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

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	B Three-digit
WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN	plan number (PN)
	piarriumser (114)
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF	91-6145047
TRUSTEE	01 0140047
Part I Service Provider Information (see instructions)	
Tart Toervice Frovider information (see instructions)	
You must complete this Part, in accordance with the instructions, to report the information re	equired for each person who received, directly or indirectly, \$5,000
or more in total compensation (i.e., money or anything else of monetary value) in connection	
plan during the plan year. If a person received only eligible indirect compensation for which	
answer line 1 but are not required to include that person when completing the remainder of t	his Part.
1 Information on Persons Receiving Only Eligible Indirect Compensati	
a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of the	
indirect compensation for which the plan received the required disclosures (see instructions	for definitions and conditions) Yes X No
b If you answered line 1a "Yes," enter the name and EIN or address of each person providing	
received only eligible indirect compensation. Complete as many entries as needed (see inst	ructions).
(b) Fatar was and FIN or address of saves who are ideal you do	
(b) Enter name and EIN or address of person who provided you dis	ciosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you dis	closures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you dis	alcourse on clinible indirect companyation
(b) Enter frame and Env or address or person who provided you dis	closures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you dis	closures on eligible indirect compensation
Line hame and Line of address of person who provided you dis	siosaros on eligible inaliect compensation

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(b) Enter name and EIN or address of person who provided	you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided y	you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided	ou disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided y	rou disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided y	vou disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided	vou disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided y	vou disclosures on eligible indirect compensation
(1) -	
(b) Enter name and EIN or address of person who provided y	you disclosures on eligible indirect compensation

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

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

NORTHWEST ADMINISTRATORS, INC.

91-0680697

(b) Service Code(s)	1 , , , ,		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
12 15 50 13	NONE	66665521	Yes No 🗵	Yes No		Yes No

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

PRUDENTIAL INSURANCE CO.

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
13 28 50 51 52 72	NONE	32350957	Yes X No	Yes No 🛚	8478444	Yes No 🛚

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

UBS REALTY INVESTORS LLC

06-1452020

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,		Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you	formula instead of an amount or
					answered "Yes" to element (f). If none, enter -0	
51 28	NONE	12512816	Yes No 🛚	Yes No		Yes No

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NONE

4881983

Yes No X

Yes No

Yes No No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	total compensation
-			(a) Enter name and EIN o	r address (see instructions)		
ALAN D. B	BILLER & ASSOCIATE	S, INC.	· ·	<u> </u>		
94-285495	8					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
27 50	NONE	9618379	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
CAMDEN	ASSET MANAGEMEN	NT. LP				
95-431916						
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
51 68 28 19	NONE	5863129	Yes X No	Yes No 🗵	97167	Yes No X
		(a) Enter name and EIN or	address (see instructions)		
INVESCO 46-379332	TRUST COMPANY					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead or an amount or estimated amount
28 51	NONE	4881983				

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28 51

NONE

3374024

Yes No X

Yes No

answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
-		((a) Enter name and EIN o	r address (see instructions)		
MARTING	ALE ASSET MANAGE	EMENT, L.P.				
04-295658	33					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0		(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
51 28	NONE	4497926	Yes No 🛚	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
FORESTI	NVESTMENT ASSOC	<u>`</u>	(a) Enter hame and Envior	address (see instructions)		
TORLOTT	IVVEOTIMENT ACCCC	MATEO EI				
58-167872	29					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0		(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	4184575	Yes No 🛚	Yes No		Yes No
	1		(a) Enter name and EIN or	address (see instructions)		
INTECH IN	NVESTMENT MANAG					
01-061489	95					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0		(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?

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answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation	indirectly, \$5,000 or more in t	total compensation
(i.e., mon	ey or anything else of			ne plan or their position with the	plan during the plan year. (S	ee instructions).
(a) Enter name and EIN or address (see instructions) BRIDGEWATER ASSOCIATES, LP 27-1437501						
27-143750	01					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
28 51	NONE	3037832	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
04-268322 (b)	TON MANAGEMENT 27 (c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you formula instead o an amount or
51 28 68	NONE	2839542	Yes X No	Yes No 🗵	44619	Yes No X
		(a) Enter name and EIN or	address (see instructions)		
ARROWS 04-347286	TREET CAPITAL LP					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
51 28	NONE	2501040	Yes No X	Yes No		Yes No

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answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or	indirectly, \$5,000 or more in t	otal compensation
(i.e., mon	ey or anything else of	,		ne plan or their position with the raddress (see instructions)	plan during the plan year. (Se	ee instructions).
ORACLE /	AMERICA, INC.	<u> </u>	(a) Enter hame and Envio	raduress (see instructions)		
94-280524	19					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	2473435	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
04-306384 (b) Service	(c) Relationship to	(d) Enter direct	(e) Did service provider	(f) Did indirect compensation	(g) Enter total indirect	(h) Did the service
Code(s)	employer, employee organization, or person known to be a party-in-interest		receive indirect compensation? (sources other than plan or plan sponsor)	include eligible indirect compensation, for which the plan received the required disclosures?	compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	provider give you a formula instead of an amount or
51 28 68	NONE	2309932	Yes ⊠ No 🗍	Yes 📗 No 🗵	17232	Yes No X
		(a) Enter name and EIN or	address (see instructions)		
HANCOCH 04-325494	K NATURAL RESOUR	CE GROUP				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28	NONE	2274678	Yes No X	Yes No		Yes No

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answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
(,	o, c. a,g c.cc c.	<u> </u>		address (see instructions)	prair dailing the prair year (ex	
BNY MELL	.ON					
25-607809	3					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
51 28	NONE	2159926	Yes No X	Yes No		Yes No
			(a) Fatan ann an 1 F(b) an	address (as a last west and		
TDUOKED	HUSS, APC	(a) Enter name and EIN or	address (see instructions)		
94-321606	3					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
29 50	NONE	2068741	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
OAKTREE	CAPITAL MANAGEN	•	a) Enter hame and Enver	address (See mandenons)		
26-018908						
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or
51 52 28	NONE	1456202	Yes X No	Yes No X	6113685	Yes No X

				or Indirect Compensation ach person receiving, directly or		
		value) in connection v	with services rendered to the	ne plan or their position with the		•
			(a) Enter name and EIN o	r address (see instructions)		
WHITE OF	AK GLOBAL ADVISOF	RS, LLC				
26-034039	95					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
51 28	NONE	1367562	Yes ☐ No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	r address (see instructions)		-
MILLIMAN	J. INC.	-	· · ·			
91-067564		(n				(1)
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
11 50 17	NONE	1184351	Yes No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	r address (see instructions)		
MACKAY 13-558286	SHIELDS LLC					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead or an amount or estimated amount

Yes No

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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
_			(a) Enter name and EIN o	r address (see instructions)		
REID, MC	CARTHY, BALLEW &	LEAHY, LLP				
91-074997	71					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
29 50	NONE	1008551	Yes No 🗵	Yes No		Yes No
	1		a) Enter name and EIN or	r address (see instructions)		
(b) Service Code(s)	(c) Relationship to employer, employee		(e) Did service provider receive indirect	(f) Did indirect compensation include eligible indirect	(g) Enter total indirect compensation received by	(h) Did the service provider give you
	organization, or person known to be a party-in-interest	by the plan. If none, enter -0	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead or an amount or estimated amount
51 28	NONE	991673	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	r address (see instructions)		
COVINGT 53-018841	ON & BURLING LLP					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead or an amount or estimated amount
29 50	NONE	806288			1	I

Yes No

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

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

TRANSAMERICA PREMIER LIFE INSURANCE

52-0419790

(b) Service Code(s)			(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	761152	Yes No 🗵	Yes No		Yes No

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

THE BANK OF NEW YORK MELLON

13-5160382

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect	Did the service
Code(s)	employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
50 19	NONE	668797	Yes No 🛚	Yes No		Yes No

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

WELLS CAPITAL MANAGEMENT INC

95-3692822

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,		(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
28 51 68	NONE	617099	Yes 🛛 No 🗌	Yes No 🗓	221073	Yes No X

answered	d "Yes" to line 1a abov	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	total compensation
			(a) Enter name and EIN o	r address (see instructions)		
JP MORG	SAN CLEARING CORF					
13-360409	93					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amount
50 33	NONE	553138	Yes No X	Yes No		Yes No
			a) Enter name and FIN or	r address (see instructions)		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amount
	NONE	443920	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	r address (see instructions)		
52-238529	96					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
50 10 99	NONE	404600			2000	

Yes X No

Yes No X

Yes No X

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CORP CO-CHAIR/TTEE SVCS

350121

Yes No X

20 50

answered	I "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN o	r address (see instructions)		
THE UNIC	N LABOR LIFE INSU	RANCE COMP				
13-142309	00					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 72 51	NONE	382032	Yes 🛛 No 🗌	Yes No X	56791	Yes No X
			2) Enter name and EIN or	address (see instructions)		
06-103165	1					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 33	NONE	358872	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
CHUCK M	ACK & ASSOC - CO-0	CHAIR COMP		323 AMINO RAMON AMON, CA 94583-4326		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?

Yes No

Page 3	-	1	2
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(f). If none, enter -0-.

