FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, NATIONAL ASSOCIATION	24 52 72	692452.
(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.	
AFL CIO BUILDING INV TRUST 52-6328901	TRUSTEE FEES	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC REALTY INVESTORS INC	28 52 72	455798.
(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.	
AFL-CIO BUILDING INV TRUST 52-6328901	INVESTMENT MANAGEMENT FEES AND REIMBURSED EXPENSES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WALTER SCOTT & PARTNERS LTD	28 52	1010232.
(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.	
BNY MELLON INVESTMENT MGT LT PO BOX 309 UGLAND HOUSE GEORGE TOWN KY	INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
KAYNE ANDERSON CAPITAL ADVISORS LP	28 52	351418.
(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.	
KAYNE ANDERSON ENERGY FUND V 38-3865939	INVESTMENT MANAGEMENT FEES	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CRESCENT MEZZANINE PARTNERS	27 52	121317.
(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 80-0790681	INVESTMENT MANAGEMENT FEES	
CRESCENT MEZZANINE PARTNERS	27 52	94915.
(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 47-3358654	INVESTMENT MANAGEMENT FEES	
BROWN BROTHERS HARRIMAN & CO	28 52	225448.
(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.
NEUBERGER BERMAN EMERGING 46-3003478	INVESTMENT MANAGEMENT FEES	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
E&Y CAYMAN	10 70	10051.
(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.	
NEUBERGER BERMAN EMERGING 46-3003478	ACCOUNTING AND OTHER INVESTMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLUE BAY LLP	28 52	175418.
(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.	
BLUE BAY EMERGING MARKETS SE BUCKINHAM SQ, 2ND FLR, WEST BAY RD GRAND CAYMAN KY	INVESTMENT MANAGER FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CANYON PARTNERS LLC	28 52 72	811139.
(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.	
CANYON VALUE REALIZATION LTD 89 NEXUS WAY, CAMANA BAY GRAND CAYMAN KY	INVESTMENT MANAGEMENT AND INCENTIVE FEES	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BEACHPOINT CAPITAL MANAGMENT LP	28 52	1561997.
(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.	
BEACH POINT IPA -OC LP 83-0629557	INVESTMENT MANAGEMNT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BEACHPOINT CAPITAL MANAGMENT LP	28 52	417797.
(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.	
BEACH POINT IPA -DI LP 83-0617106	INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DAVIDSON KEMPNER CAPITAL MGT LP	28 52 72	284378.
(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.	
DAVIDSON KEMPNER INTERNATIONAL 171 MAIN ST TORTOLA VG1110 VG	INVESTMENT MANAGEMENT AND INCENTIVE FEES	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MAKURIA INVESTMENT MANAGEMENT LLP	28 52	469809.
(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.	
MAKURIA CREDIT FUND LTD UGLAND HOUSE GRAND CAYMAN KY1-1104 KY	INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BEACHPOINT CAPITAL MANAGMENT LP	28 52	3119290.
(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.	
BPC OPPORTUNITIES FUND III L 81-3835814	INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NAPIER PARK GLOBAL CAPITAL LP	28 52	140493.
(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.	
NAPIER PARK MULTI-ASSET FUND SOUTH CHURCH STREET GRAND CAYMAN KY1-1104 KY	INVESTMENT MANAGEMENT	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ASHMORE INVESTMENT ADVISORS LTD	28 52	252666.

(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.
ASHMORE EM BLENDED DEBT FUND 32-0467552	INVESTMENT MANAGEMENT

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

**SCHEDULE D
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration**DFE/Participating Plan Information**

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

► File as an attachment to Form 5500.

OMB No. 1210-0110

2019**This Form is Open to
Public Inspection.**For calendar plan year 2019 or fiscal plan year beginning **01/01/2019** and ending **12/31/2019**

A Name of plan INTERNATIONAL PAINTERS AND ALLIED TRADES	B Three-digit plan number (PN) ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BO	D Employer Identification Number (EIN) 52-6073909

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: ADAMS STREET PSHP FD 2009 NON US EM		
b Name of sponsor of entity listed in (a): ADAMS STREET PARTNERS LLC		
c EIN-PN 26-3338182 001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3468224.
a Name of MTIA, CCT, PSA, or 103-12 IE: ADAMS STREET PTNRSHF FD 2009 US FD		
b Name of sponsor of entity listed in (a): ADAMS STREET PARTNERS LLC		
c EIN-PN 26-3337918 001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11930465.
a Name of MTIA, CCT, PSA, or 103-12 IE: ADAMS STREET PSHP FD 2009 NON US DE		
b Name of sponsor of entity listed in (a): ADAMS STREET PARTNERS LLC		
c EIN-PN 26-3338089 001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5720819.
a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST		
b Name of sponsor of entity listed in (a): PNC BANK, NATIONAL ASSOC. AS TRUSTEE		
c EIN-PN 52-6328901 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78870530.
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW ULTRA I CONSTRUCTION LOAN		
b Name of sponsor of entity listed in (a): AMALGAMATED BANK		
c EIN-PN 20-8434730 006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10869382.
a Name of MTIA, CCT, PSA, or 103-12 IE: BUILD FUND OF AMERICA TRUST		
b Name of sponsor of entity listed in (a): AMERISERV TRUST & FINANCIAL SERVICES COMPANY		
c EIN-PN 25-1689052 008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 968131.
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND		
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY		
c EIN-PN 52-6257033 006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39615702.

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

Schedule D (Form 5500) 2019
v. 190130

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT TERM INVSTMT FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS		
c EIN-PN 45-6138589 084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 196808925.
a Name of MTIA, CCT, PSA, or 103-12 IE: THE ULLICO SEPARATE ACCOUNT J		
b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE CO		
c EIN-PN 13-1423090 203	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24762277.
a Name of MTIA, CCT, PSA, or 103-12 IE: BRIDGEWATER ALL WEATHER PORTFOL II		
b Name of sponsor of entity listed in (a): BRIDGEWATER ALL WEATHER PORTFOLIO II, LTD		
c EIN-PN 98-0633473 001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0.
a Name of MTIA, CCT, PSA, or 103-12 IE: ARTISAN MULTIPLE INVESTMENT TRUST		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 26-3653822 021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 289430895.
a Name of MTIA, CCT, PSA, or 103-12 IE: WALTER SCOTT & PTRS LTD GRP GLOBAL		
b Name of sponsor of entity listed in (a): WALTER SCOTT & PARTNERS LIMITED		
c EIN-PN 76-6192146 003	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 213773320.
a Name of MTIA, CCT, PSA, or 103-12 IE: ALLIANZGI MULTI-SERIES COLLECTIVE		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 45-2869040 049	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0.
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF OPPORTUNISTIC INVEST ALLOCA		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY		
c EIN-PN 04-2767481 076	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0.
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPLOYEE REAL ESTATE CONST TRUST FD		
b Name of sponsor of entity listed in (a): AMERISERV TRUST & FINANCIAL SERVICES COMPANY		
c EIN-PN 25-1689052 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5596212.
a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY		
c EIN-PN 27-3350609 010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 279614909.

a Name of MTIA, CCT, PSA, or 103-12 IE: NIS CORE FIXED INCOME FUND LLC			
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES INC			
c EIN-PN 20-0005644 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	113203825.
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS HIGH YIELD FUND LLC			
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES INC			
c EIN-PN 39-2021943 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7567159.
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS PREFERRED STOCK FUND II LLC			
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES INC			
c EIN-PN 16-1626084 002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10354459.
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS TOTAL ABSOLUTE RETURN FUND LLC			
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES INC			
c EIN-PN 45-4783986 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11888042.
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GLOBAL TARGETED RETURNS			
b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY			
c EIN-PN 20-2583973 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0.
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT			
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS			
c EIN-PN 90-0622302 001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16947913.
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL MARKET NEUTRAL FUND			
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.			
c EIN-PN 42-1599620 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	103512000.
a Name of MTIA, CCT, PSA, or 103-12 IE: NHIT DYNAMIC FIXED INCOME TRUST			
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY LLC			
c EIN-PN 20-8080381 023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0.
a Name of MTIA, CCT, PSA, or 103-12 IE: SEGALL BRYANT AND HAMILL COLLECTIVE			
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY			
c EIN-PN 81-0835598 090	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	42040268.

a Name of MTIA, CCT, PSA, or 103-12 IE: **BLUE ROCK CAPITAL FUND LP**

b Name of sponsor of entity listed in (a): **BLUE ROCK ADVISORS LLC**

c EIN-PN 37-1797550 002	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	109293254.
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WASHINGTON CAPITL JOINT MASTER TRUS**

b Name of sponsor of entity listed in (a): **WASHINGTON CAPITAL MANAGEMENT INC**

c EIN-PN 91-1163419 001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15690208.
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a Name of MTIA, CCT, PSA, or 103-12 IE: **CRESCENT CAPITAL TRUSTT II LEVERED**

b Name of sponsor of entity listed in (a): **GLOBAL TRUST COMPANY**

c EIN-PN 26-6471303 005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9804170.
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan INTERNATIONAL PAINTERS AND ALLIED TRADES	B Three-digit plan number (PN) ► 001 D Employer Identification Number (EIN) 52-6073909
C Plan sponsor's name as shown on line 2a of Form 5500 INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BO	

Part I Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.		
Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 1315847	175792
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 49449914	59294476
(2) Participant contributions	1b(2)	
(3) Other SEE STATEMENT 2	1b(3) 139916206	118145740
c General investments:		
(1) Interest-bearing cash (incl. money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2) 34048217	46129266
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B) 43928777	85163208
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B) 181325053	131070073
(5) Partnership/joint venture interests	1c(5) 1014012409	1148526224
(6) Real estate (other than employer real property)	1c(6) 154454632	157362659
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9) 990332392	1200144609
(10) Value of interest in pooled separate accounts	1c(10) 23806968	24762277
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12) 227495029	376824203
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 163283259	91609499
(14) Value of funds held in insurance co. general account (unallocated contracts)	1c(14) 17835193	18185154
(15) Other SEE STATEMENT 3	1c(15) 246121495	306462768

		(a) Beginning of Year	(b) End of Year
1 d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	148462 84578
f	Total assets (add all amounts in lines 1a through 1e)	1f	3287473853 3763940526
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	2252351 2765027
i	Acquisition indebtedness	1i	
j	Other liabilities SEE STATEMENT 4	1j	99859466 150735871
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	102111817 153500898
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3185362036 3610439628

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	367029734
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers) SEE STATEMENT 5	2a(1)(C)	4525446
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	371555180
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4475967
	(B) U.S. Government securities	2b(1)(B)	1023790
	(C) Corporate debt instruments	2b(1)(C)	3374883
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	15825773
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	24700413
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	2125968
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2377718
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	4503686
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3019670102
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2975498356
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	44171746
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-1799288
	(B) Other	2b(5)(B)	166177377
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	164378089

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	166983120
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	1118648
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	54446261
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	18953646
c Other income SEE STATEMENT 6	2c	602050
d Total income. Add all income amounts in column (b) and enter total	2d	851412839

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	401539948
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	401539948
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses: (1) Professional fees	2i(1)	3128168
(2) Contract administrator fees	2i(2)	
(3) Investment advisory and management fees	2i(3)	11861435
(4) Other SEE STATEMENT 7	2i(4)	9805696
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	24795299
j Total expenses. Add all expense amounts in column (b) and enter total	2j	426335247

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	425077592
l Transfers of assets:		
(1) To this plan	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):
(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:
(1) Name: **NOVAK FRANCELLE LLC** (2) EIN: **61-1436956**

d The opinion of an independent qualified public accountant is **not attached** because:
(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

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

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X		1355331419
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)				
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)		
5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined				
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4243653 . (See instr.)				

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form Is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>		

- ▶ **Round off amounts to nearest dollar.**
- ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">B Three-digit plan number (PN)</td> <td style="width: 40%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN)	001
B Three-digit plan number (PN)	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INTL PAINTERS & ALLIED TRADES IND. PENSION FUND BOARD OF TRUSTEES	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN)</td> <td style="text-align: center;">52-6073909</td> </tr> </table>	D Employer Identification Number (EIN)	52-6073909
D Employer Identification Number (EIN)	52-6073909		

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 1 Day 1 Year 2019

b Assets

(1) Current value of assets	1b(1)	3,185,362,036
(2) Actuarial value of assets for funding standard account	1b(2)	3,414,777,098
c (1) Accrued liability for plan using immediate gain methods	1c(1)	5,497,065,501
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	5,497,065,501
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	9,871,456,489
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	264,211,366
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	
(3) Expected plan disbursements for the plan year	1d(3)	436,105,592

Statement by Enrolled Actuary

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

SIGN HERE	Amanda J. Notaristefano <i>ajn</i> <div style="text-align: right; margin-top: -20px;">Signature of actuary</div>	9/29/2020 <div style="text-align: right; margin-top: -20px;">Date</div>
	Amanda J. Notaristefano, FSA <div style="text-align: right; margin-top: -20px;">Type or print name of actuary</div>	20-07352 <div style="text-align: right; margin-top: -20px;">Most recent enrollment number</div>
	The McKeogh Company <div style="text-align: right; margin-top: -20px;">Firm name</div>	(484) 530-0692 <div style="text-align: right; margin-top: -20px;">Telephone number (including area code)</div>
	Four Tower Bridge - Suite 225 <div style="text-align: right; margin-top: -20px;">Address of the firm</div>	
	West Conshohocken PA 19428-2977 <div style="text-align: right; margin-top: -20px;">Address of the firm</div>	

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

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

Schedule MB (Form 5500) 2019
v. 190130

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	3,185,362,036
b "RPA '94" current liability/participant count breakdown:		
(1) Number of participants	(2) Current liability	
(1) For retired participants and beneficiaries receiving payment	30,187	5,164,029,161
(2) For terminated vested participants	18,598	1,646,052,337
(3) For active participants:		
(a) Non-vested benefits		395,219,188
(b) Vested benefits		2,666,155,803
(c) Total active	38,341	3,061,374,991
(4) Total	87,126	9,871,456,489
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	32.27 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2019	30,962,931		07/15/2019	30,962,932	
02/15/2019	30,962,931		08/15/2019	30,962,932	
03/15/2019	30,962,931		09/15/2019	30,962,932	
04/15/2019	30,962,931		10/15/2019	30,962,932	
05/15/2019	30,962,932		11/15/2019	30,962,932	
06/15/2019	30,962,932		12/15/2019	30,962,932	
Totals ▶			3(b)	371,555,180	3(c) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	62.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	S
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

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

- a** ☐ Attained age normal
 b ☐ Entry age normal
 c ☒ Accrued benefit (unit credit)
 d ☐ Aggregate
e ☐ Frozen initial liability
 f ☐ Individual level premium
 g ☐ Individual aggregate
 h ☐ Shortfall
i ☐ Other (specify):

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.06 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1) A	A
(2) Females	6c(2) AF	AF
d Valuation liability interest rate	6d 7.50 %	7.50 %
e Expense loading	6e 12.4 % <input type="checkbox"/> N/A	% <input checked="" type="checkbox"/> N/A
f Salary scale	6f 4.50 % <input type="checkbox"/> N/A	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	4.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-3.5 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	125,194,439	13,193,425

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	107,511,280
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	2,611,463,539
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	33,390,498
e Total charges. Add lines 9a through 9d.....	9e	478,597,142

Credits to funding standard account:

f	Prior year credit balance, if any	9f	304,216,092
g	Employer contributions. Total from column (b) of line 3	9g	371,555,180
		Outstanding balance	
h	Amortization credits as of valuation date	9h	224,959,044
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	31,229,192
			38,923,203
j	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL)	9j(1)	2,927,688,150
(2)	"RPA '94" override (90% current liability FFL)	9j(2)	5,784,060,926
(3)	FFL credit	9j(3)	0
k	(1) Waived funding deficiency	9k(1)	0
	(2) Other credits	9k(2)	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	745,923,667
m	Credit balance: If line 9l is greater than line 9e, enter the difference	9m	267,326,525
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9 o Current year's accumulated reconciliation account:

(1)	Due to waived funding deficiency accumulated prior to the 2019 plan year	9o(1)	0
(2)	Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a)	Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b)	Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3)	Total as of valuation date	9o(3)	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

International Painters and Allied Trades Industry Pension Fund
EIN: 52-6073909 - Plan Number: 001

List of Attachments to the 2019 Schedule MB

- A. Schedule MB, Line 3 – Contributions Made to Plan and Withdrawal Liability Amounts
- B. Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status
- C. Schedule MB, Line 4c – Documentation Regarding Progress Under Funding Improvement Plan
- D. Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods
- E. Schedule MB, Line 6 – Summary of Plan Provisions
- F. Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments
- G. Schedule MB, Line 8b(2) – Schedule of Active Participant Data
- H. Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases
- I. Schedule MB, Line 11– Justification for Change in Actuarial Assumptions

International Painters and Allied Trades Industry Pension Fund
EIN: 52-6073909 - Plan Number: 001

Attachment A to 2019 Schedule MB of Form 5500
Schedule MB, Line 3 – Contributions Made to Plan and
Withdrawal Liability Amounts

Withdrawal liability and non-withdrawal liability contributions are both made on a regular basis and, for purposes of Line 3 on the Schedule MB, are assumed to have been made in equal installments on the 15th of each month during the Plan Year.

For the 2019 Plan Year, withdrawal liability contributions equaled \$4,525,446 and non-withdrawal liability contributions equaled \$367,029,734, for a total contribution of \$371,555,180.

A list of withdrawal liability payments made during the 2019 Plan Year is as follows.

<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>
1/7/2019	\$ 4,397	7/30/2019	\$ 666
1/10/2019	666	8/1/2019	23,530
1/30/2019	5,000	8/5/2019	2,331
2/14/2019	445	8/22/2019	3,828
2/21/2019	1,333	8/29/2019	3,360
2/26/2019	3,360	9/6/2019	25,192
3/13/2019	223	10/4/2019	1,665
3/15/2019	7,656	10/7/2019	4,026
3/28/2019	3,360	10/11/2019	3,828
4/4/2019	666	10/16/2019	3,909,504
4/29/2019	3,360	10/18/2019	47,193
5/13/2019	39,341	10/21/2019	666
5/15/2019	1,665	10/25/2019	5,025
6/3/2019	5,025	11/8/2019	23,530
6/19/2019	118,316	11/14/2019	666
6/21/2019	3,828	11/20/2019	90,000
6/26/2019	3,360	11/25/2019	11,071
7/10/2019	1,665	12/6/2019	1,665
7/16/2019	859	12/9/2019	3,360
7/17/2019	23,530	12/20/2019	1,665
7/19/2019	3,828	12/24/2019	55,000
7/24/2019	76,293	n/a	(504)

International Painters and Allied Trades Industry Pension Fund
EIN: 52-6073909 / Plan Number: 001

Attachment C to 2019 Schedule MB of Form 5500

Schedule MB, Line 4c – Documentation Regarding Progress Under Funding Improvement Plan

The International Painters and Allied Trades Industry Pension Fund was certified to be in Seriously Endangered status (i.e., it is in the Orange Zone) for the Plan Year beginning January 1, 2019 and ending December 31, 2019 for purposes of Section 305 of ERISA and Section 432 of the Internal Revenue Code.

The Plan's funding improvement period began on January 1, 2012 and will end on December 31, 2026. The Trustees have adopted and implemented a Funding Improvement Plan with schedules that reduced benefits or increased contributions.

In the plan year in which the Schedule MB is filed (1/1/2020 – 12/31/2020), the plan's actuary certified that the Plan was in Seriously Endangered Status (i.e., it is in the Orange Zone) and that it was not making the scheduled progress under its funding improvement plan.

International Painters and Allied Trades Industry Pension Fund
EIN: 52-6073909 / Plan Number: 001

Attachment F to 2019 Schedule MB of Form 5500
Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

<u>Plan Year</u>	<u>Expected Annual Benefit Payments</u>
2019	\$ 422,805,592
2020	429,699,344
2021	436,376,100
2022	442,974,321
2023	450,001,980
2024	453,028,395
2025	457,271,104
2026	460,729,260
2027	462,115,162
2028	462,006,640

Note: The projected benefits shown assume (1) no additional accruals, (2) no future experience gains or losses, and (3) no new entrants.

ACTUARIAL CERTIFICATION OF PLAN STATUS UNDER IRC SECTION 432

To:	The Secretary of the Treasury	The Plan Sponsor
	Internal Revenue Service Employee Plans Compliance Unit Group 7602 (SE:TEGE:EP) Room 1700 – 17 th Floor 230 S. Dearborn Street Chicago, IL 60604	Board of Trustees IUPAT Industry Pension Plan 7234 Parkway Drive Hanover, MD 21076 410-564-5500
 Plan		
Identification:	Plan Name:	International Painters & Allied Trades Industry Pension Plan
	EIN/PN:	52-6073909/001
	Plan Sponsor:	See Above
	Certification for Plan Year:	January 1, 2019 – December 31, 2019
Information on Plan Status:	The Plan is in seriously endangered status for the Plan Year referenced above. The Plan is projected to be in critical status within the five succeeding plan years. The Plan is not projected to be in critical and declining status within the five succeeding plan years.	
 Enrolled Actuary Identification:		
	Name:	Amanda J. Notaristefano, F.S.A.
	Address:	The McKeogh Company Four Tower Bridge, Suite 225 200 Barr Harbor Drive West Conshohocken, PA 19428
	Telephone Number:	484-530-0692
	Enrollment Identification Number:	17-7352

I hereby certify that, to the best of my knowledge, the information provided in this certification is complete and accurate.

This certification is intended to comply with the requirements of IRC Section 432(b)(3) and proposed regulation §1.432(b)-1(d).

International Painters and Allied Trades Industry Pension Fund
EIN: 52-6073909 - Plan Number: 001

Attachment B to 2019 Schedule MB of Form 5500
Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status

Actuarial Certification for the 2019 Plan Year

Attached is the actuarial certification of the status of the International Painters and Allied Trades Industry Pension Fund under IRC Section 432 for the Plan Year beginning January 1, 2019.



The McKeogh Company

March 29, 2019

VIA US MAIL

Board of Trustees,
IUPAT Industry Pension Plan
7234 Parkway Drive
Hanover, MD 21076

VIA OVERNIGHT MAIL

The Secretary of the Treasury
c/o Internal Revenue Service
Employee Plans Compliance Unit
Group 7602 (SE:TEGE:EP)
Room 1700 – 17th Floor
230 S. Dearborn Street
Chicago, IL 60604

Dear Trustees and the Secretary of the Treasury:

ACTUARIAL CERTIFICATION FOR THE 2019 PLAN YEAR

Attached is the actuarial certification of the status of the International Painters & Allied Trades Industry Pension Plan under IRC Section 432 for the Plan Year beginning January 1, 2019 and ending December 31, 2019. This certification is intended to comply with the requirements of IRC Section 432(b)(3) and proposed regulation §1.432(b)-1(d).

Plan Status

The Plan is in seriously endangered status (i.e., the Orange Zone) for the Plan Year beginning January 1, 2019 and ending December 31, 2019 for purposes of Section 305 of ERISA and Section 432 of the Internal Revenue Code. The Plan is projected to be in critical status within the five succeeding plan years. The Plan is not projected to be in critical and declining status within the five succeeding plan years. Details of the certification tests are attached in a separate exhibit.

The Plan's funding improvement period began on January 1, 2012 and is scheduled to end on December 31, 2026. The Trustees have adopted and implemented a funding improvement plan with schedules that reduced benefits or increased contributions.

To meet its funding improvement plan benchmarks, the Plan must be projected to be at least 74.97% funded with a positive credit balance by the end of its funding improvement period. As of the date of this certification, the Plan is projected to be 72.81% funded with an accumulated funding deficiency as of the end of its funding improvement period. Therefore, the Plan is not making the scheduled progress in meeting the requirements of its funding improvement plan.

Because the Plan is in seriously endangered status, notification to the participants, beneficiaries, bargaining parties, PBGC and Secretary of Labor is required within 30 days of the date of this certification.



Funded Percentage

The funded percentage is measured by the actuarial value of assets divided by the present value of accrued benefits (determined using funding assumptions). The funded percentage as of January 1, 2019 for certification purposes is 62.4% ($= \$3,417,800,000 \div \$5,479,700,000$).

Projection of Credit Balance

The Funding Standard Account Credit Balance is a measure of compliance with ERISA's minimum funding standards. If contributions exceed the minimum required, the credit balance will tend to grow. The credit balance will be reduced when contributions are less than the minimum required (before taking into account the credit balance offset). However, short-term fluctuations are not indicative of long-term trends. Consequently, a projection of 15-20 years is more informative as to the long-term health of the plan.

The projection of the credit balance as shown on the attached exhibit shows that the credit balance is currently positive and is projected to become negative in the Plan Year Ending December 31, 2025.

Assumptions

The Plan's assets, liabilities, and funding standard account credit balance are projected forward from the January 1, 2018 valuation results for certification purposes based on the following:

- The January 1, 2019 market value of assets is approximately equal to \$3.196 billion based on unaudited financial information provided by the fund administrator. This value represents a return of -3.7% during the Plan Year Ending December 31, 2018.
- The benefit accrual rate is set to \$0 in the Plan Year beginning January 1, 2020 due to the negative asset return for the plan year that ended December 31, 2018. The benefit accrual is projected to return to current levels in 2021 and beyond.
- All valuation assumptions other than the 2018 investment return are met during the projection period. Specifically, Plan assets are assumed to return 7.5% per year (net of investment expenses) on a market value basis beginning January 1, 2019.
- Current differences between the market value of assets and the actuarial value of assets are phased in during the projection period in accordance with the regular operation of the asset valuation method.



The McKeogh Company

- The active population as a whole will have similar demographic characteristics from year to year and the active plan participant count is assumed to remain level.
- The contributions received during the Plan Year that ended December 31, 2018 were approximately equal to \$333 million based on unaudited financial information obtained from the fund administrator.
- There were approximately 65.0 million hours of covered employment reported during the Plan Year that ended December 31, 2018. Covered employment is assumed to be 65.0 million hours per year in 2019 and all future years.
- No increases in the employer contribution rates are projected to occur beyond the increases that were reflected in collective bargaining agreements as of September 30, 2018. The weighted average dollar per hour contribution rate of \$4.98 as of January 1, 2018 is expected to increase to \$5.20 as of January 1, 2020. This represents reasonably anticipated employer contributions for the current and succeeding Plan Years, assuming that the terms of the collective bargaining agreements pursuant to which this Plan is maintained for the current Plan Year continue in effect for succeeding Plan Years.
- The projected contributions resulting from covered employment are assumed to be \$331 million in 2019 and \$338 million in 2020 and all future years.
- Activity in the industry (including future covered employment and contribution levels) is based upon information provided by the plan sponsor.

The determination of whether the plan is in critical and declining status and the determination of whether the plan is projected to be in critical status within the succeeding 5 years were both based on the above assumptions. There were no additional contribution increases included.

This certification is for the Plan Year beginning January 1, 2019 and ending December 31, 2019 only. Actual future valuation results will differ from projected valuation results to the extent that future experience deviates from the assumptions described above.



The McKeogh Company

In my opinion, the projections are based on reasonable actuarial estimates, assumptions and methods that, except for the projected industry activity supplied by the plan sponsor, offer my best estimate of anticipated experience under the Plan.

Sincerely,

Amanda J. Notaristefano, F.S.A.
AJN:mjr

Enclosures

cc (w/enclosure): Richard B. Sigmond, Esquire – Fund Counsel (via email)
Kent Cprek, Esquire – Fund Counsel (via email)
Tim Maitland – Fund Administrator (via email)
Peter Novak, CPA – Fund Auditor (via email)
Kathleen Jackson, CPA – Fund Auditor (via email)

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ACTUARIAL CERTIFICATION OF PLAN STATUS UNDER IRC SECTION 432

To:	The Secretary of the Treasury	The Plan Sponsor
	Internal Revenue Service Employee Plans Compliance Unit Group 7602 (SE:TEGE:EP) Room 1700 – 17 th Floor 230 S. Dearborn Street Chicago, IL 60604	Board of Trustees IUPAT Industry Pension Plan 7234 Parkway Drive Hanover, MD 21076 410-564-5500
Plan Identification:	Plan Name:	International Painters & Allied Trades Industry Pension Plan
	EIN/PN:	52-6073909/001
	Plan Sponsor:	See Above
	Certification for Plan Year:	January 1, 2019 – December 31, 2019
Information on Plan Status:	The Plan is in seriously endangered status for the Plan Year referenced above. The Plan is projected to be in critical status within the five succeeding plan years. The Plan is not projected to be in critical and declining status within the five succeeding plan years.	
Enrolled Actuary Identification:	Name:	Amanda J. Notaristefano, F.S.A.
	Address:	The McKeogh Company Four Tower Bridge, Suite 225 200 Barr Harbor Drive West Conshohocken, PA 19428
	Telephone Number:	484-530-0692
	Enrollment Identification Number:	17-7352

I hereby certify that, to the best of my knowledge, the information provided in this certification is complete and accurate.

This certification is intended to comply with the requirements of IRC Section 432(b)(3) and proposed regulation §1.432(b)-1(d).