Yes No

29 50

NONE

210348

Yes No X

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	total compensation
_		((a) Enter name and EIN o	r address (see instructions)		
EDWARD	R. LENHART CO-CH	AIR COMP		1300 AVE SE VUE, WA 98004		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0		(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
20 50	CORP CO- CHAIR/TTEE SVCS	327798	Yes No 🛛	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
13-387345 (b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct	Did service provider receive indirect	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or estimated amount
33 50	NONE	241581	Yes No 🛚	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
91-059120	COIE LLP					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0		(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	

answered	I "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
		((a) Enter name and EIN or	address (see instructions)		
OSI CONS	SULTING, INC.					
95-484456	60					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49	NONE	196225	Yes No X	Yes No		Yes No
			a) Enter name and EIN or			
94-311218	OCK INSTITUTIONAL TO					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
51 28	NONE	193737	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)	,	
CHUCK M 27-070778	ACK & ASSOC-COCH	HR OFF EXP				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
50 16	CORP CO- CHAIR/TTEE SVCS	173053	Yes No X	Yes No		Yes No

50 33

NONE

136037

Yes No X

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	total compensation
-			(a) Enter name and EIN o	r address (see instructions)		
MORGAN	STANLEY & CO INC,	NY				
13-265599	98					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amount
50 33	NONE	164693	Yes No X	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
13-413295 (b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you formula instead of an amount or estimated amount
50 33	NONE	149385	Yes No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
SG AMER	RICAS SECURITIES LL	LC				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	

Yes No

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SVCS

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) **INSTINET CORP** 12-0596491 (b) (c) (d) (e) (f) (g) (h) Did service provider Did indirect compensation Service Relationship to Enter direct Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a service provider excluding organization, or by the plan. If none compensation? (sources compensation, for which the formula instead of other than plan or plan person known to be enter -0-. plan received the required eligible indirect an amount or compensation for which you a party-in-interest sponsor) disclosures? estimated amount? answered "Yes" to element (f). If none, enter -0-. 50 33 NONE 12899 Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) SOLID OBJECT SOFTWARE LLC 47-5685105 (b) (f) (c) (d) (e) (g) (h) Did indirect compensation Service Relationship to Enter direct Did service provider Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none organization, or compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest disclosures? compensation for which you sponsor) estimated amount? answered "Yes" to element (f). If none, enter -0-. NONE 123420 Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) EDWARD R. LENHART COCHR OFF EXP 47-5671956 (d) (b) (h) (c) (e) (f) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service employer, employee | compensation paid receive indirect include eligible indirect compensation received by provider give you a Code(s) organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of plan received the required person known to be eligible indirect enter -0-. other than plan or plan an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 50 16 121798 CHAIRMAN/TTEE Yes No X Yes No

Page 3 -	16	

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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
(1.6., 111011	ley of arrything else of			r address (see instructions)	pian during the pian year. (St	ee manuchons).
INSIGHT I	DIRECT USA, INC.	<u> </u>	.,			
	T	T			T	Γ
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
50 49	NONE	121330	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
95-262290 (b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 33	NONE	103385	Yes No 🛚	Yes No		Yes No
	1		a) Enter name and EIN or	address (see instructions)		
ROSENBL 13-297586 (b) Service Code(s)	(c) Relationship to employer, employee	(d) Enter direct	(e) Did service provider receive indirect	(f) Did indirect compensation include eligible indirect	(g) Enter total indirect compensation received by	(h) Did the service provider give you a
33 50	organization, or person known to be a party-in-interest	by the plan. If none, enter -0	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount.
	1	1	.55 .40			

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) **CREDIT SUISSE** 13-1898818 (b) (c) (d) (e) (f) (g) (h) Did service provider Did indirect compensation Service Relationship to Enter direct Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a service provider excluding organization, or by the plan. If none compensation? (sources compensation, for which the formula instead of other than plan or plan person known to be enter -0-. plan received the required eligible indirect an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 50 33 NONE 93130 Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) K&H PRINTERS-LITHOGRAPHERS, INC. 91-0531929 (b) (f) (c) (d) (e) (g) (h) Did indirect compensation Service Relationship to Enter direct Did service provider Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none organization, or compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest disclosures? compensation for which you sponsor) estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 NONE Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) ROBERT F. MAY COMPANY 84-0683173 (d) (b) (e) (c) (f) (h) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service employer, employee | compensation paid receive indirect include eligible indirect compensation received by provider give you a Code(s) organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of plan received the required person known to be enter -0-. other than plan or plan eligible indirect an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 50 49 NONE 85800 Yes No X Yes No Yes No

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answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN o	r address (see instructions)		
RELX INC						
52-147184	12					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amount
49 50	NONE	75043	Yes No X	Yes No		Yes No
			(a) Enter name and FIN or	address (see instructions)		
13-567408 (b)	(c)	(d)	(e)	(f)	_ (g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you formula instead of an amount or estimated amount
50 33	NONE	66393	Yes ☐ No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
IMAGENE 47-088517						
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
50 15	NONE	64611	Yes No X	Yes No		Yes No

answered	d "Yes" to line 1a abov	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN o	r address (see instructions)		
GUZMAN	& COMPANY					
59-276436	63					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
33 50	NONE	61540	Yes No X	Yes No		Yes No
			(a) Enter name and FIN or	address (see instructions)		
11-241819						
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
33 50	NONE	60193	Yes No 🗵	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)	,	1
GOLDMAN 13-510888	N SACHS & CO					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
50 33	NONE	54897	Yes No X	Yes No		Yes No

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answere	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	total compensation
(1.6., 1116)	ley or arrything cloc or	· · · · · · · · · · · · · · · · · · ·		r address (see instructions)	pian daming the plan year. (e	oc mondonoj.
PIPER JA	FFRAY & CO., JERSE		200 SC FIRST	CHULZ DRIVE FLOOR ANK, NJ 07701		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
33 50	NONE	49045	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or	(d) Enter direct compensation paid by the plan. If none,	(e) Did service provider receive indirect compensation? (sources	(f) Did indirect compensation include eligible indirect compensation, for which the	(g) Enter total indirect compensation received by service provider excluding	(h) Did the service provider give you formula instead o
	person known to be a party-in-interest	enter -0	other than plan or plan sponsor)	plan received the required disclosures?	eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount
33 50	NONE	48675	Yes No 🗵	Yes No No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
95-433930 (b) Service	(c)	(d)	(e) Did service provider	(f)	(g)	(h)
Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you	Did the service provider give you formula instead o an amount or estimated amount
33 50	NONE	47323			answered "Yes" to element (f). If none, enter -0	

Yes No

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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
-			(a) Enter name and EIN o	r address (see instructions)		
WELLS FA	ARGO BANK N.A.					
94-134739	93					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amoun
49 50	NONE	46476	Yes No X	Yes No		Yes No
			(a) Enter name and FIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amoun
50 33	NONE	44503	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
IMAGE A0	CCESS CORP					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amoun
50 16	NONE	38763				

Yes No

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) MACQUARIE CAPITAL (USA) INC 98-0141094 (b) (c) (d) (e) (f) (g) (h) Did service provider Did indirect compensation Service Relationship to Enter direct Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a service provider excluding organization, or by the plan. If none compensation? (sources compensation, for which the formula instead of other than plan or plan person known to be enter -0-. plan received the required eligible indirect an amount or compensation for which you a party-in-interest sponsor) disclosures? estimated amount? answered "Yes" to element (f). If none, enter -0-. 50 33 NONE 33326 Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) LANGUAGE LINE SERVICES 77-0586710 (b) (f) (c) (d) (e) (g) (h) Did indirect compensation Service Relationship to Enter direct Did service provider Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none organization, or compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest disclosures? compensation for which you sponsor) estimated amount? answered "Yes" to element (f). If none, enter -0-. 50 49 NONE Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) KAYE-SMITH 93-0523003 (d) (b) (h) (c) (e) (f) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service employer, employee | compensation paid receive indirect include eligible indirect compensation received by provider give you a Code(s) organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of plan received the required person known to be eligible indirect enter -0-. other than plan or plan an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 36 50 NONE 30139

Yes No X

Yes No

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answered	d "Yes" to line 1a abov	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
		((a) Enter name and EIN o	r address (see instructions)		
ABRACAI	DABRA PRINTING, INC	C.				
91-167786	62					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
36 50	NONE	29269	Yes No 🛚	Yes No		Yes No
			3) Enter name and EIN or	address (see instructions)		
82-204273	I BENEFIT INFORMAT	ION ELC				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	27560	Yes No 🛚	Yes No		Yes No No
			a) Enter name and EIN or	address (see instructions)		
WEEDEN						
(b) Service Code(s)	(c) Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
50 33	NONE	27065	Yes No X	Yes No		Yes No

Page 🕄	3 - 2
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answered	d "Yes" to line 1a abov	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	total compensation
			(a) Enter name and EIN o	r address (see instructions)		
BEESON,	TAYER & BODINE, A	PC				
94-312613	36					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead or an amount or estimated amount
29 50	NONE	23450	Yes No 🗵	Yes No		Yes No
		•	a) Enter name and FIN or	address (see instructions)		
74-261680	RKETING L.P.					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
50 49	NONE	19649	Yes ☐ No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		•
ROBERT	E. WRIGHTSON	·		10 COTTONWOOD DRIVE VER, OR 97707-9317		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead o an amount or estimated amount
20 50	EMPLOYER TRUSTEE	17744	Yes No X	Yes No		Yes No

(f). If none, enter -0-.

Yes No

50 33

NONE

17074

Yes No X

Yes No

25 2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) JOSEPH F. HODGE 14685 JUNIPER STREET WESTMINSTER, CA 92683-5488 (b) (c) (d) (e) (f) (g) (h) Did service provider Service Relationship to Enter direct Did indirect compensation Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a organization, or service provider excluding by the plan. If none compensation? (sources compensation, for which the formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or compensation for which you a party-in-interest sponsor) disclosures? estimated amount? answered "Yes" to element (f). If none, enter -0-. EMPLOYER TRUSTEE 20 50 17640 Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) 3540 SOUTH MARKET STREET REDDING, CA 96001-3820 **DAVE HAWLEY** (f) (b) (c) (d) (e) (g) (h) Did indirect compensation Service Relationship to Enter direct Did service provider Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none organization, or compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or compensation for which you a party-in-interest disclosures? estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. 20 50 **UNION TRUSTEE** 1742 Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) LIQUIDNET INC 13-4095933 (b) (d) (h) (c) (e) (f) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service employer, employee | compensation paid receive indirect include eligible indirect compensation received by provider give you a Code(s) organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of person known to be plan received the required eligible indirect enter -0-. other than plan or plan an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element

Page	3 -	- 2
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answered	d "Yes" to line 1a abov	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	total compensation
		((a) Enter name and EIN o	r address (see instructions)		
GLACIER	STENOGRAPHIC RE	PORTERS, INC				
92-016782	25					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	15430	Yes No 🛚	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
JOHN F. S	SILVA			E ANDRESEN ROAD DUVER, WA 98661-7308		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
20 50	UNION TRUSTEE	15313	Yes No 🗵	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
SCOTT A.	SULLIVAN	<u> </u>	SUITE 14675			
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
20 50	UNION TRUSTEE	14581	Yes No X	Yes No		Yes No

answered	d "Yes" to line 1a abov	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	total compensation
			(a) Enter name and EIN o	r address (see instructions)		
RICK HIC	KS			303 INTERURBAN AVE SOUTH LA, WA 98168-4614		
(b) Service Code(s)	(c) Relationship to employer, employer organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
20 50	UNION TRUSTEE	13715	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
WILLIAM	R. BLYTH		SUITE 6133 N			
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
20 50	EMPLOYER TRUSTEE	12975	Yes No 🛚	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
ADVANCE 22-236843	ED SYSTEM CONCER	PTS, INC.				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	12843	Yes No X	Yes No		Yes No

Schedule C (Form 5500) 2019

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation	indirectly, \$5,000 or more in t	otal compensation
(i.e., mon	ney or anything else of	,		ne plan or their position with the raddress (see instructions)	plan during the plan year. (Se	ee instructions).
DARIN TO	DROSIAN		1014 V	INE STREET INATI, OH 45202-1100		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	EMPLOYER TRUSTEE	12749	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No X	Yes		Yes No
		(a) Enter name and EIN or	address (see instructions)		
TONY L. A	ANDREWS			E 162ND AVENUE AND, OR 97230-5642		
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	UNION TRUSTEE	12228	Yes No X	Yes No		Yes No

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(i.e., mor	ney or anything else of	,		ne plan or their position with the	plan during the plan year. (S	total compensation ee instructions).
RICK E. F	PORTER		26111	r address (see instructions)		
			PHOEN	NIX, AZ 85083-1232		
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amoun
20 50	EMPLOYER TRUSTEE	11678	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amount
33 50	NONE	11495	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
04-369573	39	(4)	(6)	/5\	(2)	(1-)
(b) Service	(c) Relationship to employer, employee		(e) Did service provider receive indirect compensation? (sources	(f) Did indirect compensation include eligible indirect compensation, for which the	Enter total indirect compensation received by service provider excluding	(h) Did the service provider give you formula instead o
Code(s)	organization, or person known to be a party-in-interest	by the plan. If none, enter -0	other than plan or plan sponsor)	plan received the required disclosures?	eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amoun

Yes No

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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
STIFEL N	ICOLAUS					
43-053877	70					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 50	NONE	11167	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
84-296969	VINCZE MEDIA					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	10975	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
JAMES R.	. НАМ	<u> </u>		/ IRONWOOD PLACE NA, AZ 85658-5042		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 20	EMPLOYER TRUSTEE	10874	Yes No X	Yes No		Yes No

Schedule C (Form 5500) 2019

50 49

NONE

9762

Yes No X

Yes No

-	Schedule C (Form 550	00) 2019		Page 3 - 31		
answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN o	r address (see instructions)		
NEIL J. FI	NERTY			ADCLIFF ROAD ' PARK, IL 60487-2155		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amount
50 20	EMPLOYER TRUSTEE	10510	Yes No X	Yes No		Yes No
	1		(a) Enter name and FIN or	address (see instructions)		
CHRIS LA				ORRAL DR A, TX 75009		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
20 50	EMPLOYER TRUSTEE	10347	Yes ☐ No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
VERITAS 47-546619			· ·	· ,		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amount

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answered	I "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	address (see instructions)		
CARLOS E	BORBA			LHAMBRA AVENUE NEZ, CA 94553-3120		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
20 50	UNION TRUSTEE	9736	Yes No X	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect	(h) Did the service provider give you a formula instead of an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	8720	Yes No 🛚	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
BRENT R.	BOHN			OUTH MANHATTAN AVENUE RTON, CA 92831		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
20 50	EMPLOYER TRUSTEE	7715	Yes No X	Yes No		Yes No

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answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN o	r address (see instructions)		
ICBC FINO	CL SVCS			CLOOR ADISON AVENUE ORK, NY 10022		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 50	NONE	7392	Yes No 🛚	Yes No		Yes No
	•		a) Enter name and EIN or	address (see instructions)		
13-273082	1	(n	(1)	(0)		(1)
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 50	NONE	7270	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
JONESTR	ADING INST SVCS LI	LC,NEW YORK	23RD F	D AVENUE FLOOR ORK, NY 10017		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?

Yes No

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) MARIA A. ALVARADO 745 E MINER AVENUE STOCKTON, CA 95202-2609 (b) (c) (d) (e) (f) (g) (h) Did service provider Did indirect compensation Service Relationship to Enter direct Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a service provider excluding organization, or by the plan. If none compensation? (sources compensation, for which the formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or compensation for which you a party-in-interest sponsor) disclosures? estimated amount? answered "Yes" to element (f). If none, enter -0-. 20 50 **UNION TRUSTEE** 7156 Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) PACIFIC STANDARD PRINTING 01-0551382 (b) (f) (c) (d) (e) (g) (h) Did indirect compensation Service Relationship to Enter direct Did service provider Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none organization, or compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or compensation for which you a party-in-interest disclosures? sponsor) estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 NONE 6882 Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) PATRICK J. CALLANS 999 LAKE DRIVE ISSAQUAH, WA 98027-5384 (d) (b) (e) (c) (f) (h) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service employer, employee | compensation paid receive indirect include eligible indirect compensation received by provider give you a Code(s) organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of plan received the required person known to be eligible indirect enter -0-. other than plan or plan an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 50 20 **EMPLOYER** 6574 Yes No X Yes No Yes No

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answered	I "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
(1.0., 111011	ey or arrything cloc or	,		r address (see instructions)	plan daning the plan year. (ex	
STEVEN F	P. VAIRMA			3A ESIDE LANE :R, CO 80212-7430		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount.
20 50	UNION TRUSTEE	6133	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
RICHARD	D. COX		7320 N	154, BOX 526 LA CHOLLA BOULEVARD N, AZ 85741-2354		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount.
20 50	EMPLOYER TRUSTEE	6092	Yes No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
RANDY CA	AMMACK			200 RPORATE CENTER DRIVE NA, CA 91768-2611		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 20	UNION TRUSTEE	5869	Yes No X	Yes No		Yes No

Page 3 - 36	age	3 -	36	
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36 50

NONE

5272

Yes No X

Yes No

Yes No

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) WALTER R. MAESTAS 4269 BALLOON PARK ROAD NE ALBUQUERQUE, NM 87109-5802 (b) (c) (d) (e) (f) (g) (h) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a service provider excluding organization, or by the plan. If none compensation? (sources compensation, for which the formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 20 50 **UNION TRUSTEE** 550 Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) 110 EAST 59TH STREET 21ST FLOOR CANTOR FITZGERALD & CO INC, NEW YORK NEW YORK, NY 10022 (f) (b) (c) (d) (e) (g) (h) Did indirect compensation Service Relationship to Enter direct Did service provider Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none organization, or compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest compensation for which you disclosures? sponsor) estimated amount? answered "Yes" to element (f). If none, enter -0-. 33 50 NONE 545 Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) MAGNUM PRINT SOLUTIONS 91-1723717 (b) (c) (d) (e) (f) (h) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service employer, employee | compensation paid receive indirect include eligible indirect compensation received by provider give you a Code(s) organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of plan received the required person known to be enter -0-. other than plan or plan eligible indirect an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-.

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) LANGUAGE SCIENTIFIC 04-3475752 (b) (c) (d) (e) (f) (g) (h) Did service provider Did indirect compensation Service Relationship to Enter direct Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a service provider excluding organization, or by the plan. If none compensation? (sources compensation, for which the formula instead of other than plan or plan person known to be enter -0-. plan received the required eligible indirect an amount or compensation for which you a party-in-interest sponsor) disclosures? estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 NONE 521 Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) SUNTRUST CAPITAL MARKETS INC 62-0871146 (b) (f) (c) (d) (e) (g) (h) Did indirect compensation Service Relationship to Enter direct Did service provider Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none organization, or compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest disclosures? compensation for which you sponsor) estimated amount? answered "Yes" to element (f). If none, enter -0-. 33 50 NONE Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) ISI GROUP INC, NEW YORK 55 EAST 52ND STREET NEW YORK, NY 10055 (b) (d) (h) (c) (e) (f) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service employer, employee | compensation paid receive indirect include eligible indirect compensation received by provider give you a Code(s) organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of plan received the required person known to be enter -0-. eligible indirect other than plan or plan an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 33 50 **NONE** 5052

Yes No X

Yes No

Yes No

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) S & A HORN LIMITED 94-3249244 (b) (c) (d) (e) (f) (g) (h) Did indirect compensation Service Relationship to Enter direct Did service provider Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a service provider excluding organization, or by the plan. If none compensation? (sources compensation, for which the formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 53 49 50 NONE 665 156197 Yes No X Yes No X Yes X No (a) Enter name and EIN or address (see instructions) 114 WEST 47TH STREET NEW YORK, NY 10036 IFM INVESTORS PTY LTD (f) (b) (c) (d) (e) (g) (h) Did indirect compensation Service Relationship to Enter direct Did service provider Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none organization, or compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest disclosures? compensation for which you sponsor) estimated amount? answered "Yes" to element (f). If none, enter -0-. NONE 19223585 Yes X No Yes No X Yes No X (a) Enter name and EIN or address (see instructions) GI MANAGER LP 56-2526642 (b) (c) (d) (e) (f) (h) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service employer, employee | compensation paid receive indirect include eligible indirect compensation received by provider give you a Code(s) organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of plan received the required person known to be eligible indirect

enter -0-.

a party-in-interest

NONE

52

other than plan or plan

sponsor)

Yes X No

disclosures?