**International Painters & Allied Trades Industry
Pension Plan**

Certification Tests for the Plan Year Beginning in 2019

A. Critical Status (Red Zone) Tests

- FALSE 1. **6-Year Projection of Benefit Payments**
TRUE a. Funded percentage < 65%, and
FALSE b. Present value of 7 years of projected benefit payments and expenses greater than sum of market value of assets plus present value of 7 years of projected contributions
- FALSE 2. **Short Term Funding Deficiency (not taking automatic extensions into account)**
FALSE a. Funding deficiency for current year, or
FALSE b. FALSE (i) Funded percentage is > 65%, and
FALSE (ii) Projected funding deficiency in any of 3 succeeding plan years, or
FALSE c. TRUE (i) Funded percentage is <= 65%, and
FALSE (ii) Projected funding deficiency in any of 4 succeeding plan years
- FALSE 3. **Contributions less than Normal Cost Plus Interest**
FALSE a. Present value of current year expected contributions less than sum of unit credit normal cost plus interest on excess if any of unit credit accrued liability less actuarial value of assets, and
TRUE b. Present value of nonforfeitable benefits for inactive participants is greater than the present value of nonforfeitable benefits for active participants, and
FALSE c. Funding deficiency projected for current or any of 4 succeeding plan years (no extensions)
- FALSE 4. **4-Year Projection of Benefit Payments**
FALSE a. Present value of 5 years of projected benefit payments and expenses greater than sum of market value of assets plus present value of 5 years of expected contributions
- FALSE 5. **Failure to Meet (Regular) Emergence Criteria**
FALSE a. In Critical Status for immediately preceding year, and either (b) or (c)
TRUE b. Projected funding deficiency for current or any of 9 succeeding plan years (with any extensions)
FALSE c. Projected insolvency within 30 succeeding plan years
- FALSE 6. **Election to be in Critical Status**
TRUE a. Projected to be in Critical Status in any of 5 succeeding years, and
FALSE b. Plan sponsor elected Critical Status for current year?

FALSE

Plan in Critical Status (Red Zone - meets either (b) or (c) but not (a))?

- FALSE a. Pass Special Emergence Rule for a plan with an automatic extension of amortization periods?
FALSE (i) Plan has an automatic extension of amortization periods, and
FALSE (ii) Plan in Critical Status for immediately preceding plan year, and
FALSE (iii) No projected funding deficiency for current or any of 9 succeeding plan years (with any extensions), and
TRUE (iv) No projected insolvency within 30 succeeding plan years
- FALSE b. Pass reentry criteria for a plan that emerged from Critical Status using Special Emergence Rule (see (a) above)?
TRUE (i) Plan NOT in Critical Status for immediately preceding plan year, and
FALSE (ii) Used special emergence rule for plans w/ automatic extensions of amort periods, and either (iii) or (iv)
TRUE (iii) Projected funding deficiency for current or any of 9 succeeding plan years (with any extensions)
FALSE (iv) Projected insolvency within 30 succeeding plan years
- FALSE c. Pass regular Critical Status Tests?
TRUE (i) Fail special emergence rule for a plan with an automatic extension of amortization periods, and
TRUE (ii) Did not use special emergence rule for plans w/ automatic extensions of amort periods, and
FALSE (iii) Meets at least one of Tests #1 through #6, and
TRUE (iv) Not in Critical and Declining Status

FALSE

Plan in Critical and Declining Status (Red Zone - meets (a) and either (b) or (c) but not (d))?

- FALSE a. Meets at least one of Tests #1 through #4
- FALSE b. FALSE (i) Projected insolvency within current or any of 14 succeeding plan years, and
TRUE (ii) Ratio of inactive to active participants does not exceed 2 to 1 (<= 200%)
- FALSE c. FALSE (i) Projected insolvency within current or any of 19 succeeding plan years, and either (ii) or (iii)
FALSE (ii) Ratio of inactive to active participants exceeds 2 to 1 (> 200%)
TRUE (iii) Funded percentage < 80%
- FALSE d. Pass emergence test for a plan that suspended benefits while in Critical and Declining Status?
FALSE (i) Plan in Critical and Declining Status for immediately preceding plan year, and
FALSE (ii) Benefits suspended while in critical and Declining Status, and
TRUE (iii) Does not meet any of Tests #1 through #4, and
FALSE (iv) Funded percentage >= 80%, and
FALSE (v) No funding deficiency for current or any of the 6 succeeding plan years (with any extensions), and
TRUE (vi) No projected insolvency

International Painters & Allied Trades Industry
Pension Plan

Certification Tests for the Plan Year Beginning in 2019
(Continued)

B. Endangered Status (Yellow and Orange Zones) Tests

TRUE 1. Funded Percentage

- TRUE a. Funded percentage < 80%, and
- TRUE b. Not in Critical Status

TRUE 2. Projection of Funding Deficiency

- TRUE a. Funding deficiency for current or any of the 6 succeeding plan years (with any extensions), and
- TRUE b. Not in Critical Status

FALSE 3. Special Rule - Exemption from Endangered Status

- FALSE a. Not in Critical or Endangered (or Seriously Endangered) Status in preceding year, and
- FALSE b. As of the end of the plan year beginning in 2029:
 - FALSE (i) Funded percentage \geq 80%, and
 - FALSE (ii) No Funding deficiency for current or any of the 6 succeeding plan years (with any extensions)

FALSE

Plan in Endangered Status (Yellow Zone - meets *only* Test #1 or Test #2 but not Test #3)?

- FALSE a. Meets only Test #1 or Test #2, but not both
- FALSE b. Meets Special Rule exemption from Endangered Status

TRUE

Plan in Seriously Endangered Status (Orange Zone - meets *both* Tests #1 and #2 but not Test #3)?

- TRUE a. Meets both Tests #1 and #2
- FALSE b. Meets Special Rule exemption from Endangered Status

C. Neither Critical Status Nor Endangered Status (Green Zone) Tests

TRUE 1. Not in Critical Status

FALSE 2. Not in Seriously Endangered Status

TRUE 3. Not in Endangered Status

FALSE

Plan in neither Critical Status Nor Endangered Status (Green Zone - meets *all* tests 1-3)?

n/a

Plan did NOT need Special Rule Exemption to meet Green Zone criteria

FALSE

Plan would have been in Endangered Status without Special Rule Exemption
Green (Yellow) Zone - Green Zone with additional notice requirements

FALSE

Plan would have been in Seriously Endangered Status without Special Rule Exemption
Green (Orange) Zone - Green Zone with additional notice requirements

D. Projected Critical Status in any of 5 Succeeding Plan Years?

TRUE

Plan projected to be in Critical Status in any of 5 succeeding plan years

International Painters & Allied Trades Industry Pension Plan

Information Needed for the Certification Tests for the Plan Year Beginning in 2019

A. Projected Asset Information

1. Market Value of Assets	3,196,291,503
2. Actuarial Value of Assets	3,417,802,496
3. Present Value of Contributions for Current Plan Year	
a. During the Current Plan Year	320,309,791
b. During the Current Plan Year and each of the 4 Succeeding Plan Years	1,416,505,430
c. During the Current Plan Year and each of the 6 Succeeding Plan Years	1,856,467,999

B. Projected Liability Information

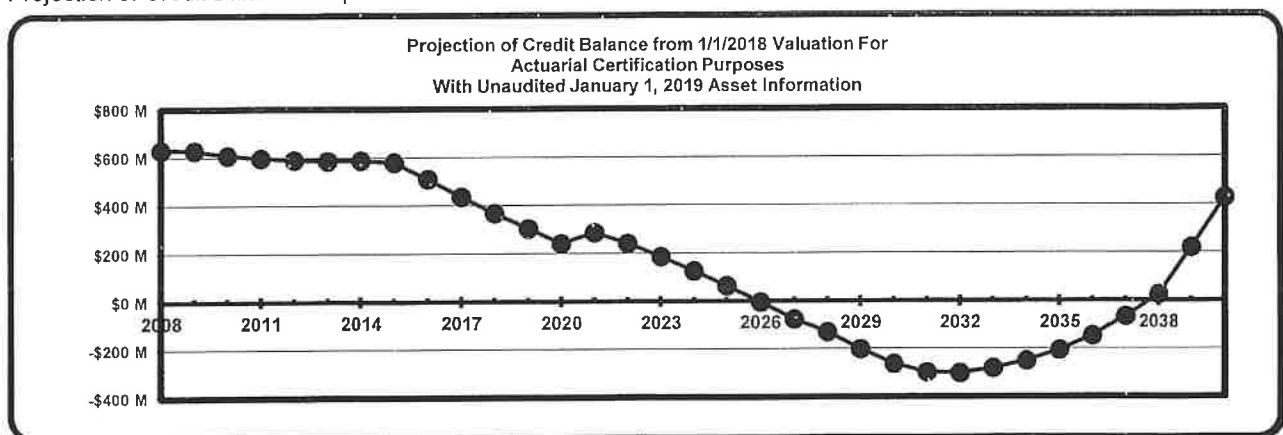
1. Unit Credit Accrued Liability	5,479,665,455
2. Unit Credit Normal Cost (without expenses)	82,321,673
3. Present Value of Vested Benefits	
a. Actives	1,264,447,632
b. Non-Actives	3,902,856,640
4. Present Value of All Non-Forfeitable Benefits Projected to be Paid	
a. During the Current Plan Year and each of the 4 Succeeding Plan Years	1,822,280,771
b. During the Current Plan Year and each of the 6 Succeeding Plan Years	2,421,425,585
5. Present Value of All Administrative Expenses Projected to be Paid	
a. During the Current Plan Year and each of the 4 Succeeding Plan Years	54,636,474
b. During the Current Plan Year and each of the 6 Succeeding Plan Years	73,944,292
6. Interest on excess if any of unit credit accrued liability less actuarial value of assets	154,639,722

C. Historical and Projected Status Information

1. In Critical and Declining Status for Immediately Preceding Year?	FALSE
2. In Critical Status for Immediately Preceding Year?	FALSE
3. In Endangered (or Seriously Endangered) Status for Immediately Preceding Year?	TRUE
4. In Critical Status in any of 5 Succeeding Years?	TRUE
5. Plan Sponsor Elected Critical Status for Current Year?	FALSE
6. Special Emergence Rule for Plans with Automatic Extension of Amortization Periods Used in Past?	FALSE
7. Benefits Suspended while in Critical and Declining Status?	FALSE
8. Plan has an Automatic Extension of Amortization Periods?	FALSE

D. Valuation Projections

1. Valuation Rate	7.50%
2. Funded Percentage	62.37%
3. Funded Percentage as of the end of the plan year beginning in 2029	78.65%
4. Ratio of inactive to active participants	130.02%
5. Years to Projected Funding Deficiency (0 means FD for current year)	
a. Including automatic extensions	6
b. Ignoring automatic extensions	6
c. As of the end of the plan year beginning in 2029 including extensions	0
6. Years to Plan Insolvency (0 means insolvent in current year)	Not by 2058
7. Projection of Credit Balance Graph:	



International Painters and Allied Trades Industry Pension Fund
EIN: 52-6073909 - Plan Number: 001

Attachment D to 2019 Schedule MB of Form 5500
Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods

Actuarial Cost Method

The Actuarial Cost Method for determining the Actuarial Accrued Liability and Normal Cost is the Unit Credit Cost Method and is the same method used in the prior valuation.

Asset Valuation Method

The Actuarial Value of Assets (AVA) is determined using an adjusted market value. Under this method, a preliminary AVA is determined as the market value of assets on the valuation date less a decreasing fraction ($4/5$, $3/5$, $2/5$, $1/5$) of the gain or loss in each of the preceding four years. The gain or loss for a given year is the difference between the actual investment return (on a market-to-market basis) and the assumed investment return based on the market value of assets at the beginning of the year and actual cash flow. The AVA is then the preliminary AVA subject to a minimum and maximum value equal to 20% below and 20% above market value, respectively.

The McKeogh Company

IUPAT Industry Pension Plan

International Painters and Allied Trades Industry Pension Fund
EIN: 52-6073909 - Plan Number: 001

Attachment D to 2019 Schedule MB of Form 5500
Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods
(Continued)

Interest Rate (Net of Investment Expenses)																																														
For RPA '94 Current Liability	3.06% per year																																													
For All Other Purposes	7.50% per year																																													
Salary Increase Rate	4.50% per year (applies to salaried Participants only)																																													
Administrative Expenses	3-year average of actual expenses with 4% inflation (rounded to the nearest \$100,000). The 2019 assumption is \$13,300,000 as of the beginning of the year.																																													
Mortality -- Healthy lives	115% of RPH-2014 Blue Collar with separate rates for annuitants and non-annuitants (headcount-weighted table). No projected mortality improvement.																																													
-- Disabled lives	RPH-2014 Disabled Retiree (headcount-weighted table). No projected mortality improvement.																																													
-- RPA '94 Current Liability	IRS prescribed static mortality table for 2019 valuation dates																																													
Mortality Improvement	No future mortality improvement after the valuation date was assumed																																													
Retirement Age for Active Participants	Retirement rate for participants aged 45 to 54 assumed to be 0.5 in the year when they first become eligible for early unreduced (between 58,500 and 60,000 Benefit Hours accumulated). All other eligible participants are assumed to retire in accordance with the rates shown:																																													
	<table><tr><th colspan="2"><u>Probability of Retirement</u></th><th colspan="2"><u>Probability of Retirement</u></th></tr><tr><th colspan="2"><u>Eligible for</u></th><th colspan="2"><u>Eligible for</u></th></tr><tr><th><u>Age</u></th><th><u>Unreduced</u></th><th><u>Age</u></th><th><u>All others</u></th></tr><tr><td>45 – 47</td><td>0.025</td><td>N/A</td><td>0.170</td></tr><tr><td>48 – 49</td><td>0.150</td><td>N/A</td><td>0.170</td></tr><tr><td>50 – 52</td><td>0.100</td><td>N/A</td><td>0.400</td></tr><tr><td>53 – 54</td><td>0.100</td><td>N/A</td><td>0.250</td></tr><tr><td>55</td><td>0.180</td><td>0.050</td><td>0.250</td></tr><tr><td>56</td><td>0.150</td><td>0.050</td><td>0.300</td></tr><tr><td>57 – 58</td><td>0.100</td><td>0.050</td><td>1.000</td></tr><tr><td>59</td><td>0.150</td><td>0.050</td><td>0.050</td></tr></table>	<u>Probability of Retirement</u>		<u>Probability of Retirement</u>		<u>Eligible for</u>		<u>Eligible for</u>		<u>Age</u>	<u>Unreduced</u>	<u>Age</u>	<u>All others</u>	45 – 47	0.025	N/A	0.170	48 – 49	0.150	N/A	0.170	50 – 52	0.100	N/A	0.400	53 – 54	0.100	N/A	0.250	55	0.180	0.050	0.250	56	0.150	0.050	0.300	57 – 58	0.100	0.050	1.000	59	0.150	0.050	0.050	
<u>Probability of Retirement</u>		<u>Probability of Retirement</u>																																												
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<u>Age</u>	<u>Unreduced</u>	<u>Age</u>	<u>All others</u>																																											
45 – 47	0.025	N/A	0.170																																											
48 – 49	0.150	N/A	0.170																																											
50 – 52	0.100	N/A	0.400																																											
53 – 54	0.100	N/A	0.250																																											
55	0.180	0.050	0.250																																											
56	0.150	0.050	0.300																																											
57 – 58	0.100	0.050	1.000																																											
59	0.150	0.050	0.050																																											

The McKeogh Company

IUPAT Industry Pension Plan

International Painters and Allied Trades Industry Pension Fund
EIN: 52-6073909 - Plan Number: 001

Attachment D to 2019 Schedule MB of Form 5500
Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods
(Continued)

Retirement Age for Terminated Vested Participants	Age 65 or the Participant's age on the valuation date if the participant is older than 65 or has accrued more than 60,000 hours. Participants age 85 and over are assumed to be deceased.		
Retirement Age for Surviving Spouses	Surviving spouses are assumed to commence benefits at the participant's earliest retirement eligibility age (age 55 generally).		
Withdrawal Rates Varying by Hours as Illustrated	<u>Accumulated Benefit Hours</u>	<u>Withdrawal Rate</u>	<u>Reduction in Withdrawal Rate for Each Additional 1,500 Benefit Hours Worked</u>
	0	0.2000	(0.0120)
	15,000	0.0800	(0.0025)
	57,000	0.0100	(0.0100)
	58,500	0.0000	

Disability Incidence Varying by Age as Illustrated 150% of the Male 1987 Commissioner's Group Disability Table. Sample rates listed below.

<u>Age</u>	<u>Disability Incidence Rate</u>	
	<u>Males</u>	<u>Females</u>
25	0.0013	0.0013
40	0.0025	0.0025
55	0.0145	0.0145

Disability incidence assumed to cease when Participant becomes eligible for unreduced early retirement.

Future Benefit Accruals Based on average amount of hours worked in last three years of covered employment (or actual number of years, if less than three)

International Painters and Allied Trades Industry Pension Fund
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Attachment D to 2019 Schedule MB of Form 5500
Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods
(Continued)

Form of Payment

All participants elect a single life annuity with 60 payments guaranteed. All married survivors elect to receive the pre-retirement surviving spouse pension.

Percentage Married

Rates varying by age based upon information from US Social Security awards during 1972.

Spouse Age

Spouses of male participants assumed to be three years younger than the participant. Spouses of female participants assumed to be three years older than the participant.

Additional Liability

An additional liability is valued for retirees based on the Guaranteed Investment Contracts reported in audited financial statements. The 2019 value was \$17,835,193. The total liability was also increased by 1.3% to estimate the effect of unknown data.

Normal Cost Adjustment

Total Normal Cost was adjusted to reflect estimated hours in the Plan Year ending December 31, 2019 (as reported in 2020).

Assumptions for Missing Data / Bad Data

Missing gender – beneficiaries are assumed to be female, otherwise male.

Missing date of birth – active participants are assumed to be age 35 years plus years of vesting service as of the valuation date (participants are assumed to have been hired at age 35 and to have earned a full year of vesting service for each year worked).

Participants reported as active are reclassified as terminated vested or terminated non-vested if they do not earn a minimum of 450 hours in the prior year.

For inactive participants with a faulty or missing birth date, the age is assumed to be age 50 for terminated vested participants, age 65 for disabled pensioners, and age 72 for non-disabled pensioners.

Participants reported as active vested or terminated vested for valuation purposes in the prior year who were not reported for valuation purposes in the current year are assumed to be terminated vested until they reach age 85, unless they had a confirmed date of death on or before the valuation date.

International Painters and Allied Trades Industry Pension Fund
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Attachment E to 2019 Schedule MB of Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions

The following is a brief summary of principal plan provisions as in effect on the valuation date. Plan provisions which apply infrequently or to a limited group of participants may be omitted from this summary. The plan document will govern if there is any discrepancy with this summary.

Effective Date	April 1, 1967. Most recently amended and restated effective January 1, 2015.
Participation	A person initially becomes an Active Participant on the January 1 or July 1 following the completion of 1,000 hours during a 12-consecutive month period.
Definitions	
<i>Plan Year</i>	Twelve-month period ending December 31.
<i>Covered Employment</i>	Employment with respect to which contributions are made or due to be made to the fund. Covered Employment may include credit for retirement eligibility and benefits for service in plans which have merged into this Plan.
<i>Benefit Hours</i>	Effective January 1, 2003, hours worked in Covered Employment or other hours on behalf of which contributions are required to be made to the fund. As of December 31, 2002, Benefit Hours were set equal to Pension Credits times 150.
<i>Vesting Service</i>	One year of Vesting Service is credited for each calendar year in which 1,000 hours of work in Covered Employment is credited.
<i>Normal Retirement Date (NRD)</i>	The first day of the month after a Participant attains age 65 and completes five years of Plan participation.

International Painters and Allied Trades Industry Pension Fund
EIN: 52-6073909 - Plan Number: 001

Attachment E to 2019 Schedule MB of Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions
(Continued)

Accrued Monthly Pension

The accrued monthly pension benefit is the sum of (a), (b) and (c) below:

- (a) Accrued monthly pension benefit as of December 31, 2002
- (b) 2% times Employer Contributions made between January 1, 2003 and December 31, 2005
- (c) The applicable percent of Employer Contributions as shown in the following schedule:

<u>Effective Dates</u>	<u>Percent of Contributions</u>			<u>Made in Excess of 135% of 2009 Rate</u>
	<u>Based on 2006 Base Rate</u>	<u>Above 2006 Base Rate up to 2009 Rate</u>	<u>Above 2009 Rate up to 135% of 2009 Rate</u>	
1/1/2006 – 12/31/2007	1%	2%	N/A	N/A
1/1/2008 – 12/31/2008	2%	2%	N/A	N/A
1/1/2009 – 12/31/2009	1%	2%	N/A	N/A
1/1/2010 – 12/31/2011	½%	1%	2%	2%
1/1/2012 – 12/31/2012	½%	1%	0%	0%
On and after 1/1/2013	½%	1%	0%	2%

Note – “2006 Base Rate” is the contribution rate in effect as of December 31, 2015 and “2009 Rate” is the rate in effect as of March 2009.

For contributions made at less than the 2006 Base Rate between January 1, 2006 and December 31, 2009, reduced percentages apply. No benefits are earned for contributions made at less than 70% of the 2006 Base Rate between January 1, 2010 and December 31, 2011. No benefits are earned if the employer’s total contribution rate is less than 135% of the 2009 Rate after January 1, 2012.

GO Staff participants earn accruals at a rate of 1% of benefit-bearing salaried contributions. Benefit-bearing salaried contributions are 13.75% of gross wages. An additional 0.3% supplemental contribution and 4.92% 2012 Funding Improvement Plan contributions are required for GO Staff participants and are not benefit-bearing. There is an additional \$3.30 per hour required contribution which accrues benefits at the 2.0% level.

International Painters and Allied Trades Industry Pension Fund
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Attachment E to 2019 Schedule MB of Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions
(Continued)

LUDC participants earn accruals at a rate of 1/2% of benefit-bearing salaried contributions. Benefit-bearing salaried contributions are 8.00% of gross wages. An additional 2.00% supplemental contribution and 3.50% 2012 Funding Improvement Plan contribution are required for LUDC participants and are not benefit-bearing. LUDC participants may also be eligible for hours based benefit accruals. There is an additional required contribution of \$2.72 per hour which accrues benefits at the 2.0% level.

The benefit accrual is set to zero for the second Plan Year after a Plan Year in which the Plan has a negative investment return, based on the audited fair market value of plan assets.

Actuarial Equivalent

Based on the 1994 Group Annuity Mortality table for males, and 7% interest.

Eligibility for Benefits

Normal Retirement

Retirement on or after NRD.

Early Retirement

Retirement of an Active Participant prior to NRD but after attaining age 55 and completing 18,000 Benefit Hours.

Special Early Retirement

Retirement of an Active Participant prior to NRD but after any of the following: (a) completion of 60,000 Benefit Hours, (b) attaining age 55 and completing 54,000 Benefit Hours, or (c) attaining age 62 and completing 45,000 Benefit Hours.

Disability Retirement

Retirement following a total and permanent disability with entitlement to a Social Security disability pension, the onset of which occurred while an Active Participant and after completing 18,000 Benefit Hours, with at least 1,000 hours of service in Covered Employment in the two calendar years prior to the onset of disability.

Deferred Vested

Termination of Covered Employment for reasons other than death or retirement after completing 5 years of Vesting Service.

Pre-retirement Survivor Annuity

Death of any Participant who has a surviving spouse to whom he or she has been married to for at least one year, and who dies after completing five years of Vesting Service but prior to benefit commencement.

The McKeogh Company

IUPAT Industry Pension Plan

International Painters and Allied Trades Industry Pension Fund

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*Attachment E to 2019 Schedule MB of Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions
(Continued)*

*Pre-retirement Lump Sum
Death Benefit*

Death of an unmarried Active Participant after completing five years of Vesting Service and 9,000 Benefit Hours, who is not eligible for a Pre-Retirement Survivor Annuity.

Benefits Paid Upon the Following Events

Normal Retirement

Accrued Monthly Pension payable as of NRD. Benefits that commence after NRD will be adjusted for the months that (i) commencement is deferred beyond NRD, and (ii) the Participant is not working in suspendible employment. The amount of the adjustment is the maximum of (a) or (b) where (a) is 1% per month for months between ages 65 and 70, and 1.5% per month for months over age 70 and (b) is the Plan's actuarial equivalence basis.

Early Retirement

The sum of (a) and (b) as follows:

- (a) Accrued Monthly Pension for service earned before January 1, 2018, reduced by 0.25% for each month that payment precedes age 65, and
- (b) Accrued Monthly Pension for service earned after December 31, 2017, reduced by 0.25% for each month that payment precedes age 65 if at least 45,000 Benefit Hours are earned as of the early retirement date, or otherwise reduced by 0.50% for each month that payment precedes age 65.

Special Early Retirement

The sum of (a) and (b) as follows:

- (a) Accrued Monthly Pension for service earned before January 1, 2018 payable without reduction for early commencement, and
- (b) Accrued Monthly Pension for service earned after December 31, 2017, reduced by 0.25% for each month that payment precedes age 65; no reduction for early commencement if one of the following criteria are met as of the special early retirement date:
 - i. Age 55 with at least 60,000 Benefit Hours
 - ii. Age 60 with at least 54,000 Benefit Hours
 - iii. Age 62 with at least 45,000 Benefit Hours

The McKeogh Company

IUPAT Industry Pension Plan

International Painters and Allied Trades Industry Pension Fund
EIN: 52-6073909 - Plan Number: 001

Attachment E to 2019 Schedule MB of Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions
(Continued)

Disability Retirement

Accrued Monthly Pension as of date of disability, reduced as an Early Retirement benefit (but not below age 55), and increased by 10% (but not above the Accrued Monthly Pension). If the participant has at least 54,000 Benefit Hours as of the date of disability, then the amount payable is one of the following:

- (a) For disability onset before 2018, the full Accrued Monthly Pension
- (b) For disability onset after 2017, the amount that would have been payable under a Special Early Retirement pension if the commencement date were the date of disability onset. For this purpose, if the participant is younger than age 55 at disability onset, then the Special Early Retirement pension is calculated as of age 55.

Deferred Vested

Accrued Monthly Pension payable at NRD. A vested Participant may elect to commence benefits after age 55 with benefits reduced by 0.5% for each month that payment precedes age 65. Vested Participants who elect to commence benefits after NRD have their benefits adjusted (when applicable), to account for the delay in payment.

*Pre-retirement Survivor
Annuity*

The surviving spouse shall receive a monthly pension benefit, payable for life, equal to 50% of the amount the Participant would have received had he or she quit the day before he died, survived to his or her earliest retirement age, retired and elected a 50% Joint and Survivor Annuity, and then died. Benefit payments commence when the Participant would have been eligible for early retirement.

The surviving spouse has the option to receive the pre-retirement lump sum death benefit immediately. If the pre-retirement death benefit is less valuable, then the difference in value will be paid as a residual Pre-Retirement Survivor Annuity.

*Pre-retirement Death
Benefit*

Single-sum payment equal to 50% of contributions made to the Fund on the participant's behalf.

*Normal Form of
Payment*

Unmarried Participants receive their benefits in the form of a single life annuity with 60 payments guaranteed. Married Participants receive their benefits actuarially reduced to provide a 50% Joint and Survivor benefit.

International Painters and Allied Trades Industry Pension Fund
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Attachment E to 2019 Schedule MB of Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions
(Continued)

***Optional Forms of
Payment***

Single life annuity with 120 payments guaranteed
Joint and 75% Survivor Annuity
Joint and 100% Survivor Annuity
Joint and 50% Survivor Annuity with pop-up
Joint and 75% Survivor Annuity with pop-up
Joint and 100% Survivor Annuity with pop-up
Social Security Level Income option with or without Joint and 50%, 75%, or 100% Survivor Annuity
Partial Lump Sum Payment option

Contributions

Employers make contributions to fund the Plan in accordance with the terms of collective bargaining agreements or participation agreements.

International Painters and Allied Trades Industry Pension Fund

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*Attachment G to 2019 Schedule MB of Form 5500
Schedule MB, Line 8b(2) – Schedule of Active Participant Data*

Attained Age*	Cumulative Hours of Covered Employment											Totals
	<1,500	1,500 - 7,499	7,500 - 14,999	15,000 - 22,499	22,500 - 29,999	30,000 - 37,499	37,500 - 44,999	45,000 - 52,499	52,500 - 59,999	>60,000		
Under 25	75	927	107	0	0	0	0	0	0	0		1,109
25 to 29	109	1,590	777	137	8	0	0	0	0	0		2,621
30 to 34	135	1,565	1,092	698	229	19	1	0	0	0		3,739
35 to 39	3,493	3,491	1,143	1,001	640	275	55	3	0	0		10,101
40 to 44	114	1,014	960	935	722	516	216	51	7	0		4,535
45 to 49	97	825	753	875	723	604	388	217	89	16		4,587
50 to 54	98	685	617	674	734	654	496	362	298	166		4,784
55 to 59	61	525	517	569	596	608	465	386	299	297		4,323
60 to 64	30	213	248	303	288	284	232	180	159	208		2,145
65 to 69	10	36	61	42	58	37	19	22	16	52		353
70 & Up	2	14	9	4	4	2	4	0	1	4		44
Total	4,224	10,885	6,284	5,238	4,002	2,999	1,876	1,221	869	743		38,341
Average Age:											43.5	
Average Cumulative Hours:											17,081	

* Includes 5,707 participants who had a missing or faulty date of birth on the census data. It is assumed that they were age 35 when hired and earned a full year of vesting service during every year since hire, so that their age as of the valuation date is assumed to be age 35 plus the number of years of vesting service.