Yes No X

an amount or

estimated amount?

Yes No X

compensation for which you

answered "Yes" to element (f). If none, enter -0-.

17309706

Page	3 -	(1)
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7994049

Yes No X

52

NONE

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	address (see instructions)		
GENSTAR	CAPITAL PARTNER	SLLC				
36-481073	1					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	C	Yes X No	Yes No 🗵	16969637	Yes No X
			a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	C	Yes 🛛 No 🗌	Yes No 🗓	10455718	Yes No X
		(a) Enter name and EIN or	address (see instructions)		
GREENBR 13-408919	RIAR EQUITY GROUP	LP				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?

Yes X No

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	Schedule C	(Form	5500	2019
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

AUDAX MANAGEMENT COMPANY, LLC

04-3477377

(b) Service Code(s)			(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes X No	Yes No 🛚	6902741	Yes No X

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

SUMMIT PARTNERS GE IX, L.P.

47-3087648

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
		by the plan. If none,	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
52	NONE	0	Yes 🛛 No 🗌	Yes No 🛚	6568451	Yes No X

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

CENTERBRIDGE ADVISORS III, LLC

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect	Did the service provider give you a formula instead of an amount or
52 72	NONE	0	Yes X No	Yes No X	6483311	Yes No X

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

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

GENERAL ATLANTIC SERVICE CO., LP

13-3491941

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes 🛛 No 🗌	Yes ☐ No ☒	6375086	Yes No X

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

GENSTAR CAPITAL MANAGEMENT LLC

90-0665792

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
52	NONE	0	Yes 🛛 No 🗌	Yes No 🛚	5926731	Yes No 🛚

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

LONE STAR GLOBAL ACQUISITIONS, LTD.

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
(-,	organization, or person known to be	by the plan. If none,	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or
	a party-in-interest	enter -o	sponsor)	disclosures?	compensation for which you answered "Yes" to element (f). If none, enter -0	estimated amount?
52	NONE	0	Yes X No □	Yes ☐ No 🗵	5085197	Yes No X
			103 🔼 140 📋	103 110		103 140

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Page 3 -	42

Schedule C (Form 5500) 2019

			(a) Enter name and EIN o	r address (see instructions)		
HUDSON	ADVISORS L.P.					
75-257851	11					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
72	NONE	C	Yes 🛛 No 🗌	Yes No 🛚	4413525	Yes No X
			(a) Enter name and EIN or	address (see instructions)		
INNOVAT	US CAPITAL PARTNE		. ,	,		
	00 0/11 11/12 1 / 11/11					
47-540825	53					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount.
52	NONE	C	Yes 🛛 No 🗌	Yes No 🗵	4381052	Yes No X
			a) Enter name and EIN or	address (see instructions)		
TRII ANTI	C CAPITAL MANAGEI		,	,		
TICLEANT	O OAI TIAL WANAOLI	VILIAI E.I .				
26-460082	29					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0			4262021	

Yes X No

Yes No X

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Schedule C	(Form	5500	2019

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

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

MONARCH ALTERNATIVE CAPITAL LP

37-1424923

(b) Service Code(s)			(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes 🛛 No 🗌	Yes 📗 No 🗵	4048875	Yes No X

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

GREENBRIAR SLP IV LP

82-2851617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
52	NONE	0	Yes 🛭 No 🗌	Yes No 🛚	3894876	Yes No X

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

EIG MANAGEMENT COMPANY, LLC

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
52	NONE	0	Yes X No	Yes No X	3732574	Yes No X

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Schedule C	(Form 5500)	2019

52

NONE

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
_		((a) Enter name and EIN or	r address (see instructions)		
TA ASSO	CIATES SDF IV GP, L	.P.				
30-086503	31					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	C	Yes 🛛 No 🗌	Yes No 🗵	3715727	Yes No X
	•		(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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes X No	Yes No X	33331.13	Yes No X
		((a) Enter name and EIN or	address (see instructions)		
AUDAX M 04-352504	ANAGEMENT COMP	ANY (NY), LLC				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?

Yes X No

Yes No X

3572538

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

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

BLACKSTONE INFR ADVISORS, LLC

36-4887320

(b) Service Code(s)			(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes 🛛 No 🗌	Yes No 🛚	3359757	Yes No X

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

PACIFIC INVESTMENT MANAGEMENT CO.

33-0629048

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes 🛛 No 🗌	Yes No 🛚	3337691	Yes No X

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

CRESCENT CAPITAL GROUP LP

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
52	NONE	0	Yes X No	Yes No 🛚	3211574	Yes No X

2494018

Yes No X

NONE

answered	d "Yes" to line 1a abov	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
		((a) Enter name and EIN o	r address (see instructions)		
TENNENE	BAUM CAPITAL PART	NERS, LLC				
95-475986	60					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amount
52	NONE	C	Yes 🛛 No 🗌	Yes No 🗵	2942823	Yes No X
			(a) Enter name and EIN or	address (see instructions)		
UNIGEST	ION UK (LTD)		SILHST ZURICI	FRASSE 20 H, SWITZERLAND CH 8021 SZ	2	
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
52	NONE	C	Yes 🛛 No 🗍	Yes No 🛚	2694490	Yes No 🛚
		((a) Enter name and EIN or	address (see instructions)		
MC CRED	DIT ASSOCIATES LP					
(b) Service Code(s)	(c) Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amount

Yes X No

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Schedule C	(Form 5500) 2019
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2	. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you
	answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation
	(i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

GOLDPOINT PARTNERS LLC

13-5582869

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes X No [Yes No 🛚	2386915	Yes No X

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

ENCAP EQUITY FUND XI GP, L.P.

81-4542772

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

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

WP GLOBAL PARTNERS LLC

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee organization, or		receive indirect compensation? (sources	include eligible indirect compensation, for which the	compensation received by service provider excluding	provider give you a formula instead of
	person known to be	enter -0	other than plan or plan	plan received the required	eligible indirect	an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element	estimated amount?
					(f). If none, enter -0	
52	NONE	0			2150901	
			Yes 🛛 No 🗌	Yes No X		Yes No X

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

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

UBS INTL. INFRASTRUCTURE FD GP CAY

53 MARKET STREET GARDENIA COURT GRAND CAYMAN, CAYMAN ISLANDS KY1-1104 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes 🛛 No 🗌	Yes No 🛚	2041982	Yes No X

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

HARBOURVEST PARTNERS LP

74-3130888

(b) Service Code(s)		by the plan. If none,	compensation? (sources	(f) Did indirect compensation include eligible indirect compensation, for which the	service provider excluding	(h) Did the service provider give you a formula instead of
	person known to be a party-in-interest	enter -0	other than plan or plan sponsor)	plan received the required disclosures?	eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes X No	Yes No 🛚	2021151	Yes No X

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

WINDJAMMER MANAGEMENT PARTNERS, L.P.

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
52	NONE	0	Yes X No	Yes No 🛚	1829792	Yes No X

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

FREEMAN SPOGLI MANAGEMENT CO., LP

26-4764285

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes 🛛 No 🗌	Yes 📗 No 🗵	1667818	Yes No X

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

OMI MANAGEMENT U.S. LIMITED PARTNER

31-1678794

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes 🛛 No 🗌	Yes No 🛚	1651302	Yes No X

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

SEI TRUST COMPANY

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
52	NONE	0	Yes X No	Yes No X	1577390	Yes No X

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

ARES MANAGEMENT LLC

27-2078839

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes 🛛 No 🗌	Yes ☐ No ☒	1573422	Yes No X

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

SELENE INVESTMENT PARTNERS II, LLC

27-3786602

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
52	NONE	0	Yes 🛛 No 🗌	Yes No 🛚	1483775	Yes No X

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

PERELLA WEINBERG PTNRS CAPITAL MGMT

(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes X No	Yes No X	1408510	Yes No 🛚

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Schedule C (Form 5500) 2019

NONE

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN o	r address (see instructions)		
ENCAP E	QUITY FUND X GP, L.	P.				
47-271180)4					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	C	Yes 🛛 No 🗌	Yes No X	1345866	Yes No X
		1	(a) Enter name and EIN or			
	AN INVESTMENT MA		a) Enter name and EIN or	r address (see instructions)		
13-320024		(-1)	(0)	(6)	(4)	(1-)
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	C	Yes 🛛 No 🗍	Yes No 🗵	1327557	Yes No X
			a) Enter name and EIN or	r address (see instructions)	,	
EIG CREE	DIT MANAGEMENT CO		•	,		
47-385909	96					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0			1211368	

Yes X No

Yes No X

1211368

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

GROSVENOR CAPITAL MANAGEMENT, L.P.

36-3795985

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes 🛛 No 🗌	Yes No 🛚	1161986	Yes No X

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

PANTHEON VENTURES US LP

27-2278613

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
52	NONE	0	Yes 🛭 No 🗌	Yes No 🛚	1058113	Yes No X

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

AEA INVESTORS LP

(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
52	NONE	0	Yes X No	Yes No X	1033321	Yes No X

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

NEUBERGER BERMAN INVESTMENT ADVISOR

02-0654486

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes X No [Yes No 🛚	925785	Yes No X

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

ENCAP EQUITY FUND VIII GP, LP

27-2032431

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	receive indirect compensation? (sources other than plan or plan sponsor)	include eligible indirect compensation, for which the plan received the required disclosures?	compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes 🛛 No 🗌	Yes No 🛚	919644	Yes No X

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

THOMA BRAVO PARTNERS XIII-P, L.P.

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service
(-)	organization, or person known to be	by the plan. If none,	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or
	a party-in-interest	ontol 0.	sponsor)	disclosures?	compensation for which you answered "Yes" to element (f). If none, enter -0	estimated amount?
52	NONE	0	Yes X No	Yes No X	877129	Yes No X

	_	
Page	3 -	54

708275

Yes No X

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52

NONE

(1.0., 11101	ney or anything else of			· · · · · · · · · · · · · · · · · · ·		
			(a) Enter name and EIN or	address (see instructions)		
POMONA	MANAGEMENT LLC					
13-414970	00					
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or
52	NONE	C	Yes X No	Yes No 🗓	833344	Yes No X
			a) Enter name and EIN or	address (see instructions)		
ENERVES	OT 1 TD		a) Enter hame and Env or	addices (see instructions)		
76-037859	95					
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or
52	NONE	C	Yes X No	Yes No 🛚	760616	Yes No X
			a) Enter name and EIN or	address (see instructions)	,	
PARTNER	RS GROUP (USA) INC		,			
FARTNER	NO GROOF (USA) INC					
13-411889	92					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?

Yes X No

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

(a) Enter name and EIN or address (see instructions)						
CENTERB	RIDGE ADVISORS II,	LLC				
27-306065	9					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes X No	Yes No 🛚	674936	Yes No X
		(a) Enter name and EIN or	address (see instructions)		
WP GLOBA	AL PARTNERS INC	·	·	,		
20-284772	2					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes X No	Yes No 🛚	662444	Yes No X
		(a) Enter name and FIN or	address (see instructions)		
PARTNER	S GROUP MANAGEN		PO BOX	X 477 TUDOR HOUSE LE BOR TER PORT, GUERNSEY GY16		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes X No	Yes No 🛚	642079	Yes No X

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes X No [Yes No 🛚	529256	Yes No X

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

MC CREDIT PARTNERS LP

46-2738205

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes 🛛 No 🗌	Yes No 🛚	431053	Yes No X

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

LANDMARK EQUITY ADVISORS LLC

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service
Codo(o)	organization, or person known to be a party-in-interest	by the plan. If none,	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
52	NONE	0	Yes X No	Yes No 🗵	424209	Yes No X

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Page	3 -	5

Schedule C	(Form 5500)	2019

	Schedule C (Form 55)	00) 2019		Page 3 - 57		
answered	d "Yes" to line 1a abov	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN o	r address (see instructions)		
INVESCO	ADVISORS INC.					
58-170726	52					
(b) Service Code(s)	(c) Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0		(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
68	NONE	(Yes 🛛 No 🗍	Yes No 🗵	384334	Yes No X
			(a) Enter name and EIN or	address (see instructions)		
BLACKRO	OCK INVESTMENT MO	GMT., LLC				
20-531947	76					
/b)	(0)	(4)	(0)	(5)	(a)	/h\

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee	compensation paid	receive indirect compensation? (sources	include eligible indirect compensation, for which the	compensation received by	provider give you a formula instead of
	organization, or person known to be		other than plan or plan	plan received the required	service provider excluding eligible indirect	an amount or
	a party-in-interest	Cittor o .	sponsor)		compensation for which you	
			. ,		answered "Yes" to element	
					(f). If none, enter -0	
52	NONE	0			302218	
			Yes 🛛 No 🗌	Yes No 🛚		Yes No X

HAMILTON LANE ADVISORS, LLC

(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes X No	Yes No X	232048	Yes No 🛚

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

ENTRUST GLOBAL PARTNERS LLC

13-4021839

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes X No [Yes No 🛚	172093	Yes No X

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

M.D. SASS INVESTORS SERVICES, INC.

13-2703405

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
52	NONE	0	Yes 🛛 No 🗌	Yes No 🗵	161778	Yes No X

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

MCMORGAN & COMPANY LLC

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect	Did the service provider give you a formula instead of an amount or
72	NONE	0	Yes X No	Yes No 🗵	152921	Yes No 🗵

Schedule C (F	orm 5500) 2019
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2	2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you
	answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation
	(i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).
	(a) Enter name and EIN or address (see instructions)

THEODORE LIFTMAN INSURANCE, INC.

04-2629666

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
53	NONE	0	Yes 🛛 No 🗌	Yes 📗 No 🗵	53651	Yes No X

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

GEHRSON LEHMAN GROUP

13-4101226

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
70	NONE	0	Yes X No	Yes No 🛚	36394	Yes No X

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

TRIVISTA BUSINESS GROUP, INC.

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee			Did indirect compensation include eligible indirect	Enter total indirect compensation received by	, ,
	organization, or person known to be a party-in-interest	, ,	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
70	NONE	0	Yes X No	Yes No X	22429	Yes No X

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
-		((a) Enter name and EIN o	r address (see instructions)		
HARVEST	PARTNERS, L.P.					
20-444043	35					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	C	Yes 🛛 No 🗍	Yes No 🗵	14201	Yes No No
			(a) Enter name and EIN or	address (see instructions)		
32-006828 (b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct	Did service provider receive indirect	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or
70	NONE	C	Yes No	Yes No 🗵	11092	Yes No X
	•		(a) Enter name and EIN or	address (see instructions)		
ADS CON 82-387284	SULTING, LLC					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	by the plan. If none, enter -0	other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
70	NONE	0			7820	1

Yes X No

Yes No X

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Schedule C (Form 5500) 2019

Part I Service Provider Information (continued)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation	
IFM INVESTORS PTY LTD	52	19223585	
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.	
IFM GLOBAL INFRASTRUCTURE FUND	MANAGEMENT FEES EQUA UP TO \$300MM, 0. 65% ON FEE COMPENSATION	MANAGEMENT FEES EQUAL TO 0.77% ON INV SHARE OF UP TO \$300MM, 0. 65% ON EXCESS PLUS PERFORMANCE FEE COMPENSATION	
98-0569684			
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation	
GI MANAGER LP	52	13374679	
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility	
GI PARTNERS FUND IV L.P.	MANAGEMENT FEES EQUA	for or the amount of the indirect compensation. MANAGEMENT FEES EQUAL TO 1.75% OF INVESTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION	
90-0905243			
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation	
THOMA BRAVO PARTNERS XII AIV, LP	52	10455718	
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THOMA BRAVO FUND XII LP	MANAGEMENT FEES EQUA CAPITAL PLUS PERFORMA	MANAGEMENT FEES EQUAL TO 1.50% OF INVESTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION	
81-1256412			

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

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
GENSTAR CAPITAL PARTNERS LLC	52	10012792
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
GENSTAR CAPITAL PARTNERS VIII, L.P.	MANAGEMENT FEES EQUAL TO 1.75% OF COMMITTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION	
82-0802939		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREENBRIAR EQUITY GROUP LLC	52	7994049
(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.	
GREENBRIAR EQUITY FUND III L.P.	MANAGEMENT FEES EQUAL TO 2.00% OF INVESTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION	
46-1549910		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SUMMIT PARTNERS GE IX, LP	52	6568451
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
SUMMIT PTNRS GROWTH EQ FD IX-A LP	MANAGEMENT FEES EQUAL TO 2.00% OF COMMITTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION	
47-3143348		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CENTERBRIDGE ADVISORS III, LLC	52	6448971
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
CENTERBRIDGE CAPITAL PTNRS III, LP	MANAGEMENT FEES EQUAL TO 1.25% OF INVESTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION	
61-1742348		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GENERAL ATLANTIC SERVICE CO., LP	52	6375086
(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.	
GENERAL ATLANTIC INVT PTNR 2017, LP	MANAGEMENT FEES EQUAL TO 1.65% OF COMMITTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION	
82-2758195		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GENSTAR CAPITAL MANAGEMENT LLC	52	5926731
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
GENSTAR CAPITAL PARTNERS VI, L.P.	MANAGEMENT FEES EQUAL TO 1.75% OF INVESTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION	
80-0690808		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GENSTAR CAPITAL PARTNERS LLC	52	5545419
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
GENSTAR CAPITAL PARTNERS VII, L.P.	MANAGEMENT FEES EQUAL TO 1.75% OF COMMITTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION	
47-4181314 		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AUDAX MANAGEMENT COMPANY, LLC	52	5163205
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AUDAX PRIVATE EQUITY FUND V-A, L.P.	MANAGEMENT FEES EQUAL TO 2.00% OF COMMITTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION	
47-4416548 -		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INSURANCE CO.	52	4755059
(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.	
PRISA	MANAGEMENT FEES EQUAL TO 0.50% ON ASSETS	
22-1211670		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GI MANAGER LP	52	3935027
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
GI PARTNERS FUND V L.P.	MANAGEMENT FEES EQUAL TO 1.75% OF COMMITTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION	
61-1832101		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREENBRIAR SLP IV LP	52	3894876
(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.	
GREENBRIAR EQUITY FUND IV L.P.	MANAGEMENT FEES EQUAL TO 2.00% OF COMMITTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION	
82-2822585		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TA ASSOCIATES SDF IV GP, LP	52	3715727
(d) Enter name and EIN (address) of source of indirect compensation		compensation, including any the service provider's eligibility
	for or the amount of	the indirect compensation.
TA SUBORDINATED DEBT FUND IV, LP	MANAGEMENT FEES EQUAL TO 1.00% OF INVESTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION	
32-0463544		

Part I Service Provider Information (continued)	
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or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source. (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation WATERFALL ASSET MANAGEMENT LLC 3600745 (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. WATERFALL VICTORIA ERISA FUND. LTD. MANAGEMENT FEES EQUAL TO 1.30% OF NET ASSET VALUE PLUS PERFORMANCE FEE COMPENSATION 98-0679890 (a) Enter service provider name as it appears on line 2 (c) Enter amount of indirect (b) Service Codes (see instructions) compensation 52 AUDAX MANAGEMENT COMPANY (NY), LLC 3572538 (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. MANAGEMENT FEES EQUAL TO 1.0% OF INVESTED AUDAX SENIOR DEBT (WCTPT), LLC CAPITAL PLUS PERFORMANCE FEE COMPENSATION 45-4126236

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

(a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation PRUDENTIAL INSURANCE CO. 3433967

(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.