The McKeogh Company

IUPAT Industry Pension Plan

International Painters and Allied Trades Industry Pension Fund
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Attachment H to 2019 Schedule MB of Form 5500
Schedule MB, Lines 9c and 9h - Schedule of Funding Standard Account Bases

1. Amortization Charges

	<i>Initial Amount</i>	<i>Date of First Charge or Credit</i>	<i>Remaining Period</i>	<i>Outstanding Balance Beg. of Year</i>	<i>Amortization Charge or Credit</i>
a. Benefit Increase	\$ 14,991,289	1/1/1990	1.000	\$ 1,180,773	\$ 1,180,773
b. Amendment	132,714,526	1/1/1990	1.000	10,453,119	10,453,119
c. Amendment	10,753,766	1/1/1991	2.000	1,634,927	847,009
d. Benefit Increase	19,807,110	1/1/1991	2.000	3,011,337	1,560,086
e. Benefit Increase	12,131,846	1/1/1992	3.000	2,671,305	955,552
f. Benefit Increase	7,352,717	1/1/1993	4.000	2,085,160	579,129
g. Amendment	74,669,969	1/1/1993	4.000	21,175,772	5,881,301
h. Amendment	1,093,762	1/1/1994	5.000	374,692	86,149
i. Benefit Increase	17,042,443	1/1/1994	5.000	5,838,223	1,342,330
j. Benefit Increase	35,230,690	1/1/1995	6.000	14,001,856	2,774,908
k. Amendment	6,927,447	1/1/1996	7.000	3,106,753	545,633
l. Benefit Increase	33,392,679	1/1/1996	7.000	14,975,598	2,630,139
m. Benefit Increase	9,851,158	1/1/1998	9.000	5,320,693	775,916
n. Amendment	281,487,555	1/1/1999	10.000	163,597,816	22,171,069
o. Amendment	38,167,034	1/1/2000	11.000	23,640,890	3,006,186
p. Assumption Change	7,322,259	1/1/2001	12.000	4,795,769	576,730
q. Amendment	179,632,049	1/1/2001	12.000	117,651,024	14,148,528
r. Amendment	74,727,394	1/1/2002	13.000	51,414,318	5,885,824
s. Amendment	49,382,776	1/1/2004	15.000	36,908,847	3,889,582
t. Amendment	18,756,451	1/1/2005	16.000	14,517,907	1,477,332
u. Experience Loss	147,056,983	1/1/2005	1.000	15,497,376	15,497,376
v. Experience Loss	50,743,876	1/1/2006	2.000	10,322,044	5,347,566
w. Assumption Change	146,091,434	1/1/2006	17.000	116,695,652	11,506,737
x. Amendment	612,172	1/1/2007	18.000	503,098	48,217
y. Experience Loss	22,155,138	1/1/2007	3.000	6,527,052	2,334,785

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International Painters and Allied Trades Industry Pension Fund
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Attachment H to 2019 Schedule MB of Form 5500
Schedule MB, Lines 9c and 9h - Schedule of Funding Standard Account Bases
(Continued)

1. Amortization Charges (continued)

	<u>Initial</u> <u>Amount</u>	<u>Date of First</u> <u>Charge</u> <u>or Credit</u>	<u>Remaining</u> <u>Period</u>	<u>Outstanding</u> <u>Balance</u> <u>Beg. of Year</u>	<u>Amortization</u> <u>Charge or</u> <u>Credit</u>
z. Experience Loss	\$ 49,037,252	1/1/2008	4.000	\$ 18,606,500	\$ 5,167,716
aa. Experience Loss (net of ENIL)	36,612,002	1/1/2009	5.000	16,781,004	3,858,300
ab. ENIL Recognition	511,502,121	1/1/2009	19.000	435,535,020	40,681,362
ac. ENIL Recognition	50,584,234	1/1/2010	19.000	43,528,556	4,065,805
ad. ENIL Recognition	57,687,532	1/1/2011	19.000	50,213,749	4,690,240
ae. Assumption Change	16,013,874	1/1/2011	7.000	9,608,919	1,687,598
af. Experience Loss (net of ENIL)	13,188,152	1/1/2011	7.000	7,913,386	1,389,813
ag. ENIL Recognition	65,471,988	1/1/2012	19.000	57,705,343	5,389,996
ah. Experience Loss (net of ENIL)	227,388,233	1/1/2012	8.000	150,885,223	23,962,962
ai. ENIL Recognition	141,745,087	1/1/2013	19.000	126,640,105	11,828,881
aj. Assumption Change	29,796,573	1/1/2013	9.000	21,532,392	3,140,066
ak. ENIL Recognition	162,861,233	1/1/2014	19.000	147,678,456	13,793,980
al. Assumption Change	56,397,273	1/1/2015	11.000	46,738,910	5,943,341
am. Experience Loss	232,603,111	1/1/2015	11.000	192,768,476	24,512,524
an. Experience Loss	190,865,775	1/1/2016	12.000	167,257,260	20,114,099
ao. Assumption Change	7,264,553	1/1/2016	12.000	6,366,004	765,564
ap. Experience Loss	140,519,235	1/1/2017	13.000	129,355,542	14,808,405
aq. Assumption Change	59,791,806	1/1/2017	13.000	55,041,586	6,301,068
ar. Experience Loss	160,350,027	1/1/2018	14.000	154,210,668	16,898,243
as. Experience Loss	125,194,439	1/1/2019	15.000	125,194,439	13,193,425
at. Total Charges				\$ 2,611,463,539	\$ 337,695,364

The McKeogh Company

IUPAT Industry Pension Plan

International Painters and Allied Trades Industry Pension Fund
EIN: 52-6073909 - Plan Number: 001

Attachment H to 2019 Schedule MB of Form 5500
Schedule MB, Lines 9c and 9h - Schedule of Funding Standard Account Bases
(Continued)

2. <u>Amortization Credits</u>	Initial Amount	Date of First Charge or Credit	Remaining Period	Outstanding Balance Beg. of Year	Amortization Charge or Credit
a. Assumption Change	\$ 3,040,846	1/1/1991	2.000	\$ 462,313	\$ 239,509
b. Assumption Change	18,818,053	1/1/1993	4.000	5,336,640	1,482,184
c. Merger Base	22,607,262	1/1/1996	7.000	10,138,674	1,780,637
d. Merger Base	2,500,980	1/1/1997	8.000	1,240,358	196,987
e. Assumption Change	48,568,076	1/1/1998	9.000	26,232,019	3,825,413
f. Merger Base	135,493	1/1/1998	9.000	73,181	10,672
g. Assumption Change	63,526,367	1/1/1999	10.000	36,920,908	5,003,587
h. Merger Base	25,300,004	1/1/2002	13.000	17,407,046	1,992,728
i. Amendment	74,049,013	1/1/2003	14.000	53,225,485	5,832,392
j. Experience Gain (net of ENIL)	8,299,161	1/1/2010	6.000	4,413,109	874,594
k. Experience Gain (net of ENIL)	76,581,064	1/1/2013	9.000	55,341,034	8,070,379
l. Experience Gain (net of ENIL)	18,220,223	1/1/2014	10.000	14,168,277	1,920,110
m. Total Credits				\$ 224,959,044	\$ 31,229,192
3. Credit Balance				\$ 304,216,092	
4. Balance Test = (1) - (2) - (3)				\$ 2,082,288,403	
5. Unfunded Actuarial Accrued Liability				\$ 2,082,288,403	

The McKeogh Company

IUPAT Industry Pension Plan

International Painters and Allied Trades Industry Pension Fund

EIN: 52-6073909 - Plan Number: 001

*Attachment I to 2019 Schedule MB of Form 5500
Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions*

Actuarial Basis

The following changes were made to the actuarial basis from the prior year:

1. To comply with the change in RPA '94 prescribed interest, the interest rate for RPA '94 Current Liability purposes was changed from 2.98% to 3.06%.
2. To comply with the change in RPA '94 prescribed mortality, the mortality assumption for RPA '94 Current Liability purposes was changed from the IRS prescribed static mortality table for 2018 valuation dates to the IRS prescribed static mortality table for 2019 valuation dates.

Plan of Benefits

There were no changes to the plan of benefits from the prior year. However it should be noted that due to the negative investment return in 2018, there will be no benefit accruals during 2020.

The McKeogh Company

IUPAT Industry Pension Plan

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

A Name of plan INTERNATIONAL PAINTERS AND ALLIED TRADES	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BO	D Employer Identification Number (EIN) 52-6073909

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions 1

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): **52-6073909**

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year 3 1025

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month ___ Day ___ Year ___

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6

a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box ☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No

11

a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer**b** EIN**c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): **a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): **a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): **a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): **a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): **a** Name of contributing employer**b** EIN**c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) (2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:
- | | | |
|--|------------|------|
| a The current year | 14a | 2159 |
| b The plan year immediately preceding the current plan year | 14b | 2403 |
| c The second preceding plan year | 14c | 3293 |
- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:
- | | | |
|---|------------|--------|
| a The corresponding number for the plan year immediately preceding the current plan year | 15a | |
| b The corresponding number for the second preceding plan year | 15b | 102.11 |
- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:
- | | | |
|--|------------|---------|
| a Enter the number of employers who withdrew during the preceding plan year | 16a | 24 |
| b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | 16b | 8483159 |
- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐
- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)
- a** Enter the percentage of plan assets held as:
- Stock: 26.0 % Investment-Grade Debt: 13.0 % High-Yield Debt: 1.0 % Real Estate: 13.0 % Other: 47.0 %
- b** Provide the average duration of the combined investment-grade and high-yield debt:
- ☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
- ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):
- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.
- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No
- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation _____

Form 5500 (PY 2019) – Notes Line 7

Plan name: International Painters and Allied Trades Industry Pension Plan

Plan sponsor: Board of Trustees, International Painters and Allied Trades Industry Pension Fund

EIN / PN: 52-6073909 / 001

Line 14 *Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for the current year, immediately preceding plan year and second preceding plan year.*

The plan has attempted to make a reasonable, good faith effort to provide a reasonable approximation of the number of participants required to be reported on Line 14 of Schedule R to Form 5500. The plan cannot reasonably obtain the data in the form requested by the form for several reasons. As noted below, construction employers can withdraw under the construction plan rule up to five (5) years after a cessation of contributions, and identification in any one year is thus difficult, at least. Employers do not contribute on behalf of any employee in a defined benefit plan and the employees of withdrawn companies often work for multiple companies so that contributions do not normally cease by reason of the withdrawal of a single employer.

To provide a consistent basis for presentation of a range of outcomes, the Plan has treated a contributing business (with a separate IRS Employer Identification Number or EIN) as a withdrawn employer if the business has been inactive and made no contributions for five (5) years. An employee who worked for such an employer in the last year with contributions is treated as no longer participating in the Plan due to the employer's withdrawal.

Using these inactivity tests, the number of participants who worked (in the last plan year with contributions) for employers who became inactive or withdrew in each year (after 5 years with no contributions) are as follows.

Plan Year (1/1 – 12/31)	Inactive Participants
2019	2,159
2018	2,403
2017	3,293

These employees may have found work with other employers since the employer's last contributions.

The inactivity test of withdrawal in this report is different from the legal test of withdrawal for employers in the building and construction industry. The legal test is difficult to apply on a consistent basis. For construction employers, it allows a withdrawal to occur up to five (5) years after an actual cessation of contributions and does not include a liquidation or shutdown as a withdrawal. The number of withdrawn employees likely would be even smaller than the inactive employee test if the legal test of withdrawal in the building and construction industry were applied.

Form 5500 (PY 2019) – Notes Line 7

Plan name: International Painters and Allied Trades Industry Pension Plan

Plan sponsor: Board of Trustees, International Painters and Allied Trades Industry Pension Fund

EIN / PN: 52-6073909 / 001

Line 15 *Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make a contribution during the current plan year to the corresponding number for the immediately preceding plan year and the second preceding plan year.*

See notes on Line 14. Even more so than with active employees, it is hard to attach retirees or deferred vested participants to a specific withdrawn employer in this plan. Using the inactive employer test under Line 14, the ratios are as follows.

Plan Year (1/1 – 12/31)	Ratio of Inactive Participants to Prior Year
2018 / 2017	102.11%
2017 / 2016	115.75%
2016 / 2015	82.01%

Line 16a *Information with respect to any employers who withdrew from the Plan during the preceding plan year. Enter the number of employers who withdrew during the preceding plan year*

The Plan has identified three (9) employers who withdrew under the legal test of a withdrawal in the preceding plan year (1/1/2017 to 12/31/2017). The Plan is aware of other employers who ceased contributions but is unable to identify all actual withdrawals by the filing date for this Schedule, due to the legal definition of a withdrawal and other due diligence issues in identifying potential withdrawals and verifying them.

See notes on Line 14. To provide a consistent basis for presentation of a range of outcomes with Line 14 and year-to-year, the Plan has treated an account as a withdrawn employer if the account has been inactive with no contributions for five (5) years. On this basis, after excluding previously identified withdrawals, employer accounts with no contributions after 2012 would be treated as withdrawals in the preceding plan year (1/1/2017 to 12/31/2017) before the plan year for the current filing.

As suggested by the comparison of identified withdrawals to inactive employers, the number of withdrawn employees likely would be materially smaller if the legal test of withdrawal in the building and construction industry could be applied on an annual basis.

Line 16b *If item 16a is greater than zero, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.*

The assessed or estimated withdrawal liability of the three (28) identified withdrawn employers in 2018 under the legal test of withdrawal in the prior plan year (1/1/2018 to 12/31/2018) is \$8,483,159.

Form 5500 (PY 2019) – Notes Line 7

Plan name: International Painters and Allied Trades Industry Pension Plan

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See notes to Line 14 and 16a. Using the 5-year inactivity test, the potential withdrawal liability for employers who have been inactive for five (5) years is much larger. Under the legal test of withdrawal, the amount that may actually assessable is likely to be materially smaller. As a building and construction plan, withdrawal liability is the exception rather than the rule and the plan reallocates the liability for 5-year inactive accounts as uncollectible with adjustments for any amounts later found to be collectible.

Summary of Original Funding Improvement Plan

Endangered Status and Rules

The International Painters and Allied Trades Industry Pension Plan (“Plan”) was in the “orange” or “seriously endangered” zone beginning in 2009. It had a current funding level that was less than 80%, but, there were no anticipated funding deficiencies within the next several years.

Once the pension plan was classified as endangered, the Trustees were legally obligated to develop what is known as a “Funding Improvement Plan,” or “FIP,” which had to reduce the Plan’s underfunded status by one-third by the end of the funding improvement period and avoid a funding deficiency for the last plan year during the funding improvement period. The Plan’s original funding improvement period began on January 1, 2012 and ended on December 31, 2024. In April 2009, the Plan filed an election under the Worker, Retiree and Employer Recovery Act of 2008 (WRERA) to use the 13-year period instead of the statutory 10-year period.

As of January 1, 2012, the Plan’s funded percentage for monitoring the Plan’s PPA status was 68.7%. Under the PPA, that means that the Plan was viewed as having a shortfall in funding of 31.3% ($100\% - 68.7\% = 31.3\%$). The law required that one-third of that deficiency, or 10.4%, be eliminated by the end of the thirteen (13) year period beginning January 1, 2012 and ending December 31, 2024.

Original Options for Bargaining Parties

The law required two options for the bargaining parties. The Trustees adopted Option 1 as the original Funding Improvement Plan (FIP) for the Plan.

Option 1 - Funding Improvement Plan Schedule. By law, one option must propose increases in contributions under the plan necessary to achieve the funding target and avoid a deficiency, and assume no amendments reducing future benefit accruals under the plan.

Under Option 1, the Plan was expected, over a thirteen (13) year period running from 2012 to 2025, to increase the funded percentage for the Plan to a level of 82%. In order to achieve this objective, the Trustees adopted the following plan for Option 1.

- *Contributions.* Effective January 1, 2012, each employer’s hourly contribution rate in

Form 5500 (PY 2019) – Notes Line 7

Plan name: International Painters and Allied Trades Industry Pension Plan

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effect as of March 1, 2009 had to increase by a supplemental contribution equal to 35% of that rate. Increases in contributions above the March 1, 2009 contribution rate are not subject to the new supplemental contribution.

- *Benefits.* The supplemental 35% contribution did not yield any additional benefit for the participant, and was used solely to offset the unfunded liability of the Pension Fund and to secure the objective of the FIP. Participants under the Option 1 contribution schedule continued to accrue benefits as provided in the Plan of Benefits and continued to be eligible for existing disability retirement benefits, early retirement credits and death benefits under the Plan of Benefits.

Option 2 - Default Schedule. The default schedule is the other option. By law, the default schedule must: (1) eliminate future benefit accruals and other benefits (which are not protected under IRC [26 U.S.C.] §411(d)(6)) to the maximum extent permitted by law, and (2) assume that there are no increases in contributions under the plan (other than the increases necessary to meet the funding target and avoid a funding deficiency after benefits are frozen).

Under original Option 2, generally effective January 1, 2012, the signatory employer was required to continue to make contributions to the Plan in an amount not less than the hourly contribution rate in effect as of March 1, 2009 plus a surcharge to this contribution rate in the amount of fifteen percent (15%).

Participants working under a “default option” rate did not receive any benefit accrual for such contributions on or after January 1, 2012 or a later default schedule date (in other words, benefits are frozen) and are not eligible for disability or death benefits (other than a legally mandated pre-retirement surviving spouse annuity) and early retirement benefits (reduced and unreduced) will also be frozen at the amount earned through the default schedule effective date and will not be increased for future service.

There were no other contribution options.

Summary of Updated Funding Improvement Plan

Seriously Endangered Status and Rules

From 2009 to 2016, the Plan actuary certified that the Plan was in the “yellow,” or “endangered” zone, which meant that it had a current funding level that was less than 80%, but, there were no anticipated funding deficiencies within the next several years. On March 30, 2018, the Plan actuary certified that the Plan was in the “orange” or “seriously endangered” zone, meaning that the Plan had both a funding level less than 80% and an anticipated funding deficiency within seven years. The plan was in the “orange” or “seriously endangered” zone for the 2019 Plan year as well.

Form 5500 (PY 2019) – Notes Line 7

Plan name: International Painters and Allied Trades Industry Pension Plan

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The change from endangered to seriously endangered created new benchmarks for the Plan's situation. The two seriously endangered benchmarks are:

- The Plan must reduce the Plan's underfunded status by one-fifth over a period of not more than fifteen (15) years, and
- The Plan can have no accumulated funding deficiency for the last plan year during the funding improvement period.

The Plan was 68.7% funded on an actuarial value basis at 1/1/2012. Under the PPA, that means that the Plan is viewed as having a shortfall in funding of 31.3% ($100\% - 68.7\% = 31.3\%$). The law requires that one-fifth of that deficiency, or 6.3%, be eliminated over a fifteen (15) year period beginning January 1, 2012 and ending December 31, 2026.

To satisfy the seriously endangered benchmarks, the Plan must have an actuarial funded percentage on January 1, 2027 greater than or equal to 74.97% and a positive credit balance on January 1, 2027 to pass the PPA test. The Funding Improvement Plan was modified to enable the plan to meet these benchmarks.

Updated Funding Improvement Plan

The Funding Improvement Plan was updated in 2017. The deadline ("Effective Date") to adopt an updated schedule is 180 days after the expiration of the applicable collective bargaining agreement in effect in 2017, but not later than December 31, 2021.

Option 1 - Funding Improvement Plan Preferred Schedule

By law, one option must propose increases in contributions under the plan necessary to achieve the funding target and avoid a funding deficiency, and assume no amendments reducing future benefit accruals under the plan.

Under Option 1, the Plan is expected, over a fifteen (15) year period running from 2012 to the end of 2026, to increase the funded percentage for the Plan by more than 6.3%. In order to achieve this objective, Option 1 is that the contribution rate for each employer at December 31, 2021 must be 50% higher than the contribution rate in effect as of January 1, 2012, subject to a \$4.00 per hour cap on the increase. Employers with salary-related contribution rates will have their required increase converted to an hourly rate equivalent.

The monthly pension accrual rate on the increased contributions will be at the 2% level. [For example, if annual contributions are increased by \$2,000, then the increased pension will be \$40.00, which equals $2\% \times \$2,000$.]

Form 5500 (PY 2019) – Notes Line 7

Plan name: International Painters and Allied Trades Industry Pension Plan

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Option 2 - Funding Improvement Plan Default Schedule

By law, the default schedule must: (1) eliminate future benefit accruals, and (2) assume that there are no increases in contributions under the plan (other than the increases necessary to meet the funding target and avoid a funding deficiency after benefits are frozen).

Generally, a signatory employer whose collective bargaining agreement is not amended to comply with Option 1 by the Effective Date will be required to continue to make contributions to the Plan in an amount not less than the hourly contribution rate in effect as of April 1, 2017 plus a supplemental contribution to this contribution rate in the amount of nine and one half percent (9.5%). Participants working under a “default schedule” rate will not receive any benefit accrual for such contributions on or after January 1st following the Effective Date. In other words, benefits are frozen and will not be eligible for disability or death benefits (other than a legally mandated pre-retirement surviving spouse annuity).

There are no other contribution options. The updated Funding Improvement Plan prohibits a direct or indirect reduction in contributions from now through 2026. An employer who fails to contribute in accordance with the PPA may also incur excise taxes for violation of minimum funding requirements or be deemed to have withdrawn and be assessed withdrawal liability.

Progress Report

The Plan’s Funding Improvement Period began on January 1, 2012 and is scheduled to end on December 31, 2026. The Trustees have adopted and implemented a Funding Improvement Plan with schedules that reduced benefits or increased contributions.

In the plan year in which the Schedule MB is filed (1/1/2020 – 12/31/2020), the plan’s actuary certified that the Plan was in Seriously Endangered Status (i.e., it is in the Orange Zone) and that it was not making the scheduled progress under its funding improvement plan.

Line 7 - The entry on this line reflects organizations with distinct Employer Identification Numbers who reported or paid contributions to the Plan for covered work in the plan year. There are many other accounts and employers who are obligated to contribute to the Plan under collective bargaining agreements with participating unions if, as and when they have covered work.

SCHEDULE C	OTHER SERVICE PROVIDER SERVICE CODES	STATEMENT 1
------------	--------------------------------------	-------------

NAME	SERVICE CODES
NORTHERN TRUST CORPORATION	19
NORTHERN TRUST CORPORATION	51
NORTHERN TRUST CORPORATION	33
NORTHERN TRUST CORPORATION	71
KAYNE ANDERSON CAPITAL ADVISORS LP	27
KAYNE ANDERSON CAPITAL ADVISORS LP	51
KAYNE ANDERSON CAPITAL ADVISORS LP	28
KAYNE ANDERSON CAPITAL ADVISORS LP	52
CRESCENT MEZZANINE PARTNERS	28
CRESCENT MEZZANINE PARTNERS	51
CRESCENT MEZZANINE PARTNERS	27
CRESCENT MEZZANINE PARTNERS	52
ROTHSCHILD ASSET MANAGEMENT	28
ROTHSCHILD ASSET MANAGEMENT	51
ROTHSCHILD ASSET MANAGEMENT	71
ROTHSCHILD ASSET MANAGEMENT	72

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 2
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DESCRIPTION	BEGINNING	ENDING
ACCRUED INVESTMENT INCOME	4585458.	4347251.
DUE FROM RELATED PARTIES	60328.	65885.
PREPAID BENEFIT COST	29438115.	30448307.
PREPAID EXPENSES	453255.	471446.
OTHER RECEIVABLES	4285.	2803.
DUE FROM BROKER	55513625.	44242252.
DUE FROM IUPAT	13741.	50916.
SECURITIES LOANED TO THIRD PARTIES	49679421.	38207961.
FEDERAL WITHHOLDING	167978.	297368.
DUE FROM CANADIAN PLAN	0.	11551.
TOTAL TO SCHEDULE H, LINE 1B(3)	139916206.	118145740.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT 3
DESCRIPTION	BEGINNING	ENDING
HEDGE FUND OF FUNDS	209095493.	206805195.
FOREIGN OBLIGATIONS	6268656.	8258298.
DERIVATIVES EQUITY FUTURES	22207674.	61644759.
DERIVATIVES FIXED INCOME FUTURES	8549672.	29754516.
TOTAL TO SCHEDULE H, LINE 1C(15)	246121495.	306462768.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 4
DESCRIPTION	BEGINNING	ENDING
DUE TO IUPAT	24163.	72490.
SECURITIES LOANED TO THIRD PARTIES	49679421.	38207961.
DUE TO BROKER	807649.	9350.
OBLIGATION TO DISTRIBUTE CONTRIBUTIO	11309549.	9556594.
DEFERRED CONTRIBUTIONS	7067831.	11338052.
SCG PENSION ESCROW	127154.	130043.
DUE TO RELATED PARTIES	69332.	22106.
DUE TO CANADIAN PLANS	17021.	0.
LIABILITY DERIVATIVE OFFSET	30757346.	91399275.
TOTAL TO SCHEDULE H, LINE 1J	99859466.	150735871.

SCHEDULE H	OTHER CONTRIBUTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
WITHDRAWAL LIABILITY CONTRIBUTIONS		4525446.
TOTAL TO SCHEDULE H, LINE 2A(1)(C)		4525446.

SCHEDULE H	OTHER INCOME	STATEMENT 6
DESCRIPTION		AMOUNT
REIMBURSED EXPENSES		477479.
MISCELLANEOUS INCOME		62220.
CLASS ACTION AWARDS		62351.
TOTAL TO SCHEDULE H, LINE 2C		602050.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 7
DESCRIPTION		AMOUNT
SALARIES		2209795.
PAYROLL TAXES		190118.
EMPLOYEE BENEFITS		1545918.
ADMINISTRATIVE TRAVEL		60727.
BANK FEES		100527.
DATA PROCESSING		77884.
DELIVERY AND FREIGHT		17602.
DEPRECIATION		54837.
INSURANCE		328936.
LEASES AND MAINTENANCE		41784.
NCCMP MEMBERSHIP DUES		24692.
SCANNING SERVICES		90197.
OFFICE SUPPLIES AND EXPENSE		9245.
PENSION BENEFIT GUARANTY PREMIUM		2659010.
PENSION NEWSLETTER		22565.
POSTAGE		119586.
RENT		560502.
STATIONERY AND PRINTING		62241.
TELEPHONE		24792.
THIRD PARTY ADMINISTRATOR FEES		377142.
TRUSTEE MEETINGS		44776.
MAINTENANCE, LICENSING AND SUPPORT - VITECH		676995.
SHARED ACCOUNTING SERVICES		317658.
VEHICLE EXPENSE		1214.
AMORTIZATION OF DEVELOPMENT COST		983.
TAXES - PERSONAL PROPERTY		10786.
TRAINING AND EDUCATION		22561.
PROMOTION		21534.
HUMAN RESOURCES		105138.
INFORMATION SERVICES ACCOUNTING		22894.
MISCELLANEOUS PENSION EXPENSE		3057.
TOTAL TO SCHEDULE H, LINE 2I(4)		9805696.

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

**INTERNATIONAL PAINTERS AND
ALLIED TRADES INDUSTRY
PENSION PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2019

**INTERNATIONAL PAINTERS AND
ALLIED TRADES INDUSTRY
PENSION PLAN**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2019 AND 2018

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
International Painters and Allied Trades
Industry Pension Plan

We have audited the accompanying financial statements of the International Painters and Allied Trades Industry Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of December 31, 2019, and changes therein for the year then ended, and its financial status as of December 31, 2018, and changes therein for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Expenses, Schedule of Assets Held at End of Year, and Schedule of Reportable Transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions represent supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended. Supplemental information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Norak Francella LLC

Bala Cynwyd, Pennsylvania
September 23, 2020

INTERNATIONAL PAINTERS AND
ALLIED TRADES INDUSTRY
PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2019 AND 2018

Assets	2019	2018
Investments - at fair value		
Common and preferred stock	\$ 109,675,535	147,679,247
Corporate obligations	75,932,729	33,224,381
U.S. Government and Government		
Agency obligations	37,508,563	28,852,043
Foreign investments		
Common and preferred stock	2,640,133	2,494,389
Corporate obligations	7,495,240	4,609,796
Foreign mutual funds	41,346,055	130,796,620
Foreign limited partnerships	27,264,467	29,783,752
Limited partnerships		
Hedge fund of funds	123,523,348	97,469,712
Private equity	739,900,845	483,523,045
Equity	184,085,235	174,451,212
Real estate	35,008,451	34,241,245
Infrastructure	38,743,878	106,044,189
Guaranteed investment contracts	18,185,154	17,835,193
Pooled separate accounts		
Fixed income	24,762,277	23,806,968
Common collective trusts		
Balanced	10,354,459	7,048,736
Equity	611,086,072	317,149,311
Fixed income	142,463,196	112,231,825
Building investment trust	78,870,530	76,494,632
Real estate	57,049,427	67,042,694
Mutual fund of funds	103,512,000	223,438,333
Hedge fund of funds-diversified	206,805,195	290,058,810
103-12 investment entities-balanced	376,824,203	315,994,283
Housing investment trust	50,263,444	32,486,639
Real estate equity investments	157,362,659	154,454,632
Derivatives		
Equity futures	61,644,759	22,207,674
Fixed income futures	29,754,516	8,549,672
Short term investments	196,808,925	105,963,544
Securities loaned to third parties	37,368,645	48,710,847
Total investments	<u>3,586,239,940</u>	<u>3,096,643,424</u>

See accompanying notes to financial statements.

	2019	2018
Receivables		
Employer contributions	\$ 59,294,476	\$ 49,449,914
Due from related parties	65,885	60,328
Accrued interest and dividends	4,347,251	4,585,458
Due from broker for sales of securities	44,242,252	55,513,625
Due from Canadian Plan	11,551	-
Due from IUPAT	50,916	13,741
Federal withholdings	297,368	167,978
Other	2,803	4,285
Total receivables	<u>108,312,502</u>	<u>109,795,329</u>
Other assets		
Cash and securities collateral held for securities loaned to third parties	38,207,961	49,679,421
Prepaid retirement benefits	30,448,307	29,438,115
Prepaid expenses	471,446	453,255
Total other assets	<u>69,127,714</u>	<u>79,570,791</u>
Property and equipment		
Office furniture, equipment and leasehold improvements	775,621	774,562
Computer equipment	10,666,777	10,758,813
Less: accumulated depreciation and amortization	(11,357,820)	(11,384,913)
Property and equipment - net	<u>84,578</u>	<u>148,462</u>
Cash	<u>175,792</u>	<u>1,315,847</u>
Total assets	<u>3,763,940,526</u>	<u>3,287,473,853</u>
Liabilities and Net Assets		
Liabilities		
Obligation to refund collateral held for securities loaned to third parties	38,207,961	49,679,421
Obligation to distribute contributions	9,556,594	11,309,549
Deferred contributions	11,338,052	7,067,831
Due to IUPAT	72,490	24,163
Due to related parties	22,106	69,332
Due to Canadian Plans	-	17,021
Liability derivative offset	91,399,275	30,757,346
Due to broker for purchases of securities	9,350	807,649
SCG Pension escrow	130,043	127,154
Accrued administrative expenses	2,765,027	2,252,351
Total liabilities	<u>153,500,898</u>	<u>102,111,817</u>
Net assets available for benefits	<u>\$ 3,610,439,628</u>	<u>\$ 3,185,362,036</u>

See accompanying notes to financial statements.