PRISA II MANAGEMENT FEES EQUAL TO 0.50% ON ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKSTONE INFR ADVISORS LLC	52	3359757
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
BLACKSTONE INFR PTNRS-V FEEDER LP	MANAGEMENT FEES EQUAL TO 0.9% OF INVESTED CAPITAL, 0.10% ON REMAINING COMMITMENTS	
83-3025827		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PACIFIC INVESTMENT MGMT CO	52	3337691
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
PIMCO INCOME FUND	INVESTMENT MANAGEMENT FEES EQUAL TO 0.5% OF ENDING MARKET VALUE	
20-8552950		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
CRESCENT CAPITAL GROUP LP	52	3211574
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
CRESCENT MEZZANINE PARTNERS VIB, LP	MANAGEMENT FEES EQUAL TO 1.25% OF INVESTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION	
80-0790681		

CAPITAL, 0.50% ON DRAWN LEVERAGE PLUS PERFORMANCE FEE COMPENSATION
formula used to determine the service provider's elign for or the amount of the indirect compensation TCP DIRECT LENDING FUND VIII-T, LLC MANAGEMENT FEES EQUAL TO 1.00% OF INVESTE CAPITAL, 0.50% ON DRAWN LEVERAGE PLUS
CAPITAL, 0.50% ON DRAWN LEVERAGE PLUS PERFORMANCE FEE COMPENSATION
82-3634990
(a) Enter service provider name as it appears on line 2 (b) Service Codes (see instructions) (c) Enter amount of in compensation
EIG MANAGEMENT COMPANY, LLC 52 28
(d) Enter name and EIN (address) of source of indirect compensation (e) Describe the indirect compensation, including a formula used to determine the service provider's elign for or the amount of the indirect compensation
EIG ENERGY FUND XVII, L.P. MANAGEMENT FEES EQUAL TO 1.25% OF COMMIT CAPITAL PLUS PERFORMANCE FEE COMPENSATION CAPITAL PLUS PERFORMANCE FEE COMPENSATION
81-5439747
(a) Enter service provider name as it appears on line 2 (b) Service Codes (see instructions) (c) Enter amount of in compensation
INNOVATUS CAPITAL PARTNERS, LLC 52 28
(d) Enter name and EIN (address) of source of indirect compensation (e) Describe the indirect compensation, including a formula used to determine the service provider's elign for or the amount of the indirect compensation
INNOVATUS FLAGSHIP FUND I LP MANAGEMENT FEES EQUAL TO 1.0% OF INVESTEI CAPITAL PLUS PERFORMANCE FEE COMPENSATION CAPITAL PLUS PERFORMANCE FEE COMPENSATION MANAGEMENT FEES EQUAL TO 1.0% OF INVESTEI CAPITAL PLUS PERFORMANCE FEE COMPENSATION MANAGEMENT FEES EQUAL TO 1.0% OF INVESTEI CAPITAL PLUS PERFORMANCE FEE COMPENSATION MANAGEMENT FEES EQUAL TO 1.0% OF INVESTEI CAPITAL PLUS PERFORMANCE FEE COMPENSATION MANAGEMENT FEES EQUAL TO 1.0% OF INVESTEI CAPITAL PLUS PERFORMANCE FEE COMPENSATION MANAGEMENT FEES EQUAL TO 1.0% OF INVESTEI CAPITAL PLUS PERFORMANCE FEE COMPENSATION MANAGEMENT FEES EQUAL TO 1.0% OF INVESTEI CAPITAL PLUS PERFORMANCE FEE COMPENSATION MANAGEMENT FEES EQUAL TO 1.0% OF INVESTEI CAPITAL PLUS PERFORMANCE FEE COMPENSATION MANAGEMENT FEES EQUAL TO 1.0% OF INVESTEI CAPITAL PLUS PERFORMANCE FEE COMPENSATION MANAGEMENT FEES EQUAL TO 1.0% OF INVESTEI CAPITAL PLUS PERFORMANCE FEE COMPENSATION MANAGEMENT FEES EQUAL TO 1.0% OF INVESTEI CAPITAL PLUS PERFORMANCE FEE COMPENSATION MANAGEMENT FEES EQUAL TO 1.0% OF INVESTEI CAPITAL PLUS PERFORMANCE FEE COMPENSATION MANAGEMENT FEES EQUAL TO 1.0% OF INVESTEI CAPITAL PLUS PERFORMANCE FEE COMPENSATION MANAGEMENT FEES EQUAL TO 1.0% OF INVESTEI CAPITAL PLUS PERFORMANCE FEE COMPENSATION MANAGEMENT FEES EQUAL TO 1.0% OF INVESTEI CAPITAL PLUS PERFORMANCE FEE COMPENSATION MANAGEMENT FEES EQUAL TO 1.0% OF INVESTEI CAPITAL PLUS PERFORMANCE FEE COMPENSATION MANAGEMENT FEES EQUAL TO 1.0% OF INVESTEI CAPITAL PLUS PERFORMANCE FEE COMPENSATION MANAGEMENT FEES EQUAL TO 1.0% OF INVESTEI CAPITAL PLUS PERFORMANCE FEE COMPENSATION MANAGEMENT FEES EQUAL TO 1.0% OF INVESTEI CAPITAL PLUS PERFORMANCE FEE COMPENSATION MANAGEMENT FEES EQUAL TO 1.0% OF INVESTEI CAPITAL PLUS PERFORMANCE FEE COMPENSATION MANAGEMENT FEES EQUAL PLUS PERFORMANCE FEE COMPENSATION MANAGEMENT FEES FEES FEED FEES FEES FEES FEES FEES
37-1808594

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UNIGESTION UK (LTD)	52	2694490
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
WCTPT CHOICE LP	MANAGEMENT FEES EQUAL TO 0.85% OF INVESTED CAPITAL, 0.70% OF COMMITTED CAPITAL SUB-POOL 201 PLUS PERFORMANCE FEE COMPENSATION	
27-1883850		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MC CREDIT ASSOCIATES LP	52	2494018
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility
MC CREDIT FUND I LP	for or the amount of the indirect compensation. PERFORMANCE FEE COMPENSATION	
46-2774118		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MONARCH ALTERNATIVE CAPITAL LP	52	2380610
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
MONARCH CAPITAL PTNRS OFFSHORE III	MANAGEMENT FEES EQUAL TO 1.66% OF LESSER OF INVESTED CAPITAL AND COMMITMENT PLUS PERFORMANCE FEE COMPENSATION	
98-1148405		
		

MANAGEMENT FEES EQUAL TO 0.60% OF CONTRIBUTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION

Service Provider Information (continued)

Part I

LONE STAR FUND X U.S. L.P.

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect competer or provides contract administrator, consulting, custodial, investment advisory, investment may questions for (a) each source from whom the service provider received \$1,000 or more in its provider gave you a formula used to determine the indirect compensation instead of an ammany entries as needed to report the required information for each source.	nanagement, broker, or recordkeeping ndirect compensation and (b) each so	services, answer the following urce for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ENCAP EQUITY FUND XI GP, L.P.	52	2250000
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ENCAP ENERGY CAPITAL FUND XI, L.P.	MANAGEMENT FEES EQUAI CAPITAL	L TO 1.50% OF COMMITTED
31-4648210		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRILANTIC CAPITAL MANAGEMENT LP	52	2194793
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
TRILANTIC CAPITAL PTNRS V NO AM LP	MANAGEMENT FEES EQUAL TO 1.125% OF INVESTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION	
45-3645729		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ONE STAR GLOBAL ACQUISITIONS, LTD.	52	2119414
(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
TRILANTIC CAPITAL MANAGEMENT LP	52	2067228
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
TRILANTIC CAPITAL PTNRS VI NO AM LP		AL TO 1.50% OF COMMITTED
82-1904470 		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UBS INTL. INFRASTRUCTURE FD. GP CAY	52	2041982
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
ARCHMORE INTL INFR US TAX EX	MANAGEMENT FEES EQUAL TO 1.00% OF INVESTED CAPITAL	
98-0597490		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARBOURVEST PARTNERS LP	52	2000524
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
DOVER STREET VIII L.P.	MANAGEMENT FEES EQUAL TO 1.25% OF ADJUSTED CAPITAL COMMITMENTS PLUS PERFORMANCE FEE COMPENSATION	
45-2593305		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OAKTREE CAPITAL MANAGEMENT LP	52	2000000
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
OAKTREE ENHANCED INC FD PAR III LP	MANAGEMENT FEES EQUA CAPITAL	AL TO 2.00% OF COMMITTED
47-3429167		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WINDJAMMER MGMT PARTNERS, LP	52	1829792
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
WINDJAMMER SENIOR EQUITY FUND V, LP	MANAGEMENT FEES EQUAL TO 2.00% OF COMMITTED CAPITAL	
82-3184124		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LONE STAR GLOBAL ACQUISITIONS, LTD.	52	1797285
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LONE STAR FUND XI U.S. L.P.	MANAGEMENT FEES EQUAL TO 1.30% OF COMMITTED CAPITAL	
98-1441228 		