**INTERNATIONAL PAINTERS AND
ALLIED TRADES INDUSTRY
PENSION PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
ADDITIONS		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 448,289,680	\$ (139,744,672)
Interest and dividends	30,852,930	31,393,587
Gain on foreign currency translation	-	812,686
Income from securities lending transactions	112,999	242,264
	<u>479,255,609</u>	<u>(107,296,135)</u>
Less investment expenses	(11,861,435)	(11,132,540)
Investment income (loss) - net	<u>467,394,174</u>	<u>(118,428,675)</u>
Employer contributions	367,029,734	332,230,765
Miscellaneous income	62,220	-
Class Action awards	62,351	1,628
Withdrawal liability contributions	4,525,446	1,222,770
Total additions	<u>839,073,925</u>	<u>215,026,488</u>
DEDUCTIONS		
Benefits paid directly to participants	401,539,948	395,788,707
Administrative expenses	9,805,696	9,230,459
Professional fees	2,650,689	2,646,622
Total deductions	<u>413,996,333</u>	<u>407,665,788</u>
NET INCREASE (DECREASE)	425,077,592	(192,639,300)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>3,185,362,036</u>	<u>3,378,001,336</u>
End of year	<u>\$ 3,610,439,628</u>	<u>\$ 3,185,362,036</u>

See accompanying notes to financial statements.

**INTERNATIONAL PAINTERS AND
ALLIED TRADES INDUSTRY
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2019 AND 2018

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements are prepared using the accrual basis of accounting.

Investment Valuation and Income Recognition - Investments in common and preferred stock, corporate obligations and United States Government and Government Agency obligations are carried at fair value, which generally represents quoted market prices, values using pricing models as of the last business day of the year. Foreign investments in common and preferred stock and corporate obligations, foreign limited partnerships and foreign mutual funds are carried at estimated fair value as provided by the custodial bank. The limited partnerships in hedge fund of funds, private equity, equity, infrastructure, and real estate are carried at estimated fair value as reported on their Schedule K-1. The hedge fund of funds - diversified is carried at estimated fair value as determined by the investment manager. The 103-12 investment entities-balanced are carried at estimated fair value as provided by the sponsor of the investments. The guaranteed investment contracts and pooled separate accounts are carried at estimated fair value as reported by the Insurance Companies. Common collective trusts and housing investment trust units are valued at their market value on the last business day of the year, as established by the trusts. Real estate equity investments are valued at appraised value. The derivatives are reported at their estimated fair value on the last business day of the year as reported by the custodian. The short term investments are carried at cost which approximates fair value.

The NTGI Collective Labor Select Daily Russell 3000 Equity Index Fund participates in securities lending programs. At December 31, 2019 and 2018, the Pension Plan's exposure to the securities lending programs within the funds represented less than one percent of the total of each fund.

Hedge fund of funds and private investment fund investments are valued at prices which approximate fair value. The fair value of certain investments in the underlying funds, which include securities for which fair value may not be readily available, are determined in good faith by the respective underlying funds, all of which are subject to a third-party annual audit. The estimated fair values may differ from the values that would have been used had a ready market existed for these investments and that difference may be significant.

Purchases and sales are recorded on a trade-date basis. Interest and dividend income are recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Funding Policy and Revenue Recognition - The Plan is funded by contributions from participating employers under the terms of collective bargaining agreements (CBA). Employer contributions are accounted for as exchange transactions. The contributions are due on a monthly basis. It is the policy of the Trustees to pursue monies due.

Employer Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contributions receivable. Allowance for uncollectible accounts is not considered material and is not provided.

Property and Equipment - Property and equipment are recorded at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation and amortization are computed on the straight-line method over the estimated useful life of five to ten years. Depreciation and amortization expense was \$55,820 for the year ended December 31, 2019 and \$55,075 for 2018.

Deferred Contributions - Deferred contributions represent contributions collected but not yet earned and distributed.

SCG Pension Escrow - SCG Pension escrow represents monies being held on behalf of contributing employers in accordance with the escrow agreement.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Pension Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Estimates - The presentation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Foreign Currency - The Pension Plan is invested in foreign investments that are held in various foreign currencies. There is also non-invested cash in foreign currencies. For financial statement purposes, all assets are expressed in U.S. dollar equivalents.

Foreign currencies included in the Statements of Net Assets Available for Benefits are translated to United States dollars at the exchange rate in effect on the last day of the year. Unrealized increases and decrease due to fluctuations in exchange rates are included in the Statements of Changes in Net Assets Available for Benefits.

Reclassifications - Certain reclassifications have been made to prior year amounts to conform to the current year presentation.

NOTE 2. DESCRIPTION OF THE PLAN

General

The International Painters and Allied Trades Industry Pension Plan (the Pension Plan) is a multiemployer defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. It is financed by negotiated employer contributions typically set for multi-year periods under collectively bargained agreements. Contributions for 2019 and 2018 exceeded the minimum funding requirements of ERISA. The benefits earned depend on the duration of participation in the Pension Plan, and the level of a member's employment and contributions. The Pension Plan operates as a trust to provide retirement benefits to participants who are covered employees of participating employers under contracts with the International Union of Painters and Allied Trades (the Union) or its affiliates and to provide death benefits to beneficiaries.

Plan Administration

The Administration of the Pension Plan is the responsibility of a Board of Trustees comprised of Union Trustees and Employer Trustees. The Union Trustees and Employer Trustees have equal voting rights. The investments of the Pension Plan are managed by investment advisors and maintained by an independent custodian.

Pension Benefits

Effective January 1, 2003, the benefit structure was changed to an hour's structure from a unit structure. All units earned through December 31, 2002 were converted to benefit hours.

Generally, participants with five years of vested service are entitled to pension benefits beginning at age 65. The Pension Plan permits early retirement at age 55 with at least 18,000 benefit hours and a special early retirement, at any age, with at least 60,000 benefit hours.

Participants may elect to receive benefits under various joint and survivor options, which guarantee payments of benefits during the lives of both the participant and the participant's beneficiary. Alternatively, a participant may elect other options whereby pension payments are guaranteed for a certain period from the effective date of the pension, and if the pensioner dies prior to the end of the period, his or her beneficiary will receive the remaining payments.

If an active participant dies before retirement, the participant's surviving spouse or designated beneficiary may be entitled to a death benefit.

An active participant who becomes totally disabled, and has at least 18,000 benefit hours and has at least 1,000 hours in covered employment during the two calendar years just before the year in which the disability occurred, is entitled to a disability retirement benefit equal to the early retirement benefit increased by 10%. If the participant is younger than age 55 at the time of disability, he or she will be considered at age 55 for benefit calculation purposes.

A full description of the Pension Plan's benefit provisions is available in the Summary Plan Description.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Pension Plan in full force and effect; however, the right to discontinue the Pension Plan is reserved to the Trustees. Termination shall not permit any part of the Pension Plan to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event the Pension Plan terminates, the net assets of the Pension Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a participant will receive full benefits should the Pension Plan terminate at some future time will depend on the sufficiency of the Pension Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Pension Plan are insured by the Pension Benefit Guaranty Corporation (PBGC), if the Pension Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for, while other benefits may not be provided at all.

NOTE 4. TAX STATUS

The Pension Plan obtained its latest determination letter dated September 22, 2015, in which the Internal Revenue Service stated that the Pension Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan Administrator and the Plan's legal counsel believe the Pension Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 5. ACTUARIAL INFORMATION

Actuarial valuations of the Pension Plan were made by the consulting actuary as of January 1, 2019. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits

Vested benefits

Participants and beneficiaries

currently receiving benefits

Other participants

Total

\$ 3,364,205,000

1,897,315,000

5,261,520,000

NOTE 5. ACTUARIAL INFORMATION (continued)

Nonvested benefits	<u>\$ 235,546,000</u>
Total actuarial present value of accumulated plan benefits - without expenses	5,497,066,000
Present value of expected administrative expenses	<u>66,768,000</u>
Total actuarial present value of accumulated plan benefits - with expenses	<u><u>\$ 5,563,834,000</u></u>

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended December 31, 2018 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 5,377,512,000</u>
Increase (decrease) during the year attributable to	
Benefits paid	(395,788,000)
Interest	388,471,000
Active participants benefits accumulated	<u>126,871,000</u>
Net increase	<u>119,554,000</u>
Actuarial present value of accumulated plan benefits at end of year - without expenses	5,497,066,000
Present value of expected administrative expenses	<u>66,768,000</u>
Actuarial present value of accumulated plan benefits at end of year - with expenses	<u><u>\$ 5,563,834,000</u></u>

The actuarial valuations were made using the Unit Credit Cost Method. Some of the more significant actuarial assumptions used in estimating the present value of accumulated plan benefits were:

Life expectancy of participants (nondisabled) - 115% of RPH-2014 Blue Collar with separate rates for annuitants and non-annuitants (headcount-weighted table). No projected mortality improvement.

Life expectancy of participants (disabled) - RPH-2014 Disabled Retiree (headcount-weighted table). No projected mortality improvement.

Retirement rate for participants aged 45 to 54 assumed to be 0.5 in the year when they first become eligible for early unreduced (between 58,500 and 60,000 Benefit Hours accumulated). All other eligible participants are assumed to retire in accordance with the rates shown:

Probability of Retirement			Probability of Retirement		
Age	Eligible for Unreduced	All others	Age	Eligible for Unreduced	All others
45 - 47	0.025	N/A	60	0.170	0.050
48 - 49	0.150	N/A	61	0.170	0.100
50 - 52	0.100	N/A	62	0.400	0.300
53 - 54	0.100	N/A	63	0.250	0.200
55	0.180	0.050	64	0.250	0.200
56	0.150	0.050	65 - 69	0.300	0.300
57 - 58	0.100	0.050	70+	1.000	1.000
59	0.150	0.050			

NOTE 5. ACTUARIAL INFORMATION (continued)

Discount rate - 7.5%.

Administrative expenses - \$13,300,000 for the January 1, 2019.

The following Actuarial assumption changes were made as of January 1, 2019:

- The interest rate for RPA '94 Current Liability purposes was changed from 2.98% to 3.06%.
- The mortality assumption for RPA '94 Current Liability purposes was changed from the IRS prescribed static mortality table for 2018 valuation dates to the IRS prescribed static mortality table for 2019 valuation dates.

The above actuarial assumptions are based on the presumption that the Pension Plan will continue. Were the Pension Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Pension Plan are dependent upon contributions received under the Trust Agreement of the Pension Plan and income from investments.

Since information on the actuarial present value of accumulated plan benefits at December 31, 2019 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Pension Plan as of December 31, 2019 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2019. The complete financial status is presented as of December 31, 2018.

The actuary reported that the Plan met minimum funding standards as of December 31, 2019.

The Plan's actuary has reported that the Plan is in seriously endangered status as of January 1, 2020, as identified by the Pension Protection Act of 2006. A Funding Improvement Plan was adopted on April 30, 2009, which is effective from January 1, 2012 through December 31, 2026 or until the Plan is no longer in seriously endangered or endangered status.

NOTE 6. RELATED PARTY TRANSACTIONS AND LEASE COMMITMENTS

Administrative expenses and professional fees are initially paid by the Pension Plan. The International Painters and Allied Trades Industry Annuity Plan (the Annuity Plan) reimburses the Pension Plan throughout the year for its portion of shared costs based upon a cost allocation study. As of December 31, 2019, and 2018, the Pension Plan owed the Annuity Plan \$21,915 and \$69,009, respectively, for overpayments made by the Annuity Plan during the year for its share of administrative expenses and professional fees. The Annuity Plan paid the Pension Plan \$1,329,913 and \$1,398,919 during the years ended December 31, 2019 and 2018, respectively, for its portion of the shared costs.

NOTE 6. RELATED PARTY TRANSACTIONS AND LEASE COMMITMENTS (continued)

The Pension Plan collects contributions for related entities and others through the Central Collections Department. At December 31, 2019 and 2018, the Plan collected and processed, but had not yet paid, the following amounts to the related entities for contributions collected on their behalf by the Central Collections Department:

	<u>2019</u>	<u>2018</u>
Annuity Plan	\$ 6,776,638	\$ 8,419,263
Political Action Together	294,211	435,200
International Union of Painters and Allied Trades		
Finishing Trades Institute	1,098,631	1,129,736
Painters and Allied Trades Labor-Management		
Cooperation Initiative	1,003,005	1,325,346
Finishing Industry Labor Management Partnership	384,108	-
Finishing Contractors Association	<u>1</u>	<u>4</u>
Total	<u>\$ 9,556,594</u>	<u>\$ 11,309,549</u>

The Pension Plan assessed interest on the contributions received by the Pension Plan that were not yet transferred at year end to the related entities.

The Pension Plan collects contributions for related entities and others through the Central Collections Department. At December 31, 2019 and 2018, the Plan had not yet received administrative fees from the following related entities for the collection and processing of contributions collected on their behalf by the Central Collections Department, payroll review fees, 401(k) administration and legal fees.

	<u>2019</u>	<u>2018</u>
Political Action Together	\$ 12,673	\$ 9,002
International Union of Painters and Allied Trades		
Finishing Trades Institute	25,571	24,889
Painters and Allied Trades Labor-Management		
Cooperation Initiative	27,641	26,437
Finishing Contractors Association	<u>(191)</u>	<u>(323)</u>
Total	<u>\$ 65,694</u>	<u>\$ 60,005</u>

The Pension Plan leases office space from the International Union of Painters and Allied Trades Building Corp (the Building Corp) on an annual basis. The term of the lease shall continue in force and effect from year-to-year, unless and until either party gives at least 90 days advance notice that the sublease shall not continue. The annual guaranteed basic rent is based on the Pension Plan's square foot usage of the office space and requires monthly lease payments. The Pension Plan now utilizes less square footage and a new lease agreement was signed effective September 1, 2015 for a 5 year term which expires on August 31, 2020. The lease agreement can be extended for five consecutive periods of five years at a 3% per year increase in rent. Monthly lease payments for 2019 and 2018 were between \$54,478 and \$60,358. The Pension Plan paid office rent to the Building Corp totaling \$716,202 for the year ended December 31, 2019 and \$689,546 for 2018.

NOTE 6. RELATED PARTY TRANSACTIONS AND LEASE COMMITMENTS (continued)

In addition, the Pension Plan pays the Building Corp for certain operating expenses, renovation costs, real estate taxes, debt service, and other obligations associated with the Building Corp. The Pension Plan paid the Building Corp \$119,573 for the year ended December 31, 2019 and \$114,410 for 2018. At December 31, 2019 and 2018, the Pension Plan owed the Building Corp \$7,488 and \$6,245, respectively, for operating expenses.

Benefits and certain operating expenses incurred by the International Union of Painters and Allied Trades (the Union) are allocated to the related entities of the Union based on an allocation study. The Pension Plan's portion of these expenditures totaled \$364,445 for the year ended December 31, 2019 and \$230,040 for 2018. Included in this amount is \$130,156 for the year ended December 31, 2019 and \$120,657 for 2018, for reimbursement of withholding for retiree health premiums. At December 31, 2019 and 2018, the Pension Plan owed the Union \$61,910 and \$11,846, respectively, for operating expenses.

Information systems (IS) expenditures incurred by the Union are allocated to the related entities of the Union based upon an allocation study. The Pension Plan's portion of IS expenditures totaled \$93,388 for the year ended December 31, 2019 and \$80,546 for 2018. At December 31, 2019 and 2018, the Pension Plan owed the Union \$3,092 and \$5,964, respectively, for IS expenditures.

IS expenditures incurred by the Building Corp are also allocated to the related entities of the Building Corp based upon an allocation study. The Pension Plan's portion of IS expenditures totaled \$108 for the year ended December 31, 2019 and \$533 for 2018. At December 31, 2019 and 2018, the Pension Plan owed the Building Corp \$0 and \$108, respectively, for IS expenditures.

Beginning in 2016, accounting expenditures incurred by the Union are allocated to the related entities of the Union based on an allocation study. The Pension Plan's portion of accounting expenditures totaled \$317,658 and \$223,316 for the years ending December 31, 2019 and 2018, respectively.

The Pension Plan allocates a portion of the expenses to the Canada Pension Plan, to the Canada Local Union and District Council Pension Fund (LUDC Canada) and to the Annuity Plan. For the years ending December 31, 2019 and 2018, the allocation of expenses paid to the Union was as follows:

	Pension Plan	Canada Plans	Annuity Plan	2019 Total
Rent	\$ 560,502	\$ 49,257	\$ 106,443	\$ 716,202
Operating expenses and renovations	484,017	29,033	64,956	578,006
IS expenditures	93,496	4,649	10,632	108,777
Accounting expenses	317,658	15,794	36,122	369,574
Total	<u>\$ 1,455,673</u>	<u>\$ 98,733</u>	<u>\$ 218,153</u>	<u>\$ 1,772,559</u>

NOTE 6. RELATED PARTY TRANSACTIONS AND LEASE COMMITMENTS (continued)

	Pension Plan	Canada Plans	Annuity Plan	2018 Total
Rent	\$ 561,262	\$ 23,749	\$ 104,535	\$ 689,546
Operating expenses and renovations	344,450	23,959	51,882	420,291
IS expenditures	81,079	6,831	10,655	98,565
Accounting expenses	223,316	18,813	29,346	271,475
Total	<u>\$ 1,210,107</u>	<u>\$ 73,352</u>	<u>\$ 196,418</u>	<u>\$ 1,479,877</u>

Certain plan investments are units of common collective trusts managed by Northern Trust, who has been designated as an investment manager. Therefore, these transactions qualify as party-in-interest transactions and are denoted as such on the supplemental schedule of assets (held at end of year).

The transactions identified above qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 7. EXPENSES AND ALLOCATIONS TO CANADIAN PLANS

The Pension Plan, the Canada Pension Plan and the LUDC Canada Plan are administered by the Pension Plan. Certain administrative expenses paid by the Pension Plan, which are for the benefit of both Canada Plans, are allocated to and reimbursed by, the Canada Plans.

As of December 31, 2019, the Canada Plan owed the Pension Plan \$11,551 for overpayments made by the Canada Plan for administrative expenses incurred by the Pension Plan and allocated to the Canada Plan. As of December 31, 2018, the Pension Plan owed the Canada Plan \$17,021 for these same expenses.

NOTE 8. PENSION PLANS

The Pension Plan participates in the IUPAT Industry Pension Fund 401(k) Plan (the 401(k) Plan). The Pension Plan contributed six percent of the covered employees' base salary to the 401(k) Plan. The amount contributed during the year ended December 31, 2019 totaled \$68,278 and covered contributions for the period January 1, 2019 through December 31, 2019. The amount contributed during the year ended December 31, 2018 totaled \$68,724 and covered contributions for the period January 1, 2018 through December 31, 2018.

NOTE 9. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN

The Pension Plan contributes to a multiemployer defined benefit pension plan under the terms of a collective-bargaining agreement and participation agreement that covers its union-represented employees. The risks of participating in this multiemployer defined benefit pension plan are different from a single-employer plan in the following aspects:

NOTE 9. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

- a. Assets contributed to the multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.
- b. If a participating employer stops contributing to the multiemployer defined benefit pension plan, the unfunded obligations of the multiemployer defined benefit pension plan may be borne by the remaining participating employers.
- c. If the Pension Plan chooses to stop participating in its multiemployer defined benefit pension plan, the Pension Plan may be required to pay the multiemployer defined benefit pension plan an amount based on the underfunded status of the multiemployer defined benefit pension plan, referred to as a withdrawal liability.

The Pension Plan's participation in this multiemployer defined benefit pension plan for the annual period ended December 31, 2019 is outlined in the table below. The zone status is based on information that the Pension Plan received from the multiemployer defined benefit pension plan and is certified by the multiemployer defined benefit pension plan's actuary. Among other factors, pension plans in the red zone are generally less than 65 percent funded, pension plans in the yellow zone are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded.

Legal Name of Pension Plan	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
International Painters and Allied Trades Industry Pension Plan	52-0673909	001	Orange as of 01/01/20	No	Orange as of 01/01/19	No	May 31, 2022 ***

*** The staff employees of the Pension Plan participate in the International Painters and Allied Trades Industry Pension Plan through a collective bargaining agreement. Employees that are not covered under the collective bargaining agreement, which expires May 31, 2022, are covered by a participation agreement. The participation agreement does not have an expiration date.

Legal Name of Pension Plan	Contributions to the Pension Plan		Contributions to the Pension Plan greater than 5% of total Pension Plan Contributions (Plan year ending)		Employer Contribution Rates		Number of Employees Covered by Plan	
	12/31/2019	12/31/2018			12/31/2019	12/31/2018	12/31/2019	12/31/2018
International Painters and Allied Trades Industry Pension Plan	\$ 934,303	\$ 925,281	No, Plan year ending 12/31/19.	No, Plan year ending 12/31/18.	\$9.04 per hour and 18.97% of gross wages plus \$3.30 per hour from 1/1/19 - 12/31/19	\$8.61 to \$9.04 per hour and 18.97% of gross wages plus \$3.30 per hour from 1/1/18 - 12/31/18	46	45

NOTE 9. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

The Annuity Plan owed the Pension Plan \$138,857 and \$140,246, as of December 31, 2019 and December 31, 2018, respectively, for the Annuity Plan's allocated share of the pension contributions for shared employees participating in the International Painters and Allied Trades Industry Pension Plan.

The Canada Pension Plan owed the Pension Plan \$64,257 and \$64,290, as of December 31, 2019 and December 31, 2018, respectively, for the Canada Pension Plan's allocated share of the pension contributions for shared employees participating in the International Painters and Allied Trades Industry Pension Plan.

Legal Name of Pension Plan	Funding Improvement Plan or Rehabilitation Plan Implemented or Pending?	Surcharge paid to Pension Plan by the International Union of Painters and Allied Trades?	Minimum contributions required in future by CBA, statutory requirements, or other contractual requirements.	
			No?	If yes, description
International Painters and Allied Trades Industry Pension Fund	Funding Improvement Plan Implemented	No	No	N/A

NOTE 10. SECURITIES LENDING PROGRAM

The Pension Plan has an agreement with the bank that acts as custodian for the Pension Plan's investments which authorizes the bank to lend securities held in the Pension Plan's accounts to third parties.

The Pension Plan receives 75% of the net revenue derived from the securities lending activities, and the bank receives the remaining 25%. For the commingled Northern Trust funds in which the Pension Plan participates, the Pension Plan receives 60% of the net revenue derived from the securities lending activities, and the bank receives the remaining 40%. This income is priced into the NAVs of the funds and is, therefore, reflected in performance, not as cash flows.

Income reported on the statements of changes in net assets available for benefits includes \$112,999 and \$242,264 earned by the Pension Plan during the years ended December 31, 2019 and 2018, respectively, in connection with the securities lending program.

Under this program, the bank must obtain collateral from the borrower in the form of cash, letters of credit issued by an entity other than the borrower, or acceptable securities. Both the collateral and the securities loaned are marked-to-market on a daily basis so that all loaned securities are fully collateralized at all times. In the event that the loaned securities are not returned by the borrower, the bank will, at its own expense, either replace the loaned securities or, if unable to purchase those securities on the open market, credit the Plan's accounts with cash equal to the fair value of the loaned securities.

Although the Pension Plan's securities lending activities are collateralized as described above, and although the terms of the securities lending agreement with the custodial bank require the bank to comply with government rules and regulations related to the lending of securities held by ERISA plans, the securities lending program involves both market and credit risk, which is a component of off-balance-sheet risk.

NOTE 10. SECURITIES LENDING PROGRAM (continued)

At December 31, 2019 and 2018, the fair value of the cash and securities collateral held for securities loaned was as follows:

	2019	2018
Collateral - cash and cash equivalents	\$ 28,803,368	\$ 42,922,944
Collateral - securities	9,404,593	6,756,477
Total	<u>\$ 38,207,961</u>	<u>\$ 49,679,421</u>

In accordance with Transfers and Servicing, the Pension Plan has segregated securities on loan to third parties from other investments on the statement of net assets available for benefits and has also reported the cash and securities collateral held for securities on loan, and a corresponding liability to return the collateral on the statements of net assets available for benefits.

NOTE 11. OFF-BALANCE-SHEET RISK

Off-balance-sheet risk refers to the possibility that a loss, in an amount exceeding amounts recognized as assets or liabilities in the financial statements, may occur in the future. Such a loss may arise due to: (1) the failure of another party to perform according to the terms of a contract (credit risk), or (2) future changes in market prices which make a financial instrument less valuable (market risk).

For the securities lending program, market risk refers to the material change in fair value of the loaned securities or the collateral, or that the bank's investment of cash collateral received from the borrowers of the Pension Plan's securities may be subject to unfavorable market fluctuations.

Credit risk refers to the possibility that counterparties involved in the securities lending program may fail to perform in accordance with the terms of their contracts. To date, the Pension Plan has experienced no realized losses in connection with the securities lending program.

Hedge fund and private investment funds may sell securities not yet purchased, whereby a liability is created for the repurchase of the security at prevailing prices. The ultimate obligations to satisfy the sale of securities sold, but not yet purchased may exceed the amount recognized on their respective balance sheet. However, as a limited partner or shareholder in these private investment funds, the Pension Plan's financial risk is limited to the current value of its investment, which is reflected in aggregate on the Statements of Net Assets Available for Benefits.

NOTE 12. DUE TO/FROM BROKER FOR THE PURCHASE/SALE OF SECURITIES

This represents the amounts due to or from the custodial bank for the purchase or sale of securities with trade dates prior to year end and settlement dates after year end.

NOTE 13. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Basis of Fair Value Measurement:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Assets				
Fair Value Measurements at December 31, 2019				
	Total	Level 1	Level 2	Level 3
Common and preferred stock	\$ 109,675,535	\$ 109,675,535	\$ -	\$ -
Corporate obligations	75,932,729	-	75,932,729	-
United States Government and Government Agency obligations	37,508,563	-	37,508,563	-
Foreign investments				-
Common and preferred stock	2,640,133	2,640,133	-	-
Corporate obligations	7,495,240	-	7,495,240	-
Guaranteed investment contracts	18,185,154	-	18,185,154	-
Real estate equity investments	157,362,659	-	-	157,362,659
Derivatives - futures	91,399,275	91,399,275	-	-
Short-term investments	196,808,925	196,808,925	-	-
Securities loaned to third parties	37,368,645	15,752,030	21,616,615	-
	734,376,858	\$ 416,275,898	\$ 160,738,301	\$ 157,362,659
Investments measured at net asset value (a)	2,851,863,082			
	<u>\$ 3,586,239,940</u>			

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

Liabilities
Fair Value Measurements at December 31, 2019

	Total	Level 1	Level 2	Level 3
Derivatives - futures offset	\$ (91,399,275)	\$ (91,399,275)	\$ -	\$ -

The following table represents the Pension Plan's level 3 PAT International Pension Realty, Inc. financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
PAT International Pension Realty, Inc.	\$ 157,362,659	Sales comparison	Value per square foot	\$339.72 - \$1,271.24	\$ 728.15

Level 3 Fair Value Measurements for 2019

	Beginning Balance	Realized gains/losses	Unrealized gains/losses	Purchases	Sales	Ending Balance
Real estate equity investments	\$ 154,454,632	\$ 2,908,027	\$ (1,799,288)	\$ 4,624,288	\$ (2,825,000)	\$ 157,362,659

Assets
Fair Value Measurements at December 31, 2018

	Total	Level 1	Level 2	Level 3
Common and preferred stock	\$ 147,679,247	\$ 147,679,247	\$ -	\$ -
Corporate obligations	33,224,381	-	33,224,381	-
United States Government and Government Agency obligations	28,852,043	-	28,852,043	-
Foreign investments				
Common and preferred stock	2,494,389	2,494,389	-	-
Corporate obligations	4,609,796	-	4,609,796	-
Guaranteed investment contracts	17,835,193	-	17,835,193	-
Real estate equity investments	154,454,632	-	-	154,454,632
Derivatives - futures	30,757,346	30,757,346	-	-
Short-term investments	105,963,544	105,963,544	-	-
Securities loaned to third parties	48,710,847	31,146,934	17,563,913	-
	574,581,418	\$ 318,041,460	\$ 102,085,326	\$ 154,454,632
Investments measured at net asset value (a)	2,522,062,006			
	<u>\$ 3,096,643,424</u>			

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

Liabilities				
Fair Value Measurements at December 31, 2018				
	Total	Level 1	Level 2	Level 3
Derivatives - futures offset	\$ (30,757,346)	\$ (30,757,346)	\$ -	\$ -

	Level 3 Fair Value Measurements for 2018					
	Beginning Balance	Realized gains/ losses	Unrealized gains/losses	Purchases	Sales	Ending Balance
Real estate equity investments	\$ 139,586,015	\$ 14,868,617	\$ 804,486	\$ 3,935,514	\$ (4,758,000)	\$ 154,436,632

(a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the period.

The unfunded commitments, redemption notice period information are as follows at December 31, 2019:

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Foreign mutual funds:				
Oberweis International Opportunities Institutional Fund	\$ 41,346,055	\$ -	Daily	n/a
Limited partnership - hedge fund of funds:				
Symphony Senior Loan Fund	77,852,419	-	Monthly	30 days
Highbridge Institutional Credit Fund	45,670,929	-	(y)	(y)
Limited partnerships - private equity:				
Adams Street Co-Investment Fund II	5,598,241	407,000	(a)	(a)
Adams Street 2009 Direct Fund	1,828,590	93,900	(a)	(a)
Alcentra European Credit Opportunities Fund	5,158,595	-	(j)	(j)
Alcentra Multi-Strategy European Credit Fund	3,502,999	-	(j)	(j)
Kayne Anderson Energy Fund VI, L.P.	11,338,913	12,562,084	(d)	(d)
KPS Special Situations Fund IV, L.P.	14,400,080	4,377,263	(o)	(o)
Crescent Mezzanine Partners VIB	9,206,754	1,893,751	(c)	(c)
Crescent Mezzanine Partners VIIB	5,163,170	4,883,348	(c)	(c)
Sigular Guff Trade Finance Opportunities Fund, L.P.	19,870,761	2,444,215	(x)	(x)

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Limited partnerships - private equity (continued):				
Thoma Bravo XII	\$ 41,983,491	\$ 2,230,932	(x)	(x)
Riverstone Global Power and Energy				
Fund VI	6,252,290	4,476,264	(x)	(x)
North Sky Alliance Fund II	13,032,483	-	(x)	(x)
Alcentra Clareant European Direct				
Lending Fund II	17,027,024	2,319,010	(x)	(x)
J.F. Lehman Equity Investors IV, L.P.	11,561,122	1,756,146	(z)	(z)
Lightyear Fund IV, L.P.	20,847,277	2,403,630	(aa)	(aa)
Clareant Strategic Credit Fund	20,313,105	2,105,673	(x)	(x)
Beachpoint Opportunities Fund III L.P.	188,124,576	-	Daily	10 days
Oak Hill Strategic Credit Fund II				
(Offshore) L.P.	8,726,309	12,000,000	(ab)	(ab)
Napier Park Credit Strategies				
BPI LP	163,922,215	-	Quarterly	65 days
Napier Park Multi-Asset				
Fund I (Cayman) LP	27,871,719	28,389,127	(x)	(x)
Mesirow Financial Private Equity				
Fund VII-A, L.P.	28,741,508	47,250,000	(x)	(x)
Alcentra European Credit				
Opportunities Fund III	3,681,923	31,392,468	(m)	(m)
BPEA Strategic Healthcare I-B, L.P.	8,662,423	17,561,179	(x)	(x)
Ashmore EM Blended Debt Fund L.P.	103,085,277	-	Monthly	5 days
Limited partnerships - equity:				
Mondrian Emerging Markets				
Small Cap Equity Fund	23,407,135	-	Monthly	(g)
Neuberger Berman Emerging				
Markets Equity Fund	160,678,100	-	(f)	5 days
Limited partnerships - real estate:				
Prudential PRISA III Fund, L.P.	13,980,670	-	Quarterly	90 days
Westport (WCP) Special Core Plus Fund	21,027,781	1,132,000	(x)	(x)
Limited partnerships - Infrastructure:				
Alinda Infrastructure Fund II	12,032,016	3,308,684	(b)	(b)
Macquarie Infrastructure				
Partners	3,312,731	520,619	(b)	(b)
Macquarie Infrastructure				
Partners II	18,817,496	1,899,359	(b)	(b)
Carlyle Global Infrastructure				
Opportunity Fund	4,581,635	66,979,258	(b)	(b)
Foreign limited partnerships:				
Park Square Capital				
Credit Opportunities Fund II	27,264,467	10,587,854	(b)	(b)
Pooled separate accounts - fixed income:				
Union Labor Life Insurance				
Separate Account J	24,762,277	-	^Monthly	^90 days
Common collective trust - balanced:				
NIS Preferred Stock Fund	10,354,459	-	Bi-Monthly	3 days
Common collective trust - equity:				
Artisan Global				
Opportunities Trust Fund	214,970,860	-	Daily	5 days
Artisan International Growth Trust Fund	74,460,035	-	Daily	5 days
AFL-CIO Equity Index Fund	279,614,909	-	Daily	n/a
Segall, Bryant & Hamill International				
Small Cap Trust	42,040,268	-	Daily	1 day

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common collective trust - fixed income:				
NIS Core Fixed Income Fund	\$ 113,203,825	\$ -	Bi-Monthly	3 days
NIS High Yield Fund	7,567,159	-	Bi-Monthly	3 days
NIS Total Absolute Return Fund	11,888,042	-	Bi-Monthly	3 days
Crescent Capital Trust II Levered	9,804,170	20,588,428	(s)	(s)
Common collective trust - building investment trust:				
AFL-CIO Building Investment Trust	78,870,530	-	Quarterly	one year
Common collective trust - real estate:				
Long View Ultra I Construction Loan Fund	10,869,382	-	#Monthly	#one year
ASB Allegiance Real Estate Fund	39,615,702	-	Quarterly	n/a
The Build Fund	968,131	-	(e)	(e)
ERECT Fund	5,596,212	-	Monthly	(w)
Common collective trust - Mutual fund of funds:				
Blackrock Global Markets Neutral Strategy	103,512,000	-	Monthly	3 days
Hedge fund of funds - diversified:				
EnTrust Special Opportunities Fund II	8,121,934	-	Quarterly	95 days
Canyon Value Realization Fund	26,936,267	-	Quarterly	(n)
LibreMax Master Fund, Ltd.	19,836,181	-	Quarterly	90 days (p)
Perry Partners International Ltd.	1,721,764	-	Quarterly	90 days
Marshall Wace European Tops Fund	20,825,785	-	Monthly	30 days
Caxton Global Investments Instl. Ltd.	11,200,691	-	Quarterly	45 days
Renaissance Institutional Equities Fund LLC	12,257,734	-	Monthly	60 days
Davidson Kempner International	9,312,288	-	Quarterly	60 days
Makuria Credit Fund	16,827,510	-	Quarterly	90 days
Lighthouse global Long/Short Fund	35,745,529	-	Quarterly	60 days
Autonomy Global Macro	20,284,026	-	Monthly	60 days
Allianz GI Structured Apha 1000 LLC	16,828,061	-	Monthly	30 days
Voya Global Multi-Strategy Qualifying Investors Fund	6,907,425	-	Quarterly	65 days
103-12 investment entity- balanced:				
Blue Rock Plus Fund L.P.	109,293,254	-	Quarterly	45 days
Walter Scott Limited Group Trust	213,773,320	-	Bi-Monthly	(i)
Union Labor Life Insurance Infrastructure	16,947,913	-	(v)	(v)
Washington Capital Transportation Fund	15,690,208	33,491,823	(x)	(x)
Adams Street Partnership Fund- 2009 Non-US Emerging Markets Fund	3,468,224	244,500	(a)	(a)
Adams Street Partnership Fund- 2009 U.S. Fund	11,930,465	1,230,000	(a)	(a)

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
103-12 investment entity- balanced (continued):				
Adams Street Partnership Fund-				
2009 Non-US Developed				
Market Fund	\$ 5,720,819	\$ 994,500	(a)	(a)
Housing investment trust:				
AFL-CIO Housing				
Investment Trust	50,263,444	-	Monthly	15 days
Total	<u>\$ 2,851,863,082</u>	<u>\$ 319,523,015</u>		

(a) - There is no redemption option for the Adams Street commitments. Adams Street can help facilitate a transfer of a client's interest to another limited partner, which has occurred on several occasions over the last 20 years.

(b) - Limited partners of the Alinda Infrastructure Fund II, Macquarie Infrastructure Partners, Macquarie Infrastructure Partners II, Carlyle Global Infrastructure Opportunity Fund and Park Square Capital Credit Opportunities are not allowed to make withdrawals. These funds are closed-end funds and redemptions are not provided for in the limited partnership agreements.

(c) - Redemption frequency and notice period are not applicable, as the Partnership is a ten-year closed-end fund. The Partnership's term will be ten years from the initial closing date, subject to extension by the General Partner for up to three additional one-year periods to allow for an orderly liquidation of the Partnership's investments. The Partnership will be subject to early termination and dissolution under certain circumstances as provided in the Limited Partnership Agreement. The investment period is five years from final closing. Partners may not withdraw from this investment prior to its termination.

(d) - There is no redemption option for the Kayne Anderson commitments. The Fund will continue until the tenth anniversary of the investment commencement date, October 1, 2012, or such later date up to two years thereafter, as determined by the General Partner and approved by the Fund's advisory board.

(e) - The Build Fund of America is currently in the process of being liquidated; therefore, it is currently not processing redemption requests. Distributions are made to investors on a pro rata basis when there are sufficient funds to be distributed.

(f) - Limited Partners of the Neuberger Berman Emerging Markets Equity Fund L.P. may withdraw all or a portion of the Limited Partner's account balance as of the last business day of any calendar month, provided that written notice is provided to the Administrator not less than five business days prior to the desired withdrawal date. There are no lock up provisions; however, the Fund's General Partner may, in its sole and absolute discretion, suspend or limit the right of a Fund investor to withdraw all or any portion of its interest upon the occurrence of certain events specified herein.

(g) - Limited Partners of the Mondrian Emerging Markets Small Cap Equity Fund, L.P. may request full or partial withdrawals from their capital accounts at the beginning of each month by giving prior written notice to the General Partner on or before the fifteenth day of the prior month, provided that for any partial withdrawal the aggregate value of such Limited Partner's Capital Account after such withdrawal equals or exceeds \$5,000,000.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

(h) - For the Blue Bay Global Funds, the redemption frequency is daily. The Plan may place a redemption from the Fund on any valuation day (as defined in the funds Offering Memorandum), which is any day that is a business day in London, New York and Luxembourg. The redemption request needs to be submitted in writing to the fund administrator. The notice period is one business day.

(i) - Notice of redemption for Walter Scott Limited Group Trust - Global Fund is required by the 8th and 22nd day of the same month for on the 16th and 1st valuation dates, respectively.

(j) - Alcentra European Credit Opportunities is a closed end vehicle which does not provide for investor redemptions. There is a six-year term with no liquidity. Alcentra Multi-Strategy European Credit Fund allows redemptions on a quarterly basis with 90-day prior written notice.

(k) - For the Loomis Sayles Credit Long Short Fund, if a shareholder elects to redeem all or a portion of its shares within one year of the purchase of such shares, the shareholder's redemption proceeds will be subject to a redemption fee payable to the Fund equal to 2% of the requested redemption proceeds.

(l) - For Wellington monthly valued funds, notification of a withdrawal must generally be received by the 22nd calendar day of the preceding month, though some funds require up to 90 days' prior notice (as described in the relevant statement of characteristics).

(m) - The Alcentra European Credit Opportunities Fund III is a closed fund, and redemptions are not permitted. The fund has a six-year term from its final closing date, with two one-year extension options at the request of investor consent.

(n) - Notice of redemption for the Canyon Value Realization Fund is required on or before the last calendar day of the first month of the applicable fiscal quarter.

(o) - The KPS Special Situations Fund IV, L.P. has a seven-year commitment period and a twelve-year term.

(p) - The LibreMax Master Fund, Ltd. has a one-year soft lock, with a 5% early redemption fee, and a 25% investor level gate.

(q) - Symphony Long-Short Credit (Offshore) Fund, Ltd. has a one-year soft lock-up subject to a 3% early withdrawal penalty.

(r) - Tricadia Credit Strategies Ltd. can be redeemed the last business day of each calendar quarter end after the twelve-month anniversary of the purchase of such shares. There is a twelve-month soft lock-up period.

(s) - Other than with respect to quarterly income distributions, it is not expected that the Fund will make any redemption distributions for until the Fund's closing date, which is 3 years after the final closing date, which is 8 years after the initial closing date of August 9, 2019.

(t) - SEG Partners Offshore Ltd. Class A has a one-year lock-up period.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

(v) - For the Union Labor Life Insurance Infrastructure, a redemption of all or a portion of its units is permitted after the expiration of the four-year Lock-up period. Upon 45 days notice, the redemption request will be placed in a redemption queue. A redemption request that is up next in the queue will be able to have all or a portion of its requested units redeemed.

(w) - Redemptions shall take effect on the last day of the month in which notice is given if it is received by AmeriServ prior to the 20th of the month. The redemption of any investment in ERECT Fund I shall be subject to the current liquidity of the Fund and the terms and conditions of the Trust.

(x) - The Fund is a closed-end fund, and redemptions are not permitted.

(y) - For Highbridge, notification must be given at least 90 days' prior written notice to the Administrator, withdraw all or any portion of its capital account(s) as of any calendar quarter-end; provided, however, that a partial withdrawal will not be permitted if after giving effect to such withdrawal the aggregate remaining balance in a limited partner's capital account(s) would be less than \$100,000. The Administrator may determine to not affect partial withdrawals of interests in amounts less than \$100,000. The Administrator may waive such notice, minimum balance requirements and other requirements and/or limitations and/or permit withdrawals at other times.

(z) - There is no redemption option for the JFL Equity Investors commitments. The Fund will continue until terminated on March 1, 2026, unless otherwise extended or dissolved by the General Partner, in accordance with the Partnership's Amended and Restated Limited Partnership Agreement and the consent and approval of the Advisory Committee, who may together extend the term of the Partnership for up to three successive on-year periods to allow for orderly liquidation.

(aa) - There is no redemption option for Lightyear Fund IV. The Partnership will terminate on February 18, 2026 unless further extended pursuant to the Second Amended and Restated Agreement of the Limited Partnership of the Partnership dated as of November 9, 2017.

(ab) - There is no redemption option for the Oak Hill Strategic Credit Fund II. The fund has an investment period of 3 years ending on April 18, 2020, with an option for a one-year extension and a wind down period of four years, with two one-year extension options.

(ac) - Full or partial withdrawals that exceed 10% of investor's capital account balance at the beginning of the quarter are permitted at quarter end with 45-day written notice. In addition, partial withdrawals up to 10% of an investors account balance in aggregate as measured as of the first day of a calendar quarter, are permitted at month end during a quarter with 5 days written notice.

^ - A redemption may be delayed when cash and other liquid assets, less amount already committed for mortgages and reserves for account expenses, are inadequate to meet the request after satisfying all prior requests and funding commitments and expense reserves.

- Due to the loan commitments that are funding monthly construction draws and the lack of liquidity in the credit markets to pay off completed projects, further redemptions will not be made in the near term.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

n/a - For these investments, a request for a redemption needs to be made before or on the day of the valuation for the redemption to be paid out.

BlueBay Emerging Markets Select Bond SP commenced operations on December 21, 2012. The investment objective is to seek to achieve a total rate of return in excess of a benchmark from a portfolio of fixed income securities of issuers based in emerging countries worldwide and denominated in any currency. In seeking to achieve this objective, it invests in at least two-thirds of its net assets in fixed income securities of any rating issued by Emerging Market Issuers, which may be denominated in any currency, and in distressed debt securities of Emerging Market Issuers.

The investment objective of the Oberweis Investment Opportunities Institutional Fund is to maximize long term capital appreciation. To achieve this objective, they invest primarily in common stocks of companies that have a potential for above - average long term growth in market values.

Symphony Senior Loan Fund, L.P., a Delaware limited partnership was organized on July 19, 2011 and commenced operations on November 1, 2011. The Partnership was organized for the purpose of trading and investing primarily, but not solely, in senior loans.

Highbridge Institutional Credit Fund, L.P. was organized as a Cayman Islands exempted limited partnership which commenced operations on November 1, 2015. Their objective is to provide investors with attractive risk-adjusted returns with an emphasis on capital preservation and a view towards liquidity. The majority of the Fund's portfolio is expected to be invested in corporate debt instruments, including bank loans and high yield bonds. The Fund may also invest in other instruments, including equities, structured credit instruments, credit default swaps and other derivative products. The portfolio may be hedged to reduce volatility and protect against systemic risk.

Adams Street Co-Investment Fund II, L.P. was organized on April 2, 2008 to invest in direct private placements of emerging growth companies and buyout transactions. The Partnership began operations on March 9, 2009.

Adams Street 2009 Direct Fund, L.P. was organized on December 22, 2008 to invest in direct private placements of emerging growth companies. The Partnership began operations on January 12, 2009.

The objective of the Alcentra European Credit Opportunities Fund (ECOF) is to generate attractive risk-adjusted returns through a blend of capital appreciation and current income. Alcentra expects to utilize two separate investment strategies in seeking to achieve the ECOF Fund's investment objective, which may include, without limitation, investment in "European Direct Lending" and "European Leveraged Loans." As it takes time to deploy capital in the direct lending space, the ECOF Fund will at first invest in more liquid European senior secured loans, which will be sold as opportunities to present themselves in European Direct Lending. The strategies will generally be managed based upon bottom-up, fundamental research. For European Direct Lending investment opportunities will be assigned to a specific risk category in order to seek to achieve diversification of the risk in the portfolio. The ECOF Fund will not seek to utilize borrowing.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

The Alcentra Multi-Strategy European Credit Fund's investment objective is to generate attractive risk-adjusted returns through a blend of capital appreciation and current income.

The Kayne Anderson Energy Fund VI, L.P. is a Delaware limited partnership which commenced operations on October 1, 2012. The principal purpose of the partnership is to make investments in public and private energy companies, principally through privately issued securities. The partnership invests in oil and gas companies which are generally formed as limited liability companies or limited partnerships. The transaction prices, excluding transaction costs, of the underlying operating companies are typically the Fund's best estimate of fair value at inception.

The KPS Special Situations Fund IV, L.P. will seek significant capital appreciation by making controlling equity and equity-related investments in companies across a diverse range of manufacturing industries experiencing a period of transition or challenged by the need to effect immediate and significant change.

Crescent Mezzanine Partners VIB, L.P. and Crescent Mezzanine Partners VIIB, L.P. are closed-end Delaware limited partnerships formed for the purpose of allowing qualified investors to pool their assets to invest in privately negotiated mezzanine level subordinated debt and equity securities issued by larger middle-market companies. Such investments include securities issued in connection with leveraged transactions, specifically management buyouts, acquisitions, refinancings, recapitalizations and later-stage growth capital financings.

The Siguler Guff Trade Finance Opportunities Fund, LP was designed to take advantage of regulatory capital relief transactions in Europe. The Fund will also invest in structured products and non-performing loan opportunities.

The purpose of the Thoma Bravo Fund XII, L.P. is investing in private equity transactions. The Fund intends to use a consolidation or buy and build investment strategy with an emphasis on software and technology enabled services sectors.

Riverstone Global Energy and Power Fund VI, L.P. is organized as a Delaware limited partnership where the objective is to generate long-term capital appreciation through privately negotiated equity and equity-related investments. The Partnership Agreement provides for a termination date of February 23, 2025, although the General Partner, with the approval of Investment Advisory Committee, may extend Riverstone Energy Fund VI for up to two consecutive one-year terms. Terms not defined herein are defined in the Partnership Agreement.

The North Sky Alliance Fund II, LP is a limited partnership organized under the laws of the state of Delaware. The Partnership had its initial closing on July 9, 2015 and commenced operations on November 23, 2015. The operations of the Partnership will continue until January 4, 2027, unless sooner terminated or extended, as provided for in the partnership agreement. The purpose of the Partnership is to invest primarily in cleantech infrastructure projects and the developers of such projects.

The Alcentra Clareant European Direct Lending Fund No. 1 Limited Partnership's principal activity is to, via a wholly owned subsidiary, make, hold, monitor and realize investments in companies, bodies corporate or partnerships.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

The investment objective of the JFL Equity Investors IV, L.P. is to seek long-term capital appreciation by investing in companies involved in or connected with defense, aerospace, marine or engineering industries or other specialized service or manufacturing industries. The Partnership shall terminate on March 1, 2026, unless otherwise extended or dissolved by the General Partner, in accordance with the Partnership's Amended and Restated Limited Partnership Agreement (the "Partnership Agreement").

The Lightyear Fund IV, L.P. seeks capital appreciation through direct private equity and equity-related investments, including management buyouts, leveraged recapitalizations, restructurings, consolidations, leveraged acquisitions, build-ups, pre-public offering opportunities and growth capital transactions. The Partnership will terminate on February 18, 2026 unless further extended.

The purpose of the Clareant Strategic Credit Fund (the "Partnership") is to accept commitments from investors and carry on the business of an investor in accordance with the Limited Partnership Agreement. The Partnership invests all of its investable assets into Clareant Strategic Credit Fund (Holding) SCSp ("the Master Fund").

The Beachpoint Opportunities Fund III LP's investment objective is to achieve superior returns with less-than-commensurate risk by investing primarily in middle market credit opportunities, special situations and distressed debt, focusing on companies that lack access to capital, companies in dislocation or under Stress, and companies close to or experiencing financial distress, bankruptcy or restructuring. The Fund will generally seek to invest at a meaningful discount to intrinsic value and to realize profits primarily through capital appreciation.

Oak Hill Strategic Credit Fund II (Offshore), L.P. was organized for the purpose of investing in distressed, stressed and undervalued loans, bonds, equities and other investments. Its investment period shall run through April 18, 2020. The Partnership's investment period may be extended up to one year under certain circumstances.

Napier Park Credit Strategies BPI LP is a Cayman Islands exempted limited partnership that was formed on September 25, 2017 and commenced operations on January 9, 2018 and invests substantially all of its capital into Napier Park Credit Strategies BPI Master Fund LP. The Fund's investment objective is to achieve superior risk-adjusted returns over a market cycle by allocating assets to multiple investment strategies to achieve a diversified portfolio with a focus on global credit markets.

Napier Park Multi-Asset Fund I (Cayman) LP seeks to earn returns comprised of current cash distributions of lease income from assets indirectly owned by the Underlying Funds, and potential gains on sales of assets indirectly owned by the Underlying Funds. In addition, Napier Park Multi-Asset Fund I will seek to generate potential tax benefits for its investors through the pass-through of the tax assets indirectly owned by Rail III and Air Rollover.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

Blue Rock Plus Fund, L.P., a Delaware series limited partnership, organized in May 2017, commenced operations on October 1, 2017 to operate as a private investment partnership. The Partnership pursues alpha overlay investment strategies whereby the Partnership will create a separate segregated portfolio (each, a “Partnership Segregated Portfolio”) corresponding to each overlay strategy it offers to investors. Each Partnership Segregated Portfolio obtains its alpha exposure through its investment in one or both of Blue Rock Capital Fund, L.P., a Minnesota limited partnership, and Blue Rock Liquid Alpha Fund, L.P., a Delaware limited partnership that, respectively, operate as a private investment partnership. Each Partnership Segregated Portfolio’s beta exposure may be obtained through total return swaps, futures contracts and/or other derivative instruments seeking to replicate a particular index, together. The Beta Exposure of each Partnership Segregated Portfolio is managed by any person or company selected by the General Partner to provide investment advisory services to each Partnership Segregated Portfolio.

Mesirow Financial Private Equity Fund VII-A, L.P., a Delaware limited partnership, invests funds in private equity limited partnerships. Mesirow Financial Services, Inc., wholly-owned by Mesirow Financial Holdings, Inc., is the General Partner of the Partnership. The Partnership held its first close on January 23, 2017 and commenced operations on May 22, 2017, the initial drawdown date. Pursuant to the Amended and Restated Limited Partnership Agreement dated January 23, 2017, the Partnership is scheduled to terminate on May 22, 2030, the twelfth anniversary of the Commencement Date as defined in the LPA, May 22, 2018. However, provisions in the LPA allow for up to three one-year extensions of the initial term.

The object of the Alcentra European Credit Opportunities Fund III (ECOF) is to generate attractive risk-adjusted returns through a blend of capital appreciation and current income. Alcentra expects to utilize two separate investment strategies in seeking to achieve the ECOF Fund’s investment objective, which may include, without limitation, investment in “European Direct Lending” and “European Leverage Loans.” As it takes time to deploy capital in the direct lending space, the ECOF Fund will at first invest in more liquid European senior secured loans, which will be sold as opportunities to present themselves in European Direct Lending. The strategies will generally be managed based upon bottom-up, fundamental research. For European Direct Lending investment opportunities will be assigned to a specific risk category in order to seek to achieve diversification of the risk in the portfolio. The ECOF Fund will not seek to utilize borrowing.

The BPEA Strategic Healthcare I-B, L.P. is a limited partnership formed under Delaware Revised Uniform Limited Partnership Act. The primary purpose of the Partnership is to acquire, manage and dispose of investments in healthcare-focused (a) private equity funds that are focused primarily on making buyout and growth capital investments in companies that are organized or headquartered within the United States and/or that conduct a substantial portion of their business activity with the United States, and (b) companies that are privately held at the time of investment, including, without limitation, co-investing in such companies with or through Portfolio Funds and other private equity funds that are not Portfolio Funds. The partnership may occasionally invest in private equity funds that are not exclusively healthcare-focused.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

The Ashmore EM Blended Debt Fund L.P., a Delaware limited partnership, was established on May 8, 2015. The fund commenced operations on July 1, 2015 and seeks to maximize total return, which consists of income, gains, and capital appreciation. The fund seeks to achieve its objective by investing in debt instruments of Sovereign, Quasi-Sovereign, and Corporate Issuers.

Mondrian Emerging Markets Small Cap Equity Fund, L.P. (Mondrian) was established as a Delaware limited partnership on August 23, 2010 and commenced operations on October 3, 2011. Mondrian seeks to achieve long-term total return. It seeks to achieve its investment objective by investing in equity securities of emerging markets small capitalization companies.

The investment objectives of the Neuberger Berman Emerging Markets Equity Fund, Ltd. through its investment in a master fund, is to seek long term growth of capital through investment primarily in equities of issuers in emerging market countries in accordance with the limited partnership agreement. The Master Fund L.P.'s portfolio will include securities of companies traded on stock exchange or over-the-counter in emerging market countries.

PRISA III Fund L.P., offered by Prudential, executes a value added strategy by making investments through direct property ownership, joint ventures, mezzanine debt and other equity linked real estate interests. The Fund's purpose is to invest in commercial real estate through one or more real estate investment trusts. The Fund seeks enhanced returns based on accepting the appropriate market, leasing, and leverage risk at the time of the investment. The Fund plans to invest through joint ventures in properties that require development, re-development or other management expertise to create or enhance value.

PRISA III also seeks to purchase properties at below replacement cost prices, take advantage of seller timing pressure, and actively manage properties with value added potential to enhance the risk-adjusted returns over the life of the fund. PRISA III will acquire real estate investments located in various markets in North America (US, Canada and Mexico).

WCP Special Core Plus Fund, L.P. (the "Fund") is a closed-end fund that will pursue a broad range of core-plus real estate investment opportunities. The Fund is expected to focus on properties with good current cash flow. The Fund will continue proactively managing and repositioning assets, investing capital to make physical improvements, and aggressively executing leasing and operational plans to increase revenues and minimize expenses.

Alinda Infrastructure Fund II, L.P. is a Delaware limited partnership which commenced operations on July 10, 2008. The primary investment objective of the Partnership is to seek capital appreciation and current income by acquiring, holding, financing, refinancing and disposing of infrastructure investments and related assets.

Macquarie Infrastructure Partners International, L.P. and Macquarie Infrastructure Partners II International, L.P. are Delaware limited partnerships. The principal purposes of the partnerships are to earn income directly and indirectly from infrastructure assets and assets with similar characteristics located predominantly in the United States, Canada, and Mexico.

Carlyle Global Infrastructure Opportunity Fund (the Partnership) is an exempted limited partnership formed on April 6, 2016 (Inception) in accordance with the laws of the Cayman Islands. The Partnership's primary activity is to invest in privately negotiated equity investments or equity-related investments in assets related to the infrastructure sector.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

The investment objective of the Park Square Capital Credit Opportunities Fund II is to focus on European Secured debt, both through primary deals and opportunistically through secondary market purchase.

The investment in the pooled separate accounts - fixed income consists of the Union Labor Life Insurance Separate Account J, which is used as a funding vehicle for group annuity contracts issued to qualified pension plans.

The NIS Preferred Stock Fund investment objective is to provide attractive risk-sensitive incremental returns on a consistent basis through a diversified portfolio consisting primarily of domestic corporate preferred stocks and preferred-like fixed income securities and investments.

The investment objective of the Artisan Global Opportunities Trust is to seek long term capital growth. It attempts to meet this objective by investing mainly in publicly traded equities of the United States and non-United States companies across a broad capitalization range.

The investment objective of the Artisan International Growth Trust is to seek maximum long-term capital growth. The Fund will attempt to meet its objective by investing mainly in publicly traded corporate equities (including common and preferred stocks, warrants, and depositary receipts) of non-U.S. companies across a broad capitalization range.

The investment objective of the AFL-CIO Equity Index Fund is to as nearly as practical replicate the performance of the Standard and Poor's 500 Index, a widely recognized index of common stocks, by the purchase and sale of such equities which compose the S&P 500 Index Fund.

The Segall, Bryant & Hamill International Small Cap Trust strategy seeks to outperform its benchmark with a portfolio of companies with traditional value characteristics coupled with positive company-momentum factors. The approach is to identify stocks which are attractively priced relative to their peers, but are otherwise normal and healthy. The significant emphasis in the models on valuation provides this price discipline, while the complementary assessments on price and earnings momentum and profitability look to disqualify cheap stocks that are "unhealthy" in some way or another (i.e., value traps).

The Allianz GI Emerging Markets Consumer CIT's investment objective is to seek long term capital appreciation through investments in securities which are expected to take advantage of growing consumer demand in emerging markets.

The NIS Core Fixed Income Fund investment objective is to achieve a consistent total rate of return through a diversified portfolio of fixed income securities consisting primarily of U.S. government, corporate and mortgage-backed securities. The long-term objective is to outperform the Barclays Aggregate Bond Index over a full market cycle.

The NIS High Yield Fund investment objective is to achieve high and consistent returns through a diversified portfolio of high yield fixed income corporate securities by emphasizing securities of companies with improving credit ratings in recovering industries. The long-term objective is to outperform the Citigroup High Yield Market Capped Index over a full market cycle.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

The NIS Total Absolute Return Fund investment objective is to achieve a consistent annual return through a portfolio of fixed income securities consisting primarily of the Barclays Aggregate 1-3 Year Index and similar securities. The long-term objective of the Fund is to outperform the annual average return of one-year U.S. Treasury Bills while minimizing volatility.