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Part I Service Provider Information (continued)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AUDAX MANAGEMENT COMPANY, LLC	52	1739536
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
AUDAX PRIVATE EQUITY FUND VI-A, L.P		AL TO 2.00% OF COMMITTED NCE FEE COMPENSATION
35-2632233		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MONARCH ALTERNATIVE CAPITAL LP	52	1668265
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
MONARCH CAPITAL PARTNERS III LP	MANAGEMENT FEES EQUAL TO 1.66% OF LESSER OF INVESTED CAPITAL AND COMMITMENT PLUS PERFORMANCE FEE COMPENSATION	
46-4422724		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FREEMAN SPOGLI MANAGEMENT CO. L.P.	52	1667818
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
FS EQUITY PARTNERS VIII, LP	MANAGEMENT FEES EQUAL TO 1.75% OF COMMITTED CAPITAL	
83-0705300		

,		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OMI MGMT US LTD PARTNERSHIP	52	1651302
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
ONEX PARTNERS V LP	MANAGEMENT FEES EQUA CAPITAL	AL TO 1.60% OF COMMITTED
98-1361 467		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NNOVATUS CAPITAL PARTNERS, LLC	52	1574050
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
INNOVATUS LIFE SCIENCES LENDING I	MANAGEMENT FEES EQUAL TO 0.75% OF INVESTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION	
61-1812491 -		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ARES MANAGEMENT LLC	52	1573422
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
ARES MULTI-CREDIT FUND LLC	MANAGEMENT FEES EQUAL TO 0.85% ON THE FIRST \$200MM, 0. 75% THEREAFTER PLUS PERFORMANCE FEE COMPENSATION	
84-4458610		

GENSTAR CAPITAL PARTNERS IX, L.P.

83-3170510

for or the amount of the indirect compensation.

MANAGEMENT FEES EQUAL TO 1.75% OF COMMITTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION

Part I	Service Provider	Information	(continued)
ганы	Service Frovider	milomialion	(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. (C) Enter amount of indirect (a) Enter service provider name as it appears on line 2 (b) Service Codes (see instructions) compensation SELENE INVESTMENT PARTNERS II, LLC 1483775 (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. SELENE RES. MTG. OPP. FD. II LP MANAGEMENT FEES EQUAL TO 0.9975% ON COST BASIS PLUS PERFORMANCE FEE COMPENSATION 27-3786681 (b) Service Codes (c) Enter amount of indirect (a) Enter service provider name as it appears on line 2 (see instructions) compensation 52 WP GLOBAL PARTNERS LLC 1419580 (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. HC INNOVATIVE PARTNERS LP MANAGEMENT FEES EQUAL TO 1.00% OF INVESTED CAPITAL 83-2245167 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation GENSTAR CAPITAL PARTNERS LLC 1411426 (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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PERELLA WEINBERG PTNRS CAPITAL MGMT	52	1408510
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
ABV OPPORTUNITY OFFSHORE FUND III A	MANAGEMENT FEES EQUA CAPITAL	AL TO 1.40% ON INVESTED
98-0687354		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GOLDPOINT PARTNERS, LLC	52	1366433
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
NYLCAP MEZZANINE PARTNERS III PARAL	MANAGEMENT FEES EQUAL TO 0.90% OF INVESTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION	
36-4713823		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OAKTREE CAPITAL MANAGEMENT LP	52	1353517
(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.	
OAKTREE SPECIAL SITUATIONS FUND, LP	MANAGEMENT FEES EQUAL TO 1.60% OF COMMITTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION	
98-1084550		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ENCAP EQUITY FUND X GP, L.P.	52	1345866
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
ENCAP ENERGY CAPITAL FUND X, L.P.	MANAGEMENT FEES EQUA CAPITAL	L TO 1.50% OF COMMITTED
47-2732735 		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OAKTREE CAPITAL MANAGEMENT LP	52	1256780
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
OAKTREE ENHANCED INC FD II PAR LP	MANAGEMENT FEES EQUAL TO 2.00% OF COMMITTED CAPITAL	
46-4870866		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EIG CREDIT MANAGEMENT COMPANY, LLC	52	1211368
(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.	
EIG GLOBAL PRIVATE DEBT FUND-A UL,	MANAGEMENT FEES EQUAL TO 1.00% OF INVESTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION	
47-5423520		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	52	1210704
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
JP MORGAN US CORPORATE FINANCE V	MANAGEMENT FEES EQUA CAPITAL	L TO 0.89% OF COMMITTED
80-0967622		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GROSVENOR CAPITAL MANAGEMENT, L.P.	52	1161986
(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.	
GROSVENOR OPPORTUNISTIC MULTI-CR	MANAGEMENT FEES EQUAL TO 0.60% OF NET ASSET VALUE PLUS PERFORMANCE FEE COMPENSATION	
36-4904741		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUDSON ADVISORS L.P.	72	1075407
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LONE STAR FUND IX U.S. L.P.	OTHER INVESTMENT MANAGEMENT SERVICES	
46-4793904		
	<u> </u>	

(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
52	1033321
formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
MANAGEMENT FEES EQUAL TO 1.75% OF COMMITTED CAPITAL	
(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
52	1013588
formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
MANAGEMENT FEES EQUAL TO 0.26% OF ASSETS	
(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
52	968938
(e) Describe the indirect	compensation, including any
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MANAGEMENT FEES EQUAL TO 1.50% OF NET ASSET VALUE	
	(e) Describe the indirect formula used to determine for or the amount of MANAGEMENT FEES EQUACAPITAL (b) Service Codes (see instructions) (c) Describe the indirect formula used to determine for or the amount of MANAGEMENT FEES EQUACAPITAL (b) Service Codes (see instructions) (c) Describe the indirect formula used to determine for or the amount of the amount of the amount of management for or the amount of m

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NEUBERGER BERMAN INVESTMENT ADVISOR	52	925785
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
NEUBERGER BERMAN RISK PARITY FD LP		AL TO 0.25% ON FIRST \$500M
32-0578748		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ENCAP EQUITY FUND VIII GP, LP	52	919644
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
ENCAP ENERGY CAPITAL FUND VIII, L.P	MANAGEMENT FEES EQUAL TO 1.50% OF INVESTED CAPITAL	
27-2032518 		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EIG MANAGEMENT COMPANY, LLC	52	918788
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
EIG ENERGY FUND XV-A, L.P.	MANAGEMENT FEES EQUAL TO 1.25% OF INVESTED CAPITAL	
27-2688983		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THOMA BRAVO PARTNERS XIII-P, LP	52	877129
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
THOMA BRAVO FUND XIII LP	MANAGEMENT FEES EQUA CAPITAL PLUS PERFORMA	L TO 1.50% OF COMMITTED NCE FEE COMPENSATION
83-0803524		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUDSON ADVISORS L.P.	72	870335
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LONE STAR FUND X U.S. L.P.	OTHER INVESTMENT MANAGEMENT SERVICES	
38-4003899		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUDSON ADVISORS L.P.	72	835678
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LONE STAR FUND XI U.S. L.P.	OTHER INVESTMENT MANAGEMENT SERVICES	
98-1441228		

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Part I Service Provider Information (continued)

(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
52	833344
formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
	L TO 0.85% OF COMMITTED NCE FEE COMPENSATION
(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
52	777406
formula used to determine	compensation, including any the service provider's eligibility
for or the amount of the indirect compensation. MANAGEMENT FEES EQUAL TO 0.656% ON COMMITTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION	
(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
52	760616
formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
MANAGEMENT FEES EQUA CAPITAL	L TO 1.50% OF INVESTED
	(e) Describe the indirect formula used to determine for or the amount of

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Part I Service Provider Information (continued)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PARTNERS GROUP (USA) INC	52	708275
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
PARTNERS GROUP WCTPT EM 2011, L.P.	MANAGEMENT FEES EQUAL TO 0.93% OF COMMITTED CAPITAL	
98-1048226		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LONE STAR GLOBAL ACQUISITIONS, LTD.	52	706720
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
LONE STAR REAL ESTATE FUND III U.S.	MANAGEMENT FEES EQUA CAPITAL PLUS PERFORMA	AL TO 0.60% OF CONTRIBUTED NCE FEE COMPENSATION
46-2967172		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CENTERBRIDGE ADVISORS II, LLC	52	674936
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
CENTERBRIDGE CAPITAL PTNRS II, LP	MANAGEMENT FEES EQUA CAPITAL	AL TO 1.25% OF INVESTED
27-3060225		

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

MANAGEMENT FEES EQUAL TO 0.50% OF ASSETS

Part I Service Provider Information (continued)