The Crescent Capital Trust II Levered investment objective is to seek to realize superior risk-adjusted returns by investing in a multi-asset class, diversified portfolio of primarily below-investment grade debt securities on a levered basis.

The AFL-CIO Building Trust (BIT) invests in real estate investments meeting the Trust's investment criteria and objectives. In selecting real estate investments, one of the Trust's principal objectives is to generate competitive risk-adjusted returns by investing in Real Estate Investments that have the potential to offer the Trust current cash return, long-term capital appreciation, or both. Since the Trust is a commingled real estate investment fund, funds invested in the BIT are not subject to the investment guidelines or policies of the Unitholders.

The Long View Ultra I Construction Loan Fund was established to invest the pooled contributions of eligible trusts principally in real estate construction loans which are secured by properties constructed with union labor. All loans made by the Fund have an approved exit strategy, including, but not limited to, a permanent take-out commitment or acceptable alternative.

The ASB Allegiance Real Estate Fund seeks to invest in high-quality, union-constructed, income-producing properties which are diversified by property type, location, and lease exposures. The Fund targets value creation real estate opportunities through ground-up development, re-development, re-positioning, and expansion. Fund Management seeks to maintain a competitive market advantage by utilizing a creative and flexible approach to respond quickly to market opportunities.

The investment objective of the Building Union Investment and Local Development ("BUILD") of America is to provide secure investments with competitive returns in real estate projects through the prudent origination of debt and equity investments in commercial real estate properties. These construction projects will be built utilizing employees organized under collective bargaining agreements with labor organizations, either currently or formerly, affiliated with the Building and Construction Trades Department of AFL-CIO. Each investment will be of an institutional quality and will serve to create a diversified real estate portfolio by property type, investment structure, geographic/economic base, and risk profile.

The purpose and investment objective of the ERECT Fund is to invest in financing instruments, primarily loans to real estate projects. These real estate construction projects are built utilizing employees organized under collective bargaining agreements with labor organizations affiliated with the Building and Construction Trades Department of the AFL-CIO. Excess cash is invested in short-term, liquid investments until additional loans are identified, approved, and funded. The Fund seeks diversified properties to lend to including office, retail, operating, and residential rental properties.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

The BlackRock Global Markets Neutral Strategy Fund generally seeks to gain exposure to various long/short strategies, with the objective of seeking a return that is higher than the total rate of return of a benchmark that is selected by BTC. The Fund's strategy incorporates a number of proprietary methods for analyzing and assessing opportunities across the global equity markets. The Fund may take a long or short position in a particular security of any issuer; however, the Fund intends its portfolio overall to be market neutral. The long and short portfolios are constructed so as to control several types of risk, including economic sector, investment style and market risk. The returns in connection with the Fund's strategy are generated from the difference in appreciation or depreciation between the long and short portfolios, plus the returns on the cash holdings.

The investment objective of the Wellington Opportunistic Investment Allocation Portfolio is to outperform core markets through concentrated exposure to our best allocation ideas among niche, or non-core investment opportunities.

Invesco Global Targeted Returns Fund is a series portfolio of Invesco Multi Series Funds, LLC, which is a multi-series Delaware limited liability company, and was organized on February 11, 2016. The Fund commenced operations on September 1, 2016. Invesco Multi Series Funds Associates, LLC is the Manager of the Company and has delegated all of its investment management authority, with respect to the Company, to Invesco Advisers, Inc., the investment manager to the Fund. Invesco Asset Management Ltd. serves as the investment adviser of the Fund. The Investment Manager and the Adviser are both indirect wholly-owned subsidiaries of Invesco Ltd. and considered affiliated. The Fund's investment objective is to seek a positive total return over the long term in all market environments.

The EnTrust Special Opportunities Fund II (EnTrust) operates as a fund of funds with the investment objective of minimizing risk through diversification and maximizing total return through manager selection. EnTrust seeks to achieve above-average rates of return and long-term capital growth by investing opportunistically in a select group of funds and investment vehicles that are generally expected to be illiquid. EnTrust expects to invest in a broad range of investments, including but not limited to, global distressed corporate securities, activist equities, value equities, post-reorganizational equities, municipal bonds, high yield bonds, leverage loans, unsecured debt, collateralized debt obligations, mortgage backed securities, commercial mortgage backed securities, direct lending and sovereign debt, as stated in the offering memorandum.

The Loomis Sayles Credit Long Short Fund's investment objective is to seek to provide absolute returns in excess of the London Interbank Offered Rate in U.S. dollars. The Fund seeks to achieve this objective by investing all or substantially all of its assets through a master/feeder structure in the Loomis Sayles Credit Alpha Master Fund, Ltd.

The Canyon Value Realization Fund focuses on an investment strategy that seeks capital appreciation and current income by investing in debt and equity securities, with an emphasis on debt instruments. It invests opportunistically across various asset classes including various levels of corporate debt, securitized assets, event-driven equities, direct investments, and convertibles.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

The investment objective of the LibreMax Master Fund, Ltd. is to generate attractive risk-adjusted returns through investments in a variety of securitized products and credit instruments. To achieve this objective, the Company employs an extensive micro-credit analysis and rigorous security selection process. The Master Fund employs various hedging strategies to mitigate broader market and economic risks.

The investment objective of the Symphony Long - Short Credit (Offshore) Fund, Ltd. is to employ a long - short credit strategy, investing in and selling short high yield and investment grade bonds, derivatives and indexes on the foregoing investments.

The investment objective of the Tricadia Credit Strategies, Ltd. is to achieve superior risk - adjusted returns while preserving capital, by engaging in a variety of investment strategies and techniques, including hedged strategies and arbitrage techniques.

Tricadia Credit Strategies, Ltd. was formed as an exempted company under the laws of the Cayman Islands in March 2005 and commenced operations on April 1, 2005. The shareholders' risk of loss of their investment in the Fund is limited to their investment.

The SEG Partners Offshore, Ltd. is a long/short strategy that invests across market caps with the majority of exposure in the U.S. The goal of the strategy is to identify high free cash flow generating companies with strong barriers to entry for the long portfolio and to find companies with deteriorating fundamentals that are under competitive pressure for the short portfolio.

Perry Partners International, Ltd. makes opportunistic investments across various asset classes including equities, credit, merger arbitrage, capital structure arbitrage, and real estate. The Fund primarily focuses on event equities with a soft catalyst that can increase the value of the trade. In the credit book, the Fund invests in distressed debt, predominantly bank debt, corporate credit, and structured credit. It may also invest in direct real estate as well as other private equity funds. However, the Fund holds such investments in side pockets. The Fund has historically moved capital aggressively across different asset classes depending on the available opportunity sets. Trades are mostly value oriented and there are no allocation limits across various strategies. The Fund builds positions opportunistically using a bottoms-up approach.

The Marshall Wace European Tops Fund takes the buy and sell recommendations from sell side analysts and applies quantitative analysis to those recommendations to build an optimized portfolio of European equities. The highly diversified portfolio and sell side alpha signals are not high return strategies. They focus on providing a stable return stream with modest volatility.

Caxton Global Investments Institutional Limited, a British Virgin Islands corporation, offers shares to Benefit Plan Investors as defined under the U.S. Employee Retirement Income Security Act of 1974, as amended. The Company's objective is capital appreciation.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

Renaissance Institutional Equities Funds invest primarily in US and non-US equity securities publicly traded on US exchanges, based on a quantitative, long-biased investment strategy. The Fund has been designed to achieve over the long term a risk-adjusted return that, on a gross basis, exceeds that of the S&P 500 Index with dividends reinvested. The Fund seeks a higher Sharpe ratio than the Index, a beta to the Index of 0.4 or lower, and the generation of most returns as alpha relative to the Index. The Fund is not a tracking fund and seeks to provide diversification from the Index. The RIEF investment process is automated and employs proprietary statistical models of price prediction, risk, and trading cost to build a portfolio of thousands of long/short positions.

Davidson Kempner International (BVI), Ltd is a multi-strategy fund with an event-driven focus, seeking to exploit situations in which announced or anticipated events create opportunities to invest in securities and other financial instruments at a discount to their exit values. The Fund also invests in a long/short equities portfolio of securities that can be readily valued and trade at a discount or premium to the fair value of the underlying assets.

Makuria Credit Fund Limited was incorporated with limited liability in the Cayman Islands on October 11, 2012 as an exempted company and is registered with the Cayman Islands Monetary Authority. The Fund commenced operations on March 18, 2013.

The investment objective of the Lighthouse Global Long/Short Fund Limited is to maximize capital appreciation over the long term by investing in principally in the global equity markets by employing a long/short investment strategy.

The investment objective of the Autonomy Global Macro Fund Limited is to invest substantially all of its assets to the extent not retained in cash in the Master Funds. The investment objective of the Master Fund in respect of the General Series is to seek to achieve attractive risk-adjusted absolute returns.

AllianzGI Structured Alpha 1000 LLC, a Delaware limited liability company, was formed on May 23, 2011. The fund's investment objective is to outperform the BofA Merrill Lynch 3-Month U.S. Treasury Bill Index by approximately 1400 basis points to 1600 basis points, gross fees and expenses and by 1000 basis points, net of fees and expenses and the incentive allocation.

Voya Global Multi-Strategy Qualifying Investor Fund Plc invests substantially all of its assets in the Voya Global Multi-Strategy Master Qualifying Investor Fund (the "Trust"). The investment objective of the Master Fund is to generate attractive risk adjusted returns. The Master Fund will seek to achieve its investment objective by investing primarily in U.S. residential mortgage-backed securities to generate returns in excess of any financing costs. The Master Fund will also seek to exploit structural market inefficiencies and make short-term relative value trades in such markets. The Master Fund will invest predominately in all forms of U.S. residential mortgage-backed securities, government securities and related derivative instruments, including, without limitation, U.S. Treasury debt, government sponsored enterprise ("Agency") backed securities and fixed or adjustable rate collateralized mortgage obligations ("CMOs") and Real Estate Mortgage Investment Conduits ("REMICs"). The Master Fund may also enter into repurchase and reverse repurchase agreements and invest and trade in futures contracts, forward contracts, options, swaps, swaptions and other derivative transactions. The Master Fund will primarily invest in Agency backed mortgage securities which carry the Agency guarantee of timely payment of principal and interest.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

The Bridgewater All Weather Portfolio II (Bridgewater) seeks to provide attractive returns with relatively limited risks, with no material bias to perform better or worse in any particular type of environment. To achieve this objective, Bridgewater holds investments in different asset classes that have different biases to economic conditions. These asset classes include, but are not limited to, the currency, fixed-income, inflation limited bond, equity, and commodity markets. Allocations to asset classes are determined by the Investment Manager. Bridgewater utilizes exchange traded futures contracts, over the counter derivatives, cash securities and spot and formed contracts in the international interbank currency market, but may also utilize other securities or investments.

The objective of the Walter Scott and Partners Limited Group Trust - Global Fund investment is to achieve long-term appreciation by investing in equity securities subject to geographic and other restrictions. Not more than 15% of the Fund's assets shall be invested in stocks domiciled or listed on exchanges in countries not included in the MSCI World Index other than the Republic of South Africa and Chinese stocks listed on the Hong Kong exchange.

Union Labor Life Insurance Infrastructure, a Delaware limited partnership, commenced operations on April 17, 2012. It is designed to permit U.S. tax-exempt investors, including principally multiemployer plans subject to the Taft-Hartley Act, to commingle a portion of their assets for investment. Substantially all of the Partnership's assets are invested in units issued by Ullico Infrastructure Master Fund, L.P., the objective of which is to make, either directly or indirectly through a blocker corporation, investments with both minority and controlling interests in a diverse portfolio of quality infrastructure businesses, focusing on underserved and growing markets of the United States and Canada. It seeks to achieve risk-adjusted returns with significant annual cash yield and relatively low volatility.

The Washington Capital Transportation Fund's primary objective is to realize substantial capital appreciation without subjecting principal to undue risk, targeting control or influential minority investments in core infrastructure assets across the transportation sector. The Fund will seek to achieve this objective primarily by making investments in corporations, partnerships, limited liability companies and other similar entities that focus primarily on the transportation infrastructure industry, including hard assets, brownfield investments, operating companies and other permitted investments, such as airports, railroads, toll roads, ports, parking and other transportation assets in the air, land and sea transportation sectors.

Adams Street Partnership Fund - 2009 Non-U.S. Emerging Markets Fund, L.P., Adams Street Partnership Fund - 2009 U.S. Fund, L.P., and the Adams Street Partnership Fund - 2009 Non-U.S. Developed Markets Fund, L.P. are Delaware limited partnerships. The Partnerships were formed for the purpose of investing in closed-end private equity limited partnerships. Closed-end limited partnership interests are generally illiquid and cannot be redeemed. It is expected that the liquidation of the limited partnership interests will generally coincide with the term of the Partnership. The limited partnerships fall into five categories which are venture capital, buyout, mezzanine/subordinated debt, restructuring/distressed debt and special situation.

The AFL-CIO Housing Investment Trust invests in high credit quality mortgage securities. The investment objective of the trust is to provide current income while preserving capital over time and obtaining returns competitive with industry benchmarks.

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

The Plan holds an investment in the PAT International Pension Realty, Inc. The PAT International Pension Realty, Inc. has an investment in 1000K, LLC. 1000K, LLC was formed to own, construct and operate a hotel in the District of Columbia. There are no redemption issues with these real estate investments.

The unfunded commitments, redemption and redemption notice period information are as follows at December 31, 2018:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Foreign mutual funds:				
Blue Bay Emerging Markets Select Bond SP	\$ 97,317,298	\$ -	(h)	(h)
Oberweis International Opportunities Institutional Fund	33,479,322	-	Daily	n/a
Limited partnership - hedge fund of funds:				
Symphony Senior Loan Fund	72,045,863	-	Monthly	60 days
Highbridge Institutional Credit Fund	25,423,849	-	(y)	(y)
Limited partnerships - private equity:				
Adams Street Co-Investment Fund II	6,205,830	830,000	(a)	(a)
Adams Street 2009 Direct Fund	1,985,332	93,900	(a)	(a)
Alcentra European Credit Opportunities Fund	6,876,080	-	(j)	(j)
Alcentra Multi-Strategy European Credit Fund	4,392,320	-	(j)	(j)
Kayne Anderson Energy Fund VI, L.P.	13,026,384	12,785,917	(d)	(d)
KPS Special Situations Fund IV, L.P.	8,206,271	11,938,735	(o)	(o)
Crescent Mezzanine Partners VIB	10,660,757	2,832,059	(c)	(c)
Crescent Mezzanine Partners VIIB	2,635,461	7,354,630	(c)	(c)
Sigular Guff Trade Finance Opportunities Fund, L.P.	26,594,875	2,444,215	(x)	(x)
Thoma Bravo XII	29,341,006	3,436,942	(x)	(x)
Riverstone Global Power and Energy Fund VI	9,449,171	5,670,377	(x)	(x)
North Sky Alliance Fund II	7,271,233	5,400,000	(x)	(x)
Alcentra Clareant European Direct Lending Fund II	18,605,337	3,064,058	(x)	(x)
J.F. Lehman Equity Investors IV, L.P.	8,850,029	3,858,266	(z)	(z)
Lightyear Fund IV, L.P.	10,718,437	9,314,420	(aa)	(aa)
Clareant Strategic Credit Fund	15,992,379	5,506,160	(x)	(x)
Beachpoint Opportunities Fund III L.P.	108,585,210	20,012,403	Daily	10 days
Oak Hill Strategic Credit Fund II (Offshore) L.P.	1,755,950	18,500,000	(ab)	(ab)
Napier Park Credit Strategies BPI LP	169,044,350	-	Quarterly	65 days
Napier Park Multi-Asset Fund I (Cayman) LP	11,451,946	17,944,965	(x)	(x)
Blue Rock Plus Fund L.P.	88,499,254	-	Quarterly	45 days
Mesirow Financial Private Equity Fund VII-A, L.P.	11,874,687	63,000,000	(x)	(x)

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Limited partnerships - equity:				
Mondrian Emerging Markets Small Cap Equity Fund	\$ 40,324,437	\$ -	Monthly	(g)
Neuberger Berman Emerging Markets Equity Fund	134,126,775	-	(f)	5 days
Limited partnerships - real estate:				
Prudential PRISA III Fund, L.P.	13,407,804	-	Quarterly	90 days
Westport (WCP) Special Core Plus Fund	20,833,441	1,238,000	(x)	(x)
Limited partnerships - Infrastructure:				
Alinda Infrastructure Fund II	17,263,057	3,231,001	(b)	(b)
Macquarie Infrastructure Partners	50,586,995	520,619	(b)	(b)
Macquarie Infrastructure Partners II	38,194,137	1,899,359	(b)	(b)
Foreign limited partnerships:				
Park Square Capital Credit Opportunities Fund II	29,783,752	9,716,804	(b)	(b)
Pooled separate accounts - fixed income:				
Union Labor Life Insurance Separate Account J	23,806,968	-	^Monthly	^90 days
Common collective trust - balanced:				
NIS Preferred Stock Fund	7,048,736	-	Bi-Monthly	3 days
Common collective trust - equity:				
Artisan Global Opportunities Trust Fund	88,585,642	-	Daily	5 days
Artisan International Growth Trust Fund	57,480,767	-	Daily	5 days
AFL-CIO Equity Index Fund	135,388,942	-	Daily	n/a
Segall, Bryant & Hamill International Small Cap Trust	35,693,960	-	Daily	1 day
Common collective trust - fixed income:				
Allianz GI Emerging Markets Consumer CIT	37,474,975	-	Daily	5 days
NIS Core Fixed Income Fund	59,387,427	-	Bi-Monthly	3 days
NIS High Yield Fund	4,080,392	-	Bi-Monthly	3 days
NIS Total Absolute Return Fund	11,289,031	-	Bi-Monthly	3 days
Common collective trust - building investment trust:				
AFL-CIO Building Investment Trust	76,494,632	-	Quarterly	one year
Common collective trust - real estate:				
Long View Ultra I Construction Loan Fund	21,672,077	-	#Monthly	#one year
ASB Allegiance Real Estate Fund	39,130,455	-	Quarterly	n/a
The Build Fund	950,208	-	(e)	(e)
ERECT Fund	5,289,954	-	Monthly	(w)
Common collective trust - Mutual fund of funds:				
Blackrock Global Markets Neutral Strategy	83,659,209	-	Monthly	3 days
Wellington Opportunistic Investment Allocation Portfolio	78,374,011	-	(l)	(l)
Invesco Global Targeted Returns Fund	61,405,113	-	Daily	2 days

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Hedge fund of funds - diversified:				
EnTrust Special Opportunities Fund II	\$ 11,301,006	\$ 4,024,585	Quarterly	95 days
Loomis Sayles Credit Long Short Fund	80,963,317	-	Quarterly	30 days (k)
Canyon Value Realization Fund	24,617,527	-	Quarterly	(n)
LibreMax Master Fund, Ltd.	18,545,560	-	Quarterly	90 days (p)
Symphony Long-Short Credit (Offshore) Fund, Ltd.	16,282,710	-	Quarterly (q)	30 days
Tricadia Credit Strategies, Ltd.	429,494	-	(r)	90 days
SEG Partners Offshore, Ltd.	373,187	-	Quarterly (t)	45 days
Perry Partners International Ltd.	2,414,478	-	Quarterly	90 days
Marshall Wace European Tops Fund	19,627,324	-	Monthly	30 days
Caxton Global Investments Instl. Ltd.	16,399,603	-	Quarterly	45 days
Renaissance Institutional Equities Fund LLC	10,737,224	-	Monthly	60 days
Davidson Kempner International	8,721,192	-	Quarterly	60 days
Makuria Credit Fund	15,465,047	-	Quarterly	90 days
Lighthouse global Long/Short Fund	31,518,169	-	Quarterly	60 days
Autonomy Global Macro	26,497,469	-	Monthly	60 days
Voya Global Multi-Strategy Qualifying Investors Fund	6,165,503	-	Quarterly	65 days
103-12 investment entity- balanced:				
Bridgewater All Weather Portfolio II	80,464,664	-	Monthly	5 days
Walter Scott Limited Group Trust	108,213,337	-	Bi-Monthly	(i)
Union Labor Life Insurance Infrastructure	16,622,546	-	(v)	(v)
Adams Street Partnership Fund- 2009 Non-US Emerging Markets Fund	3,277,388	244,500	(a)	(a)
Adams Street Partnership Fund- 2009 U.S. Fund	12,665,106	1,230,000	(a)	(a)
Adams Street Partnership Fund- 2009 Non-US Developed Market Fund	6,251,988	994,500	(a)	(a)
Housing investment trust:				
AFL-CIO Housing Investment Trust	32,486,639	-	Monthly	15 days
Total	<u>\$ 2,522,062,006</u>	<u>\$ 217,086,415</u>		

NOTE 13. FAIR VALUE MEASUREMENTS (continued)

Blue Bay Emerging Markets Select Bond SP, Oberweis International Opportunities Institutional Fund, Symphony Senior Loan Fund, Highbridge Institutional Credit Fund, Adams Street Co-Investment Fund II, Adams Street 2009 Direct Fund, Alcentra European Credit Opportunities Fund, Alcentra Multi-Strategy European Credit Fund, Kayne Anderson Energy Fund VI, L.P., KPS Special Situations Fund IV, L.P., Crescent Mezzanine Partners VIB, Crescent Mezzanine Partners VIIB, Siguler Guff Trade Finance Opportunities Fund, L.P., Thomas Bravo XII, Riverstone Global Power and Energy Fund VI, North Sky Alliance Fund II, Alcentra Clareant European Direct Lending Fund II, J.F. Lehman Equity Investors IV, Lightyear Fund IV, L.P., Cleareant Strategic Credit Fund, Beachpoint Opportunities Fund III, L.P., Oak Hill Strategic Credit Fund II (Offshore) L.P., Napier Park Credit Strategies BPI LP, Napier Park Multi-Asset Fund I (Cayman) LP, Blue Rock Plus Fund, L.P., Mesirow Financial Private Equity Fund VII-A, LP, Alcentra European Credit Opportunities Fund III, BPEA Strategic Healthcare I-B, L.P., Ashmore EM Blended Debt Fund L.P., Mondrian Emerging Markets Small Cap Equity Fund, Neuberger Berman Emerging Markets Equity Fund, Prudential PRISA III Fund, L.P., Westport (WCP) Special Core Plus Fund, Washington Capital Transportation Fund, Alinda Infrastructure Fund II, Macquarie Infrastructure Partners, Macquarie Infrastructure Partners II, Carlyle Global Infrastructure Opportunity Fund, Park Square Capital Credit Opportunities Fund II, Union Labor Life Insurance Separate Account J, NIS Preferred Stock Fund, Artisan Global Opportunities Trust Fund, Artisan International Growth Trust Fund, AFL-CIO Equity Index Fund, Segall, Bryant & Hamill International Small Cap Trust, Allianz GI Emerging Markets Consumer CIT, NIS Core Fixed Income Fund, NIS High Yield Fund, NIS Total Absolute Return Fund, Crescent Capital Trust II Levered, AFL-CIO Building Investment Trust, Long View Ultra I Construction Loan Fund, ASB Allegiance Real Estate Fund, The Build Fund of America, ERECT Fund, Blackrock Global Markets Neutral Strategy, Wellington Opportunistic Investment Allocation Portfolio, Invesco Global Targeted Returns Fund, EnTrust Special Opportunities Fund II, Loomis Sayles Credit Long Short Fund, Canyon Value Realization Fund, LibreMax Master Fund, Ltd., Symphony Long-Short Credit (Offshore) Fund, Ltd., Tricadia Credit Strategies, Ltd, SEG Partners Offshore, Ltd., Perry Partners International Ltd., Marshall Wace European Tops Fund, Caxton Global Investment Instl. Ltd., Renaissance Institutional Equities Fund LLC, Davidson Kempner International, Makuria Credit Fund, Lighthouse Global Long/Short Fund, Autonomy Global Marco, AllianzGI Structured Alpha 1000 LLC, Voya Global Multi-Strategy Qualifying Investors Fund, Bridgewater All Weather Portfolio II, Walter Scott Limited Group Trust, Union Labor Life Insurance Infrastructure, Adams Street Partnership Fund-2009 Non-US Emerging Markets Fund, Adams Street Partnership Fund-2009 U.S. Fund, Adams Street Partnership Fund-2009 Non-US Developed Market Fund, and AFL-CIO Housing Investment Trust are measured at fair value, without adjustment by the Plan, based on the net asset value (NAV) or NAV equivalent as of December 31, 2019 and 2018, respectively.

NOTE 14. DERIVATIVES

One of the Plan's investment managers has purchased derivative financial instruments as allowed under the Plan's investment policy. These types of investments must be consistent with the investment guidelines established by the Board of Trustees. According to management, the use of derivative financial instruments is not believed to materially increase the market risk of the Plan's investments as the investment manager monitors and controls this risk by accounting for the portfolio duration impact of the derivative positions and adhering to the Plan's investment policy.

NOTE 14. DERIVATIVES (continued)

Risks associated with derivatives vary widely, but generally may be categorized as market risk and credit risk. Market risk is defined as that risk associated with fluctuations in market price. Credit risk is defined as that risk associated with an entity not paying.

To monitor the Plan's investment portfolio, reports are reviewed and investments are monitored by the investment consultant on a monthly basis. Specific reports related to accounts with derivative transactions are prepared by the investment manager in which market values, gains and losses, and duration gaps are presented to the investment consultant and investment committee for review.

This investment manager uses futures. A futures contract is a standardized agreement between two parties to buy and sell an asset at a set price on a future date. The Plan invests in financial futures contracts solely for the purpose of hedging its existing portfolio securities, or securities the Plan intends to purchase, against fluctuations in fair value caused by changes in prevailing interest rates. Upon entering into a financial futures contract, the Plan is required to pledge to the broker an amount in cash, U.S. Government securities, or other assets equal to a certain percentage of the contract amounts (initial margin deposit).

Subsequent payments, known as "variation margin," are made or received by the Plan each day, depending on the daily fluctuations in the fair value of the underlying security. The Plan recognizes a gain or loss equal to the daily variation margin. Should market conditions move unexpectedly, the Plan may not achieve the anticipated benefits of the financial futures contracts and may realize a loss. The use of futures transactions involves the risk of imperfect correlation in movements in the price of futures contracts, interest rates, and the underlying hedged assets.

The Plan may sell a security it does not own in anticipation of a decline in the fair value of that security. When the Plan sells a security short, it must borrow the security sold short and deliver it to the broker-dealer through which the short sale was made. A gain, limited to the price which the Plan sold the security short, or a loss, unlimited in size, will be recognized upon termination of the short sale.

Derivatives and Hedging seeks to provide adequate information about how derivative and hedging activities affect an entity's financial position, financial performance, and cash flows.

The Plan records the fair value of derivative financial instruments on the Statements of Net Assets Available for Benefits as an investment if the instrument has a positive fair value. The Plan records the fair value of derivative financial instruments on the Statements of Net Assets Available for Benefits as a liability if the instrument has a negative fair value. The following table shows the amount and classification of the Plan's derivatives as of December 31, 2019 and 2018:

NOTE 14. DERIVATIVES (continued)

	Statements of Net Assets Available for Benefits Location	December 31, 2019 Fair Value	December 31, 2018 Fair Value
Asset derivatives:			
Derivatives designated as hedging instruments:			
Equity futures	Investments	\$ 61,644,759	\$ 22,207,674
Fixed income futures	Investments	29,754,516	8,549,672
Total derivatives designated as hedging instruments		91,399,275	30,757,346
Total asset derivatives		\$ 91,399,275	\$ 30,757,346
Liability derivatives:			
Derivatives designated as hedging instruments:			
Equity futures	Liabilities	\$ 61,644,759	\$ 22,207,674
Fixed income futures	Liabilities	29,754,516	8,549,672
Total derivatives designated as hedging instruments		91,399,275	30,757,346
Total liability derivatives		\$ 91,399,275	\$ 30,757,346

The effect of the Derivative Instruments on the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2019 and 2018 is as follows:

	December 31, 2019		December 31, 2018	
	Amount recognized in net appreciation (depreciation) in fair value of investments	Amount recognized in interest and dividends	Amount recognized in net appreciation (depreciation) in fair value of investments	Amount recognized in interest and dividends
Equity futures	\$ 15,348,312	\$ -	\$ (3,427,572)	\$ -
Fixed income futures	1,647,772	-	(976,066)	-
Currency futures	72,303	546,809	(17,282)	470,209
Total	\$ 17,068,387	\$ 546,809	\$ (4,420,920)	\$ 470,209

NOTE 15. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 16. PLAN AMENDMENTS

During the year ending December 31, 2017, the Plan adopted an amendment effective January 1, 2018. The amendment resulted in the following changes to the Plan document. The Plan was amended to revise the benefit accrual rate for the following situations. 1) The benefit accrual is zero for Hours of Service in Covered Employment after 2011 with any Employer other than a FIP Compliant Employer, including any FTP Default Employer, an Employer who is not required to comply with the FTP due to an existing Collective Bargaining Agreement and a deferred PIP Effective Date, and Employers who have not complied with the FIP but have not yet been terminated from the Plan under Section 3.08. 2). The benefit accrual is zero for the second Plan Year after a Plan Year (occurring after 2017) in which the Plan has a negative investment return, based on the audited fair market value of Plan assets.

Eligibility requirements for disability pension and the calculation of monthly benefit amounts for special early retirement, early retirement, disability and early vested pensions were also changed with this amendment. A full description of the Pension Plan's benefit provisions is available in the Summary Plan Description.

Effective June 1, 2019, Section 6.05, Late Retirement Pension-Amount, Section 6.13, Disability Pension-Amount and Section 6.16, Early Vested Pension-Amount was amended.

Effective October 9, 2018, the Trust agreement was amended to state the Union shall be and is empowered to appoint up to 8 trustees, as shall the Finishing Contractors Association be empowered to appoint a maximum of 6 trustees. The Architectural Glass and Metal Association shall appoint 1 trustee and The Finishing Contractors Association of Southern California shall be able to appoint 1 employer trustee.

Effective January 1, 2015, Section 7.10, Pre-retirement Surviving Spouse Pension, was amended to provide alternatives after the death of a participant. A surviving qualified spouse may waive the pre-retirement surviving spouse or a portion in favor of an optional form of payment. This amendment was approved on October 10, 2018.

During the year ending December 31, 2019, the Plan was adopted to now state that if a participant continues to work past their Normal Retirement Date without commencing benefits, the benefits will be increased 1.5% for each month without suspendible work between the participant's Normal Retirement Date and the Annuity Start Date.

NOTE 17. NEW ACCOUNTING PRINCIPLES

In May 2014, FASB issued ASU 2014-09 - Revenue from Contracts with Customers (Topic 606). The objective of the disclosure requirements in this topic is for an entity to disclose sufficient information to enable users of financial statements to understand the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. In accordance with the modified retrospective approach, the comparative information has not been restated and continues to be reported under the accounting standards in effect for those periods. Adoption of the ASU did not have a material effect on the financial statements.

NOTE 18. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 23, 2020, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

During the plan year ending December 31, 2019, the Plan invested in the Allianz Structed Alpha 1000 Fund. As of December 31, 2019, the investment had a fair market value of \$16,828,062. Subsequent to year end, in April 2020, this investment is now considered to be worthless, with a market value of \$0. This investment was immaterial to the overall financial statements and should not have a material impact on future financial results and business operations.

Due to heightened uncertainty related to the potential impacts of novel coronavirus (COVID-19) on its operations, the Plan's revenues and its operations are subject to risks, uncertainties and changes in circumstances that could significantly affect its future financial results and business operations.

SUPPLEMENTAL INFORMATION

**INTERNATIONAL PAINTERS AND
ALLIED TRADES INDUSTRY
PENSION PLAN**

SCHEDULE OF EXPENSES

YEARS ENDED DECEMBER 31, 2019 AND 2018

	2019	2018
INVESTMENT EXPENSES		
Investment manager fees		
Alcentra	\$ 118,504	\$ -
Alinda Capital Partners	162,568	283,556
Amalgamated Bank	185,764	230,649
ASB Capital Management	347,354	339,510
Beachpoint	2,262,244	-
Blackrock	627,755	164,844
Chartwell Investment Partners	185,659	136,033
Crescent Capital	190,746	-
Crescent Mezzanine	374,167	374,822
Invesco	216,235	-
Kayne Anderson	-	659
KMI Realty	53,735	30,837
LSV Asset Management	45,918	458,702
North Sky	270,000	-
Manning and Napier	-	112,237
Mondrian Investment Group	387,043	513,808
Napier Park	140,493	-
National Investment Services	664,613	486,677
NEPC	160,000	160,000
Neuberger Berman	1,262,938	1,245,149
Parametric	146,653	166,670
Permal	-	30
Prudential Insurance	177,650	268,481
Robeco	394,568	348,380
Rothschild	624,633	-
Segall Bryant, & Hamill	-	134,238
Sierra	49,601	593,829
Sigular Guff	61,112	-
Seizert	56,582	308,359
Thoma Bravo	293,251	1,008,912

	2019	2018
INVESTMENT EXPENSES (continued)		
ULLICO	\$ 465,984	\$ 442,110
Walter Scott	1,052,325	856,036
Washington Capital	32,396	-
Wellington Management	191,818	553,938
Investment custodian fees and expenses	118,118	155,515
Investment consultant fees	269,730	277,623
Miscellaneous investment expenses	271,278	1,480,936
Total investment expenses	<u>\$ 11,861,435</u>	<u>\$ 11,132,540</u>
ADMINISTRATIVE EXPENSES		
PERSONNEL		
Salaries	\$ 2,209,795	\$ 2,145,059
Employee benefits	1,545,918	1,511,416
Payroll taxes	190,118	188,537
Vehicle expense	1,214	2,280
SHARED SERVICES		
Accounting	317,658	229,494
Human resources	105,138	22,314
Information services accounting	22,894	27,491
OFFICE EXPENSES		
Delivery and freight	17,602	24,135
Leases and maintenance	41,784	36,516
Office supplies and expense	9,245	10,146
Postage	119,586	101,640
Scanning services	90,197	36,886
Stationary and printing	62,241	91,407
Telephone	24,792	21,596
OCCUPANCY		
Rent	560,502	551,803
COMMUNICATION		
Administrative travel	60,727	29,975
Pension Newsletter	22,565	19,447
Promotion	21,534	366
THIRD PARTY ADMINISTRATION FEES	377,142	553,266
COMPUTER EXPENSES		
Amortization of development cost	983	2,320
Vitech Systems Group, Inc. (non-recurring)	96,677	-
Data processing	77,884	123,167
Maintenance, licensing and support - Vitech (recurring)	580,318	538,014

	2019	2018
OTHER (continued)		
Bank fees	\$ 100,527	\$ 98,555
Depreciation and amortization	54,837	52,755
Insurance	328,936	322,962
Miscellaneous	-	672
NCCMP Membership dues	24,692	24,382
Penalties and Interest	-	4
Pension Benefit Guaranty premium	2,659,010	2,368,044
Taxes - personal property	10,786	5,118
Training and education	22,561	31,907
Miscellaneous pension expenses	3,057	3,019
Trustee meetings	44,776	55,766
Total administrative expenses	<u>\$ 9,805,696</u>	<u>\$ 9,230,459</u>
PROFESSIONAL FEES		
Actuarial consulting fees	\$ 261,547	\$ 235,007
Audit and accounting fees	137,023	132,198
Legal fees and expenses - retained counsel	308,208	286,197
Legal fees and expenses - outside counsel	770	1,197
Litigation fees - retained counsel	1,024,083	1,102,688
Litigation fees - outside counsel	361,708	323,581
Payroll review fees	557,350	565,754
Total professional fees	<u>\$ 2,650,689</u>	<u>\$ 2,646,622</u>

**INTERNATIONAL PAINTERS AND
ALLIED TRADES INDUSTRY
PENSION PLAN**

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6073909
Plan No: 001

(a)	(b)	(c)	(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		<div> <div>Shares/ Type Principal</div> <div>Interest Rate</div> <div>Maturity Date</div> </div>		
		<u>Common and preferred stock:</u>		
	1st Indl Rlty Tr Inc	16,942	\$ 530,001	\$ 703,262
	5th 3rd Bancorp	28,350	702,403	871,479
	Acadia Healthcare Co Inc	12,642	459,662	419,967
	Activision Blizzard Inc	7,445	333,062	442,382
	Addus Homecare Corp	4,023	371,207	391,116
	Adtalem Global Ed	12,718	612,998	444,748
	Air Lease Corp CL A CL A	5,091	191,056	241,924
	Air Trans Svcs Group Inc	19,341	412,705	453,740
	Alleghany Corp Del	1,801	1,032,587	1,440,026
	Alleghany Technologies Inc	21,149	531,419	436,938
	Allete Inc	3,141	240,114	254,955
	Alliance Data Sys Corp	2,037	366,103	228,551
	Alliant Energy Corp	4,100	175,942	224,352
	Allscripts Healthcare Solutions Inc	41,339	459,161	405,742
	Allstate Corp	2,984	258,353	335,551
	Altice USA Inc CL A CL A	12,860	300,102	351,592
	Altra Industrial Motion Corp USD0.001	16,461	592,248	596,053
	Amdocs Ord GBP0.01	4,437	262,304	320,307
	Amedisys Inc	4,499	379,007	750,973
	Amer Elec Pwr Co Inc	3,726	291,935	352,144
	American Homes 4 Rent	14,119	308,573	370,059
	Ameriprise Finl Inc	5,070	733,312	844,561
	AmerisourceBergen Corp	5,674	466,124	482,403
	Amern Woodmark Corp	3,822	341,245	399,437
	Ametek Inc New	9,541	683,053	951,619
	Amicus Therapeutics Inc	35,776	432,669	348,458
	Amn Healthcare Svcs Inc	9,076	524,583	565,526
	Amphastar Pharmaceuticals Inc	17,400	345,932	335,646
	Aon Plc	4,465	634,499	930,015
	Apergy Corp	8,689	323,835	293,514
	Argo Group International Holdings	8,084	513,295	531,523
	Armada Hoffler Pptys Inc	24,680	384,054	452,878
	Arrow Electr Inc	3,587	247,930	303,962
	Autozone Inc	324	340,945	385,984
	Avantor Inc	13,772	197,762	249,962
	Avery Dennison Corp	1,766	178,009	231,028
	Berkley W R Corp	3,737	181,469	258,227
	Biotelemetry Inc Com	6,844	470,193	316,877
	Bjs Restaurants Inc	9,009	452,160	341,982
	Bjs Whsl Club Hldgs Inc	15,442	395,432	351,151
	Black Hills Corp	7,763	478,403	609,706
	Bloomin Brands Inc	20,955	460,877	462,477
	Blucora Inc	12,423	374,636	324,737

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal	Maturity Rate Date		
		<u>Common and preferred stock (continued):</u>				
	Blueprint Medicines Corp Com	4,801			\$ 463,858	\$ 384,608
	Boston Scientific Corp	6,398			190,927	289,318
	Bottomline Technologies De Inc	6,726			251,802	360,514
	Brightsphere Investment Group Plc	37,298			526,998	381,186
	Bstn Pptys Inc	7,077			895,057	975,635
	C H Robinson Worldwide Inc	3,303			272,756	258,295
	Callaway Golf Co	16,694			262,673	353,913
	Cardtronics Plc Cardtronics Plc	14,191			417,029	633,628
	Care	88,861			284,921	331,452
	Cathay General Bancorp Inc	12,619			470,938	480,153
	Cdk Global Inc	7,920			462,831	433,066
	Centene Corp Del	7,591			442,745	477,246
	Centerstate Bank Cop	18,350			470,141	458,383
	Change Healthcare Inc Com	18,476			248,269	302,822
	Children's Pl Inc New	4,716			516,543	294,844
	Cimarex Energy Co	4,531			368,773	237,832
	Coml Metals Co	17,557			348,866	390,994
	Commvault Sys Inc	7,250			500,387	323,640
	Connectone Bancorp Inc New	9,683			253,063	249,047
	Cornerstone Ondemand Inc	10,534			596,686	616,766
	Corteva Inc USD0.01 WI	21,783			579,516	643,905
	Curtiss Wright Corp	2,767			275,106	389,843
	Davita Inc	2,703			159,133	202,806
	Diamondback Energy Inc	4,276			405,974	397,069
	Dine Brands Global Inc	5,086			466,759	424,783
	Discover Finl Svcs	13,048			928,347	1,106,731
	Dollar Tree Inc	2,026			190,046	190,545
	Douglas Emmett Inc Reit	12,886			473,361	565,695
	Dover Corp	9,861			860,786	1,136,579
	Dte Energy Co	6,378			751,309	828,311
	Duke Rlty Corp Reit	12,388			362,990	429,492
	Eagle Matls Inc	3,013			257,137	273,159
	East West Bancorp Inc	12,046			556,645	586,640
	Eaton Corp Plc	5,848			448,843	553,923
	Ebay Inc	16,190			568,370	584,621
	Edgewell Pers Care Co	14,550			442,935	450,468
	Edison Intl	7,173			474,257	540,916
	Electr Arts	3,339			304,746	358,976
	Emcor Group Inc	7,563			592,196	652,687
	Enersys	2,528			184,569	189,170
	Enersys	6,467			442,196	483,926
	Entergy Corp New	7,130			629,852	854,174
	Enterprise Finl Svcs Corp	10,712			490,183	516,426
	Eqty Resdntl Eff 5/15/02	10,360			721,712	838,331
	Esperion Therapeutics Inc New	6,058			311,725	361,239
	Essent Group Ltd	8,003			349,849	416,076
	Everest Re Group	1,054			235,756	291,789
	Evergy Inc	6,471			368,073	421,197
	Evertec Inc	2,831			94,558	96,367
	Expedia Group Inc	2,809			349,651	303,765
	Expeditors Intl Wash Inc	2,622			188,478	204,568
	Fibrogen Inc	7,939			396,651	340,504
	Fidelity Natl Information Svcs Inc	6,535			616,604	908,953
	First Midwest Bancorp Inc Del	21,685			500,390	500,056
	Firstenergy Corp	11,248			500,295	546,653
	Flex Ltd	21,963			250,260	277,173

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal	Maturity Rate Date		
		<u>Common and preferred stock (continued):</u>				
	Fmc Corp New		7,265		\$ 540,708	\$ 725,192
	Fox Corp CL A CL A		8,038		302,744	297,969
	Frac Rayonier Inc Rt		50,000		-	-
	FTI Consulting Inc		4,206		458,904	465,436
	Generac Hldgs Inc		6,466		313,046	650,415
	Gentex Corp		7,294		161,406	211,380
	G-III Apparel Group Ltd		7,743		324,175	259,391
	Glacier Bancorp Inc New		9,490		381,315	436,445
	Global Pmts Inc		2,164		271,385	395,060
	Globe Life Inc		3,449		257,996	363,007
	Glu Mobile Inc		65,569		421,806	396,692
	Graphic Packaging Hldg Co		16,158		209,140	269,031
	Harsco Corp		27,790		595,373	639,448
	Hd Supply Hldgs Inc		12,316		502,145	495,350
	Helen Troy Ltd		3,551		447,528	638,434
	Helix Energy Solutions Group Inc		54,278		456,812	522,697
	Hewlett Packard Enterprise Co		18,168		280,837	288,144
	Home Bancshares Inc		19,418		420,264	381,758
	Horace Mann Educators Corp		15,004		613,646	655,075
	Horizon Therapeutics Plc		27,186		474,051	984,133
	Hostess Brands Inc CL A CL A		34,361		472,087	499,609
	Hubbell Inc		1,737		211,904	256,763
	Humana Inc		1,833		475,559	671,831
	Huntington Bancshares Inc		67,181		825,687	1,013,089
	Huntington Ingalls Inds Inc		1,870		331,085	469,146
	IAA Spincor Inc		8,204		285,511	386,080
	Iberiabank Corp		6,812		476,010	509,742
	Icf Intl Inc		7,506		576,255	687,700
	Ingersoll-Rand Trane Technology		1,925		229,590	255,871
	Insperity Inc		6,342		556,824	545,666
	International Game Technology		14,234		204,510	213,083
	Invesco Mtg Cap Inc		27,062		440,950	450,582
	Investors Bancorp Inc New		62,967		764,814	750,252
	Iovance Biotherapeutics Inc		14,066		396,548	389,347
	Iqvia Hldgs Inc		3,297		429,645	509,419
	Itron Inc		3,688		301,967	309,608
	ITT Inc		7,237		405,732	534,887
	J & J Snack Foods Corp		691		101,627	127,331
	J2 Global Inc		6,906		571,200	647,161
	Jazz Pharmaceuticals Plc		2,516		355,493	375,588
	Kar Auction Svcs Inc		5,428		114,360	118,276
	KB Home		13,626		432,145	466,963
	Keycorp New		43,020		730,048	870,725
	Kilroy Rlty Corp		5,554		421,722	465,981
	Kla Corporation		3,287		375,426	585,645
	Kraton Corporation		17,678		676,933	447,607
	KS CY Southn		5,816		689,882	890,779
	L3Harris Technologies Inc		4,308		580,031	852,424
	Lab Corp Amer Hldgs New		3,175		454,991	537,115
	Las Vegas Sands Corp		5,746		319,904	396,704
	Lear Corp		1,885		273,918	258,622
	Leidos Hldgs Inc		5,961		364,158	583,522
	Lennar Corp CL A CL A		6,367		310,547	355,215
	Lhc Group Inc		5,369		453,553	739,633
	Liberty Global Plc- Series C		6,766		154,198	147,465
	Lithia Mtrs Inc CL A CL A		4,079		395,593	599,613

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal Rate	Maturity Date		
		<u>Common and preferred stock (continued):</u>				
	Livanova Plc Ord	6,404			\$ 590,896	\$ 483,054
	Liveramp Holdings Inc	14,871			524,245	714,849
	Loews Corp	7,881			366,236	413,674
	Madden Steven Ltd	13,630			363,016	586,226
	Magellan Health Inc New	4,724			315,569	369,655
	Magnolia Oil & Gas Corp CL A CL A	39,239			479,628	493,627
	Manpowergroup Inc	3,214			271,377	312,079
	Marathon Oil Corp	19,025			286,657	258,360
	Marathon Pete Corp	9,887			607,279	595,692
	Marriott Vacations Worldwide Corp	5,356			654,245	689,639
	Marsh & McLennan Co's Inc	3,318			259,420	369,658
	Marvell Tech Group	9,300			180,049	247,008
	Masco Corp	6,357			213,174	305,072
	Mastec Inc	11,735			556,695	752,918
	McKesson Corp	1,890			254,320	261,425
	Mohawk Inds Inc	3,282			427,343	447,599
	Molina Healthcare Inc	1,532			183,357	207,877
	Moodys Corp	1,299			180,928	308,396
	Mosaic Co/The	10,285			273,000	222,567
	Myriad Genetics Inc	19,218			571,776	523,306
	National Storage Affiliates Tr	14,199			399,101	477,370
	Netgear Inc	8,767			311,972	214,879
	Nexpoint Residential Tr Inc	12,743			496,988	573,435
	Noble Energy Inc	24,870			652,609	617,771
	Nuvasive Inc	7,830			419,357	605,572
	Old Natl Bancorp Ind	26,001			432,335	475,558
	Omnicom Group Inc	2,587			185,248	209,599
	Omthera Pharmaceuticals Inc	280			-	-
	Orthofix Med Inc	8,876			506,757	409,894
	Osi Sys Inc	3,909			406,039	393,793
	Owens Corning New	6,920			395,935	450,630
	Paccar Inc	3,960			268,827	313,236
	Parker-Hannifin Corp	2,449			432,650	504,053
	PDC Energy Inc	10,300			519,956	269,551
	Perficient Inc	13,819			349,230	636,641
	Performance Food Group Co	10,978			373,050	565,147
	Piedmont Office Realty Tru-A	25,124			515,801	558,758
	Polyone Corp	14,335			548,442	527,385
	Portland General Electric Co	6,541			340,389	364,922
	Potlatchdeltic Corporation	7,245			348,161	313,491
	Progressive Corp OH	4,643			334,282	336,107
	Prologis Inc	4,813			334,880	429,031
	Ps Business Pks Inc Calif	3,693			477,440	608,865
	Pvtpl Deluxe Corp	9,225			529,654	460,512
	Qorvo Inc	5,991			415,613	696,334
	Qualys Inc	6,977			610,888	581,672
	Quidel Corp	8,257			537,956	619,523
	Radian Group Inc	24,480			432,292	615,917
	Raymond James Fncl Inc	2,731			196,762	244,315
	Regency Ctrs Corp	9,580			610,416	604,402
	Regions Finl Corp	39,986			600,695	686,160
	Reinsurance Group Amer Inc	6,669			833,963	1,087,447
	Retail Pptys Amer Inc	17,125			213,858	229,475
	Revance Therapeutics Inc	23,105			409,153	374,994
	Rexnord Corp	15,603			441,848	508,970
	RH	2,054			281,095	438,529

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		<u>Common and preferred stock (continued):</u>					
	Robert Half Intl Inc		5,894			\$ 322,950	\$ 372,206
	Rogers Corp		2,319			304,940	289,249
	Ross Stores Inc		3,076			270,667	358,108
	Ryman Hospitality Pptys Inc		7,426			624,759	643,537
	S.W. Airl Co		13,882			734,445	749,350
	Saia Inc		6,459			464,162	601,462
	Science Applications Intl Corp		4,753			365,393	413,606
	SeaWorld Entmt Inc		12,758			342,978	404,556
	Selective Ins Group Inc		9,482			684,366	618,132
	Silicon Laboratories Inc		4,241			386,059	491,871
	Simmons 1St Natl Corp		17,557			477,713	470,352
	Sinclair Broadcast Group Inc		9,946			318,259	331,600
	Skywest Inc		9,978			543,787	644,878
	Sleep Number Corp		10,882			432,727	535,830
	Slm Corp		21,508			212,212	191,636
	Southwest Gas Hldgs Inc		6,617			506,551	502,693
	Sp Plus Corp		7,884			278,956	334,518
	Spirit Aerosystems Hldgs Inc		5,035			396,208	366,951
	Sps Comm Inc		11,648			561,795	645,532
	Spx Corp		10,375			288,673	527,880
	State Str Corp		3,597			254,416	284,523
	Steel Dynamics Inc		9,096			283,210	309,628
	Supernus Pharmaceuticals Inc		16,395			697,521	388,889
	Synchrony Finl		8,032			251,840	289,232
	Syneos Health Inc		10,604			466,089	630,673
	Td Ameritrade Hldg Corp		4,284			206,434	212,915
	Te Connectivity Ltd		10,894			846,646	1,044,081
	Textron Inc		4,873			237,266	217,336
	Travelers Cos Inc		1,943			258,507	266,094
	Truist Finl Corp		16,380			896,339	922,548
	Tyson Foods Inc		6,810			482,159	619,982
	U S Concrete Inc		8,269			409,242	344,487
	UFP Industries Inc		9,539			309,762	455,010
	Ultrgenyx Pharmaceutical Inc		7,873			437,148	336,256
	Unifirst Corp Mass		1,477			298,592	298,324
	United Cmnty Bk Blairsville Ga		17,371			503,806	536,416
	Unvl Health Services Inc		3,641			458,228	522,338
	Us Ecology Inc		4,280			262,064	247,855
	Valero Energy Corp		6,921			586,982	648,152
	Vanda Pharmaceuticals Inc		21,604			343,796	354,522
	Verint Sys Inc		14,344			716,954	794,084
	Verint Sys Inc		51			1,737	2,823
	Viavi Solutions Inc NPV		44,828			568,909	672,420
	Virtusa Corp		7,876			395,613	357,019
	Vishay Intertechnology Inc		26,211			491,342	558,032
	Vistra Energy Corp		15,031			374,128	345,563
	Vonage Hldgs Corp		36,541			389,615	270,769
	Wabco Hldgs Inc		2,833			338,375	383,872
	Werner Enterprises Inc		8,343			292,352	303,602
	Wesco Intl Inc		3,705			221,095	220,040
	Westn Digital Corp		3,097			181,628	196,567
	Whirlpool Corp		2,758			389,527	406,888
	Wolverine World Wide Inc		6,755			214,646	227,914
	WSFS Financial Corp		9,352			428,960	411,393
	Wyndham Destinations Inc		6,312			282,882	326,267
	Wyndham Hotels & Resorts Inc		5,060			285,498	317,819

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	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		<u>Common and preferred stock (continued):</u>					
	Xcel Energy Inc		14,088			\$ 733,575	\$ 894,447
	Xerox Hldgs Corp		4,780			151,537	176,239
	Yelp Inc		22,233			747,861	774,375
	Zimmer Biomet Hldgs Inc		4,644			549,838	695,114
	Total common and preferred stock					112,026,139	125,427,565
		<u>Corporate obligations:</u>					
	Adt Corp	Bond	875,000	4.125 %	06/15/23	859,883	902,344
	Aes Corp	Bond	700,000	4.000	03/15/21	697,642	709,625
	Aes Corp	Bond	175,000	4.500	03/15/21	179,594	179,375
	Agate Bay	Bond	1,219,608	3.500	03/25/46	1,244,572	1,235,248
	Amern Axle & Mfg	Bond	575,000	6.250	04/01/25	591,047	598,719
	Antero Res Fin	Bond	1,200,000	5.375	11/01/21	1,181,330	1,142,625
	Anthem Inc	Bond	1,935,000	3.650	12/01/27	1,908,279	2,049,147
	Apple Inc	Bond	715,000	3.850	05/04/43	743,179	801,609
	Ares Cap Corp	Bond	560,000	3.625	01/19/22	552,802	569,931
	Ares Cap Corp	Bond	1,725,000	4.200	06/10/24	1,737,085	1,806,413
	AT&T Inc	Bond	1,780,000	3.400	05/15/25	1,754,463	1,864,145
	Autonation Inc	Bond	2,975,000	3.500	11/15/24	2,973,589	3,067,001
	BankCorp Coml	Bond	294,604	3.492	03/15/36	294,604	294,711
	Bed Bath & Beyond	Bond	1,970,000	5.165	08/01/44	1,678,217	1,428,250
	Bed Bath Beyond	Bond	665,000	3.749	08/01/24	652,365	659,281
	Belo A H Corp	Bond	370,000	7.250	09/15/27	423,188	420,875
	Blue Racer	Bond	370,000	6.625	07/15/26	352,425	334,850
	CB Escrow Corp	Bond	575,000	8.000	10/15/25	521,276	609,500
	Centurylink Inc	Bond	575,000	7.650	03/15/42	500,260	602,313
	Citigroup Inc Sr Nt	Bond	1,660,000	3.352	04/24/25	1,679,584	1,727,736
	Clearwater Paper	Bond	875,000	4.500	02/01/23	838,075	876,094
	Cliffs Nat Res Inc	Bond	875,000	6.250	10/01/40	759,950	732,813
	CMO CSMC	Bond	931,730	3.500	02/01/48	947,734	950,359
	CMO JP Morgan Mtg	Bond	3,213	4.970	10/25/36	3,009	2,796
	Coach Inc Fixed	Bond	3,083,000	4.125	07/15/27	3,042,004	3,151,400
	Coml Metals Co	Bond	575,000	5.375	07/15/27	578,700	603,750
	Compass Group	Bond	365,000	8.000	05/01/26	395,569	395,113
	Cons	Bond	575,000	6.500	10/01/22	540,984	520,375
	Continental Airls Pass Thru Trs	Bond	91,627	9.798	04/01/21	100,573	94,561
	CVS Health Corp	Bond	1,445,000	4.300	03/25/28	1,483,660	1,578,578
	Defaulted LSC Communications	Bond	505,000	0.000	12/31/40	504,213	272,700
	Dollar Tree Inc	Bond	105,000	3.700	05/15/23	103,213	109,415
	Dollar Tree Inc	Bond	2,055,000	4.000	05/15/25	2,081,927	2,198,615
	Energy Transfer	Bond	1,205,000	6.250	04/15/49	1,418,251	1,454,209
	Ford Mtr Cr Co LLC	Bond	930,000	5.584	03/18/24	950,742	1,006,762
	Gen Mtrs Finl Co Fixed	Bond	270,000	4.200	11/06/21	269,941	279,933
	General Motors Fin Co	Bond	895,000	5.650	01/17/29	937,286	1,012,052
	General Mtrs Co	Bond	275,000	5.000	10/01/28	262,941	299,614
	Genesis Energy L P/Genesis Energy Fin	Bond	565,000	6.500	10/01/25	559,270	546,638
	Goldman Sachs	Bond	1,905,000	3.691	6/5/2028	1,893,775	2,026,891
	Goldman Sachs	Bond	250,000	3.750	05/22/25	249,436	265,388
	Goldman Sachs Group Inc	Bond	1,095,000	3.691	06/05/23	1,098,376	1,106,283
	Greystar Real	Bond	565,000	5.750	12/01/25	571,760	586,188
	Grinding Media Inc	Bond	575,000	7.375	12/15/23	554,136	585,781
	H & E Equip Svcs Inc	Bond	370,000	5.625	09/01/25	388,038	387,575
	Hewlett Packard Step Cpn	Bond	1,624,000	6.350	10/15/45	1,773,394	1,955,512
	Horizon Pharma USA	Bond	405,000	5.500	08/01/27	409,844	437,441
	Icahn Enterprises Fixed	Bond	520,000	6.375	12/15/25	535,824	545,350
	Istar Inc	Bond	875,000	6.000	04/01/22	892,608	901,250

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		Type	Shares/ Principal	Interest Rate	Maturity Date			
<u>Corporate obligations (continued):</u>								
Jefferies Group	Bond	770,000	6.500 %	01/20/43	\$	884,151	\$	917,671
JP Morgan Chase & Fltg Rt	Bond	2,935,000	2.250	10/24/23		2,978,518		2,984,916
Kinder Morgan	Bond	435,000	5.400	09/01/44		425,861		501,232
Kohls Corp	Bond	960,000	4.250	07/17/25		967,819		1,020,475
LGI Homes Inc	Bond	575,000	6.875	07/15/26		593,030		602,313
Lincoln Natl Corp	Bond	875,000	3.050	01/15/30		872,454		878,112
Meredith Corp Fixed	Bond	575,000	6.875	02/01/26		593,463		597,828
Merrill Lynch & Co Inc	Bond	2,250,000	2.654	09/15/26		2,116,755		2,203,238
OBX	Bond	1,531,466	3.500	10/25/59		1,549,040		1,542,253
Provident FDG	Bond	1,368,846	3.000	12/25/49		1,377,256		1,376,974
Provident FDG	Bond	410,000	6.375	06/15/25		399,750		401,800
Pvtpl Bds	Bond	590,000	2.839	08/15/36		590,000		588,887
Pvtpl Carriage Svcs Inc SR NT	Bond	575,000	6.625	06/01/26		585,758		612,375
Pvtpl CMO Sequoia	Bond	1,819,869	3.500	12/25/49		1,851,717		1,854,845
Pvtpl Compass Minerals Intl Inc	Bond	550,000	4.875	07/15/24		545,875		547,938
Pvtpl Corevest Amern Fin	Bond	554,311	2.772	10/15/52		554,296		554,044
Pvtpl Diamond Sports GR/ Diamon	Bond	575,000	5.375	08/15/26		584,575		581,642
Pvtpl Downstream Dev	Bond	400,000	10.500	02/15/23		405,750		420,000
Pvtpl Ellington Finl	Bond	719,378	2.934	06/25/59		719,367		722,563
Pvtpl Enviva Partners LP / Fin Corp	Bond	125,000	6.500	01/15/26		125,000		133,829
Pvtpl FS Energy & PWR FD	Bond	875,000	7.500	08/15/23		873,524		896,875
Pvtpl FXI Hldgs Inc	Bond	565,000	7.875	11/01/24		563,320		542,400
Pvtpl JPW Inds Hldg Corp Sr Secd NT	Bond	450,000	9.000	10/01/24		450,000		423,000
Pvtpl JW Alum Continuous Cast Co	Bond	445,000	10.250	06/01/26		445,000		466,138
Pvtpl Kehe Dists LLC / Kehe Fin Corp	Bond	575,000	8.625	10/15/26		579,698		602,313
Pvtpl Lmrec	Bond	1,315,000	2.090	12/22/35		1,315,000		1,319,061
Pvtpl Neon Hldgs Inc Snr Nts	Bond	531,000	10.125	04/01/26		531,289		528,345
Pvtpl Nsg Hldgs LLC / NSG Hldgs Inc Sr	Bond	320,936	7.750	12/15/25		338,347		354,634
Pvtpl Penn Natl Gaming Inc SR NT	Bond	475,000	5.625	01/15/27		459,690		501,982
Pvtpl Plastipak Hldgs Inc Bnds	Bond	575,000	6.250	10/15/25		527,186		495,915
Pvtpl Talen Energy Supply LLC SR Secd NT	Bond	575,000	6.625	01/15/28		569,250		586,500
Quad / Graphics	Bond	555,000	7.000	05/01/22		540,431		521,700
Regency Energy	Bond	685,000	4.500	11/01/23		707,601		725,795
Small Business	Bond	423,276	2.570	11/01/36		422,141		425,795
Small Business Admin GTD Dev	Bond	404,177	2.090	11/01/32		396,409		400,990
Small Business Admin GTD Dev Partn 2016	Bond	617,381	2.810	12/01/36		612,750		631,636
Small Business Admin GTD Dev Partn CTF	Bond	183,569	2.130	01/01/33		178,936		181,563
Small Business Admin GTD Dev Partn CTF	Bond	376,203	2.220	03/01/33		369,619		372,844
Small Business Admin	Bond	953,526	2.590	09/01/37		950,061		956,840
Sonic Automotive	Bond	575,000	6.125	03/15/27		550,434		599,437
Starwood Mtg	Bond	776,104	2.941	06/25/49		776,101		775,911
Subn Propane	Bond	575,000	5.875	03/01/27		574,140		598,000
Sunoco LP / Sunoco	Bond	875,000	4.875	01/15/23		893,993		894,704
T-Mobile USA Inc	Bond	505,000	4.000	04/15/22		506,665		516,993
Targa Res Partners	Bond	700,000	5.250	05/01/23		681,342		

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		<u>U.S. Government and</u>				
		<u>Government Agency obligations:</u>				
	Fed Natl Mtg Assn GTD Mtg Pool #AJ0764	Bond	111,228	4.500 %	09/01/41	\$ 118,145 \$ 120,807
	Federal Home Ln Mtg Corp Pool #C91347	Bond	179,429	3.500	12/01/30	187,559 184,673
	Federal Home Ln Mtg Corp Pool #C91370	Bond	43,769	4.500	05/01/31	46,327 47,067
	Federal Home Ln Mtg Corp Pool #C91707	Bond	245,311	3.000	06/01/33	251,290 252,893
	Federal Home Ln Mtg Corp Pool #C91826	Bond	173,842	3.000	05/01/35	178,378 178,105
	Federal Home Ln Mtg Corp Pool #C91945	Bond	864,370	3.000	08/01/37	883,143 887,661
	Federal Home Ln Mtg Corp Pool #G05297	Bond	322,869	4.500	02/01/39	324,786 350,777
	Federal Home Ln Mtg Corp Pool #G06893	Bond	386,333	4.000	01/01/42	402,813 413,949
	Federal Home Ln Mtg Corp Pool #G07579	Bond	103,761	4.000	08/01/43	108,608 110,770
	Federal Home Ln Mtg Corp Pool #G11774	Bond	8,244	4.000	08/01/20	7,899 8,596
	Federal Home Ln Mtg Corp Pool #G11862	Bond	1,370	4.000	04/01/20	1,313 1,428
	Federal Home Ln Mtg Corp Pool #G60989	Bond	68,133	3.000	12/01/46	68,537 69,823
	Federal Home Ln Mtg Corp Pool #J13314	Bond	520,818	3.500	10/01/25	545,882 539,853
	Federal Home Ln Mtg Corp Pool #Q24143	Bond	392,142	4.000	01/01/44	409,972 416,718
	Federal Home Ln Mtg Corp Pool #Q50554	Bond	168,341	3.500	09/01/47	167,788 174,927
	Federal Home Ln Mtg Corp Pool #ZA5269	Bond	2,407,240	3.000	02/01/48	2,433,945 2,452,287
	Federal Natl Mtg Assn GTD Mtg Pool #AH365	Bond	400,682	4.000	02/01/31	424,723 426,736
	Federal Natl Mtg Assn GTD Mtg Pool #AH700	Bond	65,792	4.000	03/01/41	68,671 70,560
	Federal Natl Mtg Assn GTD Mtg Pool #AJ6973	Bond	234,496	3.000	11/01/26	241,677 240,646
	Federal Natl Mtg Assn GTD Mtg Pool #AL169	Bond	74,150	4.000	10/01/41	77,395 79,536
	Fhlmc C9-1926	Bond	116,805	4.000	04/01/37	124,105 124,086
	Fhlmc Gold G12571	Bond	26,004	4.000	01/01/22	24,977 27,114
	Fhlmc Gold Pool -18662	Bond	61,775	2.500	10/01/32	62,142 62,524
	Fhlmc Pool #QA0800	Bond	1,488,618	3.000	07/01/49	1,509,087 1,512,036
	Fhlmc Pool #SD0144	Bond	725,739	3.000	11/01/49	738,440 737,206
	Fnma Pool #190379	Bond	31,972	5.500	05/01/37	31,912 35,789
	Fnma Pool #256339	Bond	1,601	5.500	07/01/36	1,549 1,697
	Fnma Pool #256808	Bond	1,250	5.500	07/01/37	1,205 1,326
	Fnma Pool #256900	Bond	885	5.500	09/01/37	863 923
	Fnma Pool #880871	Bond	5,103	5.500	04/01/36	4,950 5,474
	Fnma Pool #888637	Bond	30,996	6.000	09/01/37	31,271 35,546
	Fnma Pool #899303	Bond	1,079	5.500	03/01/37	1,051 1,131
	Fnma Pool #910333	Bond	28,139	5.500	03/01/37	28,071 31,534
	Fnma Pool #922386	Bond	7,002	5.500	01/01/37	6,781 7,443
	Fnma Pool #959983	Bond	13,822	6.000	11/01/37	13,949 15,739
	Fnma Pool #AD3812	Bond	675,162	5.000	04/01/40	706,177 744,969
	Fnma Pool #BK5492	Bond	187,912	4.000	05/01/48	191,377 196,602
	Fnma Pool #BM3635 3	Bond	685,578	3.500	07/01/47	682,364 722,516
	Fnma Pool #BM4427	Bond	1,280,979	3.500	04/01/48	1,260,163 1,342,473
	Fnma Pool #BM6059	Bond	2,652,419	3.000	09/01/29	2,689,718 2,704,909
	Fnma Pool #CA4128	Bond	2,484,428	3.000	09/01/49	2,518,201 2,524,981
	Fnma Pool #FM1526	Bond	1,407,117	3.000	09/01/49	1,432,127 1,430,086
	Fnma Pool #MA0457	Bond	313,963	4.000	07/01/30	333,596 334,408
	Fnma Pool #MA0680	Bond	368,511	3.500	03/01/31	386,706 379,066
	Fnma Preassign 00733	Bond	101,998	4.665	09/26/33	101,173 115,498
	Fnma Preassign 00837	Bond	38,121	7.500	10/25/40	39,131 43,711
	Fnma Preassign 00886	Bond	22,662	7.500	02/25/41	23,395 26,294
	Fnma Remic TR 2001-T4 CL-A1 Prin Only	Bond	67,059	7.500	07/25/41	69,196 78,268
	Fnma Ser 2001-T5 CL A4	Bond	68,507	7.813	06/19/41	71,985 78,726
	Federal Farm CR BKS Fixed	Bond	730,000	3.230	02/04/25	730,000 730,546
	Federal Farm CR Bks Fixed	Bond	455,000	3.690	02/06/29	455,000 455,297
	Federal Home Loan Bank	Bond	1,275,000	3.970	10/16/28	1,275,000 1,287,570
	Ffcb Tranche 00552	Bond	2,315,000	9.905	02/12/27	2,315,023 2,311,227
	Ffcb Tranche 00714	Bond	1,125,000	2.490	09/24/25	1,124,156 1,125,004
	Fnma Remic Tr Step Up	Bond	1,815,000	1.250	04/07/31	1,815,000 1,808,868

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		<u>U.S. Government and</u>				
		<u>Government Agency obligations (continued):</u>				
	Fnma Tranche # TR 00044	Bond	855,000	1.450 %	09/30/20	\$ 855,000 \$ 854,038
	United States Treas Bds	Bond	375,000	4.625	02/15/40	497,754 519,287
	United States Treas Nts	Note	375,000	2.000	08/31/21	366,519 377,476
	United States Treas Nts	Note	2,260,000	2.650	02/15/29	2,402,190 2,396,836
	United States Treas Nts	Note	2,870,000	2.000	02/15/23	2,827,753 2,903,632
	United States Treas Nts	Note	1,600,000	1.375	02/29/20	1,596,875 1,599,256
	United States Treas Nts	Note	640,000	1.625	07/31/20	642,050 639,975
	United States Treas Nts	Note	1,270,000	1.625	08/15/29	1,241,681 1,238,200
	United States Treas Nts	Note	1,670,000	2.625	03/31/25	1,737,424 1,746,650
	United States of Amer Bds Indx Lnkd	Bond	3,665,000	0.875	02/15/47	4,136,822 4,186,663
	United States Treas Nts Infl	Note	2,850,000	0.625	04/15/23	2,976,224 2,998,382
	USA Treasury Nts	Note	1,350,000	1.125	01/15/21	1,594,650 1,602,847
		Total U.S. Government and				
		Government Agency obligations			48,623,634	49,131,641
		<u>Foreign common and preferred stock:</u>				
	ADR Netease Inc Sponsored Adr		874			195,901 268,004
	Coca-Cola European Partners Plc		6,056			271,743 308,129
	Icon Plc		3,248			388,406 559,403
	Nomad Foods Limited		21,571			404,342 482,543
	Nutrien Ltd Com Npv		8,891			458,661 425,968
	Nxp Semiconductors N V		4,684			440,262 596,086
		Total foreign common and preferred stock			2,159,315	2,640,133
		<u>Foreign corporate obligations:</u>				
	Cmo Exantas Capital Corp		674,772	2.737	04/15/36	674,772 674,562
	Mercer Intl Inc Fixed		875,000	6.500	02/01/24	889,658 907,813
	Mtn Prov Diamonds		365,000	8.000	12/15/22	356,788 352,225
	Pvtpl Aag Fh Lp / Aag Fh Finco Inc		560,000	9.750	07/15/24	521,322 515,200
	Pvtpl Antares Hldgs Lp Sr Nt		1,110,000	6.000	08/15/23	1,109,945 1,167,864
	Pvtpl Clearwater Seafoods Inc		415,000	6.875	05/01/25	398,758 434,712
	Pvtpl Ensign Drilling Inc		875,000	9.250	04/15/24	866,690 825,781
	Pvtpl Greystone Commercial Real Estate		700,000	3.442	09/15/37	701,094 699,566
	Pvtpl Orec		1,300,000	2.920	06/15/36	1,302,094 1,299,185
	Pvtpl Parkland Fuel Corp		575,000	5.875	07/15/27	586,340 618,332
		Total foreign corporate obligations			7,407,461	7,495,240
		<u>Foreign mutual funds:</u>				
	Oberweis International Opportunities Institutional Fund		3,971,763			37,907,315 41,346,055
		Total foreign mutual funds			37,907,315	41,346,055
		<u>Foreign limited partnership:</u>				
	Park Square Capital Credit Opp Fund II		19,966,838			19,966,838 27,264,467
		<u>Limited partnerships - hedge fund of funds:</u>				
	Highbridge Institutional Credit Fund		40,768,382			40,768,382 45,670,929
	Symphony Senior Loan Fund		50,000,000			50,000,000 77,852,419
		Total limited partnerships - hedge fund of funds			90,768,382	123,523,348

(a)	(b)	(c)	(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		Shares/ Type Principal Interest Rate Maturity Date		
		<u>Limited partnerships - private equity:</u>		
	Adams Street Co-Investment Fund II, L.P.	(451,440)	\$ (451,440)	\$ 5,598,241
	Adams Street 2009 Direct Fund, L.P.	794,630	794,630	1,828,590
	Alcentra Clareant European Direct Lending Fund	20,663,233	20,663,233	20,313,105
	Alcentra European Credit Opportunities Fund	908,188	908,188	5,158,595
	Opportunities Fund III	3,681,923	3,681,923	3,681,923
	Alcentra Multi-strategy European Credit Fund	(541,095)	(541,095)	3,502,999
	Ashmore EM Blended Debt Fund L.P.	100,000,000	100,000,000	103,085,277
	BPEA Strategic Healthcare I-B, L.P.	8,865,079	8,865,079	8,662,423
	Beachpoint Opportunities Fund III L.P.	174,873,635	174,873,635	188,124,576
	Clareant Strategic Credit Fund	19,358,704	19,358,704	17,027,024
	Crescent Mezzanine Partners VIB L.P.	7,960,149	7,960,149	9,206,754
	Crescent Mezzanine Partners VIIB L.P.	4,617,054	4,617,054	5,163,170
	J.F. Lehman Equity Investors IV, L.P.	3,996,669	3,996,669	11,561,122
	Kayne Anderson Energy Fund VI, L.P.	(2,225,992)	(2,225,992)	11,338,913
	KPS Special Situations Fund, IV, L.P.	14,093,648	14,093,648	14,400,080
	Lightyear Fund IV, L.P.	17,696,797	17,696,797	20,847,277
	Mesirow	27,230,419	27,230,419	28,741,508
	Napier Park Credit Strategies BPI L.P.	148,407,257	148,407,257	163,922,215
	Napier Park Multi-Asset Fund I (Cayman) L.P.	29,119,832	29,119,832	27,871,719
	North Sky Alliance Fund II	12,660,057	12,660,057	13,032,483
	Oak Hill Strategic Credit Fund II (Offshore) L.P.	8,000,000	8,000,000	8,726,309
	Riverstone Global Power and Energy Fund VI	11,293,705	11,293,705	6,252,290
	Siguler Guff Trade Finance Opportunities Fund, LP	21,815,900	21,815,900	19,870,761
	Thoma Bravo XII	27,006,041	27,006,041	41,983,491
	Total limited partnerships - private equity		659,824,393	739,900,845
		<u>Limited partnerships - equity:</u>		
	Mondrian Emerging Markets Small Cap Equity Fund	21,000,000	21,000,000	23,407,135
	Neuberger Berman Emerging Markets Equity Fund	105,154	133,264,521	160,678,100
	Total limited partnerships - equity		154,264,521	184,085,235
		<u>Limited partnerships - real estate:</u>		
	Prudential PRISA III Fund, L.P.	7,122	7,430,205	13,980,670
	Westport (WCP) Special Core Plus Fund	15,372,792	15,372,792	21,027,781
	Total limited partnerships - real estate		22,802,997	35,008,451
		<u>Limited partnerships - infrastructure:</u>		
	Alinda Infrastructure Fund II, L.P.	9,169,291	9,169,291	12,032,016
	Carlyle Global Infrastructure Opportunity Fund	6,652,682	6,652,682	4,581,635
	Macquarie Infrastructure Partners Intl, L.P.	68,675,927	(72,903,676)	3,312,731
	Macquarie Infrastructure Partners II Intl, L.P.	1	(11,137,576)	18,817,496
	Total limited partnerships - infrastructure		(68,219,279)	38,743,878
		<u>Guaranteed investment contracts:</u>		
	GAC Cigna GR-1123	2,518,637	2,518,637	2,518,637
	GAC Prudential GA-9400	15,666,517	15,666,517	15,666,517
	Total guaranteed investment contracts		18,185,154	18,185,154
		<u>Pooled separate account - fixed income:</u>		
	Ullico Separate Account J	1,558,497	15,541,880	24,762,277

(a)	(b)	(c)	(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		Shares/ Type Principal Interest Rate Maturity Date		
		<u>Common collective trust - balanced:</u>		
	NIS Preferred Stock Fund	1,750,711	\$ 8,557,735	\$ 10,354,459
		<u>Common collective trusts - equity:</u>		
	AFL-CIO S&P 500	9,624,172	210,697,258	279,614,909
	Artisan International Growth Trust Fund	2,703,704	56,798,684	74,460,035
	Artisan Global Opportunities Trust Fund	8,149,009	139,370,765	214,970,860
	Segall, Bryant & Hamill	3,221,477	48,000,000	42,040,268
	Total common collective trusts - equity		454,866,707	611,086,072
		<u>Common collective trusts - fixed income:</u>		
	Crescent Capital Trust II Levered	9,289,288	9,289,288	9,804,170
	NIS Core Fixed Income Fund	4,966	101,431,479	113,203,825
	NIS High Yield Fund	213	6,608,970	7,567,159
	NIS Total Absolute Return Fund	4,625	10,619,207	11,888,042
	Total common collective trusts - fixed income		127,948,944	142,463,196
		<u>Common collective trust - building investment trust:</u>		
	AFL-CIO Building Investment Trust	10,318	(36,184,736)	78,870,530
		<u>Common collective trusts - real estate:</u>		
	Amalgamated Bank Long View Ultra I Construction Loan Fund	9,159	17,051,329	10,869,382
	ASB Allegiance Real Estate Fund Investment Trust For Employee Benefit	24,509	14,343,406	39,615,702
	Build Fund Of America	3,195	3,264,485	968,131
	ERECT Fund	1,467	5,000,000	5,596,212
	Total common collective trusts - real estate		39,659,220	57,049,427
		<u>Common collective trust - mutual fund of funds:</u>		
	Blackrock Global Markets Neutral Strategy	9,800,000	98,000,000	103,512,000
	Total common collective trust - mutual fund of funds		98,000,000	103,512,000
		<u>Hedge fund of funds - diversified:</u>		
	Allianz GI Structured Alpha 1000 LLC	16,000,000	16,000,000	16,828,061
	Autonomy Global Macro Fund	78,284	15,739,260	20,284,026
	Canyon Value Realization Fund	2,699	21,419,063	26,936,267
	Caxton Global Investment Ltd Class A	26,482	3,549,887	3,987,922
	Caxton Global Investment Ltd Class B	6,800	6,800,000	7,212,769
	Davidson Kempner International	80,000	8,000,000	9,312,288
	Entrust Spl Opportunities II Ltd Fd	5,625	(8,380,040)	8,121,934
	Libremax Offshore Master Fund	15,681	15,000,000	19,836,181
	Lighthouse Global Long/Short Fund	21,686	30,000,000	35,745,529
	Makuria Credit Fd Ltd	14,980	15,200,000	16,827,510
	Marshall Wace European Tops Fund	15,000,000	15,000,000	20,825,785
	Perry Partners International Inc	21,926	2,192,579	1,721,764
	Renaissance Institutional Equities Fund	10,000,000	10,000,000	12,257,734
	Voya Global Multi-Strategy Qualifying Investors Fund	35,192	6,000,000	6,907,425
	Total hedge fund of funds - diversified		156,520,749	206,805,195
		<u>103-12 investment entity-balanced:</u>		
	Adams Street Partnership Fund - 2009 Non-U.S. Emerging Markets Fund	1,591,120	1,591,120	3,468,224
	Adams Street Partnership Fund - 2009 US Fund	923,227	923,227	11,930,465

(a)	(b)	(c)	(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		Shares/ Type Principal Interest Rate Maturity Date		
		<u>103-12 investment entity-balanced (continued):</u>		
	Adams Street Partnership Fund - 2009			
	Non-U.S Developed Markets Fund	1,263,092	\$ 1,263,092	\$ 5,720,819
	Blue Rock Equity Plus Fund	103,000,000	103,000,000	109,293,254
	Ullico Infrastructure Fund	14,382,943	14,382,943	16,947,913
	Walter Scott Limited Group Trust - Global Fund	4,773,641	135,905,169	213,773,320
	Washington Capital Transportation Fund	16,508,177	16,508,177	15,690,208
	Total 103-12 investment entity-balanced		<u>273,573,728</u>	<u>376,824,203</u>
		<u>Housing investment trust:</u>		
	AFL-CIO Housing Investment Trust	44,081	49,356,455	50,263,444
		<u>Real estate equity investment:</u>		
	PAT International Pension Realty, Inc.		108,616,220	157,362,659
		<u>Derivatives - equity futures:</u>		
	S&P 500 Emini Futures	169 03/15/20	26,927,083	27,302,795
	Immenmini MDCP	27 03/15/20	5,526,266	5,574,960
	Russell 2000 Emini Futures	41 03/15/20	3,396,652	3,424,730
	MSCI Emerging Markets Futures	212 03/15/20	11,537,875	11,874,120
	MSCI EAFE Futures	120 03/15/20	12,171,120	12,219,000
	S&P/Tsx 60 IX Futures	8 03/15/20	1,226,872	1,249,154
	Total derivatives - equity futures		<u>60,785,868</u>	<u>61,644,759</u>
		<u>Derivatives - fixed income futures:</u>		
	US 5 Year Note Futures	59 03/31/20	7,618,842	7,576,890
	US 10 Year Note Futures	116 03/31/20	13,782,138	13,758,688
	US Long Bond Futures	54 03/31/20	8,540,316	8,418,938
	Total derivatives - fixed income futures		<u>29,941,296</u>	<u>29,754,516</u>
		<u>Short-term investments:</u>		
*	NTGI Coltv Short Term Invt Fd	196,808,925	196,808,925	196,808,925
	Total investments		<u>\$ 2,773,096,281</u>	<u>\$ 3,586,239,940</u>

Securities loaned to third parties

Included in the above listing of assets held for investment purposes are the following, which the custodian has indicated are held by third parties under a securities lending agreement:

	<u>Common and preferred stock:</u>	
Allegheny Technologies Inc	21,149	\$ 436,938
Allete Inc.	500	40,585
Alliance Data System Corp	2,037	228,551
Alliant Energy Corp	799	43,721
Allscripts Healthcare Solutions Inc	19,139	187,849
Altice USA Inc	4,500	123,030
Amicus Therapeutics Inc	19,226	187,261
Amphastar Pharmaceuticals Inc	13,269	255,959
Armada Hoffer Pptys Inc	2,600	47,710
Bjs Wholesale Club Holdings Inc.	7,931	180,351
Blueprint Medicines Corp	4,400	352,484
Callaway Golf Co	16,694	353,913
Cardtronics Plc	14,191	633,628
Change Healthcare Inc.	18,476	302,822

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		<u>Common and preferred stock (continued):</u>				
	Children's PI Inc		4,716			\$ 294,844
	Coca-Cola European Partners Plc		200			10,176
	Dine Brands Global Inc		4,913			410,334
	Enersys		2,528			189,170
	Esperion Therapeutics Inc		5,545			330,648
	Evertec Inc		2,556			87,006
	First Midwest Bancorp Inc		800			18,448
	Generac Holdings Inc		6,466			650,415
	G-III Apparel Group Ltd		5,659			189,577
	Glacier Bancorp Inc		9,490			436,445
	Glu Mobile Inc		21,600			130,680
	Graphic Packaging Hldg Co		15,861			264,086
	Harsco Corp		785			18,063
	Home Bancshares Inc		8,500			167,110
	Hostess Brands Inc		1,443			20,981
	International Game Technology		13,473			201,691
	J2 Global Inc		6,906			647,161
	Kar Auction Services Inc		80			1,743
	Lear Corp		1,885			258,622
	Lhc Group Inc		1,600			220,416
	Liberty Global Plc		6,766			147,465
	Lithia Mtrs Inc		3,365			494,655
	Loews Corp		1,936			101,621
	Magnolia Oil & Gas Corp		37,246			468,555
	Marvell Tech Group		9,300			247,008
	Mastec Inc		3,298			211,600
	Molina Healthcare Inc		1,532			207,877
	National Storage Affiliates Tr		900			30,258
	Netgear Inc		4,531			111,055
	Nexpoint Residential Tr		700			31,500
	Nomad Foods Limited		9,300			208,041
	Old Natl Bancorp Ind		18,634			340,816
	Omthera Pharmaceuticals Inc		280			-
	Pdc Energy Inc		445			11,646
	Piedmont Office Realty Tru-A		24,587			546,815
	Prologis Inc		4,813			429,031
	Qualys Inc		300			25,011
	Reorg/Option Care Reverse Split Option		86,361			322,126
	Revance Therapeutics Inc		9,680			157,106
	RH		2,054			438,529
	Saia Inc		600			55,872
	SeaWorld Entertainment Inc		11,785			373,702
	Silicon Laboratories Inc		3,762			436,317
	Simmons 1St Natl Corp		15,157			406,056
	Sleep Number Corp		6,369			313,610
	Supernus Pharmaceuticals Inc		4,456			105,696
	Ultragenyx Pharmaceutical Inc		7,596			324,425
	Us Ecology Inc		3,592			208,013
	Virtusa Corp		400			18,132
	Vonage Holdings Corp		36,541			270,769
	Werner Enterprises Inc		8,343			303,602
	Wolverine World Wide Inc		1,790			60,395
	Wyndham Enterprises Inc		5,060			317,818
	Yelp Inc		3,000			104,490
	Total common and preferred stock					15,752,030

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		<u>Corporate obligations:</u>				
	Aes Corp	Bond	6,000	4.000 %	03/15/21	\$ 6,155
	Amern Axle & Mfg	Bond	572,000	6.250	04/01/25	604,830
	Ares Cap Corp	Bond	117,000	3.625	01/19/22	121,042
	Autonation Inc.	Bond	553,000	3.500	11/15/24	572,682
	Bed Bath & Beyond	Bond	665,000	3.749	08/01/24	669,946
	Blue Racer	Bond	370,000	6.625	07/15/26	346,493
	Clearwater Paper	Bond	175,000	4.500	02/01/23	178,588
	Coml Metals Co	Bond	570,000	5.375	07/15/27	613,053
	Cons	Bond	575,000	6.500	10/01/22	530,030
	Defaulted Lsc Communications	Bond	122,000	0.000	12/31/25	68,223
	Dollar Tree Inc	Bond	28,000	3.700	05/15/23	29,315
	Gen Mtrs Finl Co	Bond	950,000	5.650	11/06/21	1,034,633
	Gen Mtrs Finl Co	Bond	270,000	4.200	10/01/28	281,729
	Genesis Energy L P/Genesis Energy Fin	Bond	18,000	6.5	10/01/25	17,717
	Grinding Media Inc.	Bond	45,000	7.375	12/15/23	46,010
	Kohls Corp	Bond	661,000	4.250	07/17/25	715,827
	Meredith Corp	Bond	476,000	6.875	12/15/25	508,896
	Merrill Lynch & Co Inc	Bond	704,000	3.750	11/15/21	690,303
	Mountain Providence Diamonds	Bond	100,000	8.000	12/15/22	96,900
	Provident Fdg	Bond	75,000	6.375	06/15/25	73,739
	Pvtpl Downstream	Bond	71,000	10.500	02/15/23	77,449
	Pvtpl Ensign Drilling Inc	Bond	691,000	9.250	04/15/23	666,158
	Pvtpl Fs Energy & Pwr Fd	Bond	33,000	7.500	08/15/23	34,788
	Pvtpl Fxi Hldgs Inc	Bond	400,000	7.875	11/01/24	389,425
	Pvtpl Jw Alum Continuous Cast Co	Bond	400,000	10.250	06/01/26	422,644
	Pvtpl Kehe Distrs LLC	Bond	125,000	7.750	12/15/25	134,172
	Quad/Graphics	Bond	550,000	7.000	05/01/22	523,631
	Regency Energy	Bond	4,000	4.500	11/01/23	4,269
	Suburban Propane	Bond	137,000	5.875	03/01/27	145,230
	T-Mobile Usa Inc	Bond	301,000	4.000	04/15/22	310,791
	Va Electric & Power Co	Bond	73,000	3.500	03/15/27	78,869
		Total corporate obligations				9,993,537
		<u>U.S. Government and</u>				
		<u>Government Agency obligations:</u>				
	United States Treas Nts	Bond	2,260,000	2.625	02/15/29	2,419,590
	United States Treas Nts	Bond	1,270,000	3.000	08/15/29	1,246,116
	United States Treas Nts	Note	2,870,000	2.000	02/15/23	2,925,649
	United States Treas Nts	Note	1,379,000	1.000	02/29/20	1,384,956
	United States Treas Nts	Note	640,000	1.000	07/31/20	644,391
	United States Treas Nts Infl Index	Note	2,850,000	0.625	04/15/23	3,002,376
		Total U.S. Government and Government Agency obligations				11,623,078
		Total securities on loan				\$ 37,368,645

* A party-in-interest as defined by ERISA.

**INTERNATIONAL PAINTERS AND
ALLIED TRADES INDUSTRY
PENSION PLAN**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2019

Form 5500, Schedule H, Line 4j

EIN: 52-6073909
Plan No: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)
		Purchase	Selling	Cost of	Current	Net Gain
	Description of Asset	Price	Price	Asset	Value	(Loss) on
					of Asset	Transaction
* NTGI Collective Short		\$ 1,599,290,995	N/A	N/A	\$ 1,599,290,995	N/A
Term Inv Fund		N/A	\$ 1,508,445,614	\$ 1,508,445,614	1,508,445,614	\$ -

* A party-in-interest as defined by ERISA.