(d) Enter name and EIN (address) of source of indirect compensation

SGA INTL EQUITY PLUS CIT

81-3825080

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source. (C) Enter amount of indirect (a) Enter service provider name as it appears on line 2 (b) Service Codes (see instructions) compensation HUDSON ADVISORS L.P. 664923 (d) Enter name and EIN (address) of source of indirect compensation (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. LONE STAR REAL ESTATE FUND IV U.S. OTHER INVESTMENT MANAGEMENT SERVICES 36-4801649 (a) Enter service provider name as it appears on line 2 (c) Enter amount of indirect (b) Service Codes (see instructions) compensation 52 PARTNERS GROUP MANAGEMENT VI LTD 642079 (d) Enter name and EIN (address) of source of indirect compensation (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. PARTNERS GROUP SECONDARY 2008, LP. MANAGEMENT FEES EQUAL TO 0.664% OF COMMITTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION 98-0576320 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation SEI TRUST COMPANY 563802

)) 2019 Page **4 -** _

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
HUDSON AD	DVISORS L.P.	72	537016

	(see instructions)	compensation
HUDSON ADVISORS L.P.	72	537016
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
LONE STAR FUND VIII U.S. L.P.	OTHER INVESTMENT MANA	AGEMENT SERVICES
99-0384770		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OAKTREE CAPITAL MANAGEMENT LP	52	534450
(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.	
OAKTREE MID-MKT LEND FD PAR II LP	MANAGEMENT FEES EQUAL TO 1.40% OF COMMITTED CAPITAL	
82-4931180		
(-) -	400	14.5-

82-4931180		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ENTRUST GLOBAL PARTNERS OFFSHORE LP	52	529256

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ENTRUST ACTIVIST MANAGERS, L.P.	MANAGEMENT FEES EQUAL TO 1.00% OF CAPITAL

,

46-1051612

MANAGEMENT FEES EQUAL TO 1.00% OF CAPITAL BALANCE PLUS 1.25% OF CO-INVESTMENT ACCOUNT BALANCE

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compor provides contract administrator, consulting, custodial, investment advisory, investment questions for (a) each source from whom the service provider received \$1,000 or more in provider gave you a formula used to determine the indirect compensation instead of an an many entries as needed to report the required information for each source.	management, broker, or recordkeepin indirect compensation and (b) each s	g services, answer the following ource for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GOLDPOINT PARTNERS, LLC	52	491561
(d) Enter name and EIN (address) of source of indirect compensation	` '	compensation, including any e the service provider's eligibility

GOLDPOINT PARTNERS SELECT MGR IV LP

MANAGEMENT FEES EQUAL TO 0.50% OF COMMITTED CAPITAL

for or the amount of the indirect compensation.

82-3609877

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WP GLOBAL PARTNERS LLC	52	479459

(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.

MANAGEMENT FEES EQUAL TO 0.65% OF INVESTED COREALPHA PEP FUND V LP CAPITAL

81-1502312

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LONE STAR GLOBAL ACQUISITIONS, LTD.	52	461778

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

LONE STAR REAL ESTATE FUND IV U.S.

MANAGEMENT FEES EQUAL TO 0.60% OF CONTRIBUTED CAPITAL PLUS PERFORMANCE FEE COMPENSATION

36-4801649

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MC CREDIT PARTNERS LP	52	431053
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
MC CREDIT FUND I LP		AL TO 1.25% OF INVESTED
46-2774118		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WP GLOBAL PARTNERS INC	52	420260
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
COREALPHA PEP III LP	MANAGEMENT FEES EQU/ CAPITAL PLUS PERFORMA	AL TO 0.60% OF INVESTED ANCE FEE COMPENSATION
26-3545254		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GOLDPOINT PARTNERS, LLC	52	338219
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
GOLDPOINT PARTNERS SELECT MGR III	MANAGEMENT FEES EQUA	AL TO 0.45% OF COMMITTED
98-1230148		

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Part I Service Provider Information (continued)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LANDMARK EQUITY ADVISORS LLC	52	321046
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
LANDMARK EQUITY PARTNERS XIV, LP	MANAGEMENT FEES EQUA VALUE PLUS PERFORMAN	AL TO 1.00% OF REPORTED CE FEE COMPENSATION
90-0409803		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK INVESTMENT MGMT, LLC	52	302218
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
VESEY STREET FUND IV ERISA, L.P.	MANAGEMENT FEES EQUA	AL TO 0.75% OF INVESTED
87-0811953		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PANTHEON VENTURES US LP	52	280707
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
PANTHEON USA FUND VIII, LP	MANAGEMENT FEES EQUA CAPITAL	AL TO 0.608% OF COMMITTED
26-1269055		

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Part I Service Provider Information (continued)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INSURANCE CO.	52	260826
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
PREDS	MANAGEMENT FEES EQUA	IL TO 0.25% ON ASSETS
22-1211670		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WP GLOBAL PARTNERS LLC	52	251862
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
COREALPHA PEP FUND IV LP	MANAGEMENT FEES EQUAL TO 0.75% OF INVESTED CAPITAL	
32-0415484		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WP GLOBAL PARTNERS INC	52	242184
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COREALPHA PEP II LP	MANAGEMENT FEES EQUA CAPITAL PLUS PERFORMA	IL TO 0.60% OF INVESTED NCE FEE COMPENSATION
30-0428518		

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 (h) Sarvice Codes (c) Enter amount of indirect

(a) Enter service provider name as it appears on line 2	(see instructions)	compensation
HUDSON ADVISORS L.P.	72	240554
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
LONE STAR RESIDENTIAL MORTGAGE FD I	OTHER INVESTMENT MANAGEMENT SERVICES	
35-2514997		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HAMILTON LANE ADVISORS, LLC	52	232048
(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.	
HAMILTON LANE CAPITAL OPPORTUNITIES	MANAGEMENT FEES EQUAL TO 0.70% OF INVESTED CAPITAL	
74-3218646		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GOLDPOINT PARTNERS, LLC	52	190702
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any

NYLCAP SELECT MANAGER FUND II LP

MANAGEMENT FEES EQUAL TO 0.44% OF COMMITTED CAPITAL

45-1620735

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(see instructions)

PERFORMANCE FEE COMPENSATION

52

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. (C) Enter amount of indirect (a) Enter service provider name as it appears on line 2 (b) Service Codes (see instructions) compensation HUDSON ADVISORS L.P. 1861 (d) Enter name and EIN (address) of source of indirect compensation (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. LONE STAR REAL ESTATE FUND III U.S. OTHER INVESTMENT MANAGEMENT SERVICES 46-2967172 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect

ENTRUST GLOBAL PARTNERS LLC

(d) Enter name and EIN (address) of source of indirect compensation

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

ENTRUST ACTIVIST MANAGERS LP

46-1051612

(a) Enter service provider name as it appears on line 2
(b) Service Codes (see instructions)

(c) Enter amount of indirect compensation

M.D. SASS INVESTORS SERVICES, INC.

(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.

compensation

172093

MD SASS GOVT AGENCY PORTABLE ALPHA

MANAGEMENT FEES EQUAL TO 0.23% ON THE FIRST \$250MM AUM, 0.20% ON BALANCE

83-4532002

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Part I Service Provider Information (continued)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MCMORGAN & COMPANY LLC	72	152921
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
MACKAY SHIELDS LLC	OTHER INVESTMENT MANAGEMENT SERVICES	
13-5582869		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	52	116853
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
JP MORGAN VENTURE CAPITAL IV FUND	MANAGEMENT FEES EQUAL TO 0.80% OF COMMITTE CAPITAL	
22-3980385		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ANDMARK EQUITY ADVISORS LLC	52	103163
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
LANDMARK EQUITY PARTNERS XIII, LP	MANAGEMENT FEES EQUAL TO 1.00% OF REPORTED VALUE	
20-3616351		

JP MORGAN CLEARING CORP

13-3604093

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. (C) Enter amount of indirect (a) Enter service provider name as it appears on line 2 (b) Service Codes (see instructions) compensation S & A HORN LIMITED (d) Enter name and EIN (address) of source of indirect compensation (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. CHUBB GROUP OF INSURANCE COMPANIES ESTIMATED INSURANCE COMMISSIONS FOR YEAR 2019 13-1963496 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation CAMDEN ASSET MANAGEMENT, L.P. 68 79864 (d) Enter name and EIN (address) of source of indirect compensation (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. JP MORGAN SECURITIES LLC SOFT DOLLAR COMMISSIONS 13-4110995 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation WELLS CAPITAL MANAGEMENT INC 62475 (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.

SOFT DOLLAR COMMISSIONS

or provides contract administrator, consulting, custodial, investment advisory, investment in questions for (a) each source from whom the service provider received \$1,000 or more in its provider gave you a formula used to determine the indirect compensation instead of an ammany entries as needed to report the required information for each source.	nanagement, broker, or recordkeepin ndirect compensation and (b) each so	g services, answer the following burce for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE UNION LABOR LIFE INSURANCE COMP	72	56791
(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.	
SEPARATE ACCOUNT J	LOAN SERVICING FEES	
13-1423090		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NVESCO ADVISORS INC	68	51999
(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.	
BANK OF AMERICA MERRILL LYNCH	SOFT DOLLAR COMMISSIONS	
13-2740599		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NVESCO ADVISORS INC	68	43597
(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.	
CREDIT SUISSE	SOFT DOLLAR COMMISSIO	NS

or provides contract administrator, consulting, custodial, investment advisory, investment r questions for (a) each source from whom the service provider received \$1,000 or more in i provider gave you a formula used to determine the indirect compensation instead of an armany entries as needed to report the required information for each source.	nanagement, broker, or recordkeepir indirect compensation and (b) each s	ng services, answer the following ource for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes (c) Enter amount of i compensation	
WELLS CAPITAL MANAGEMENT INC	68	42038
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determin	t compensation, including any e the service provider's eligibility the indirect compensation.
JEFFERIES & CO INC	SOFT DOLLAR COMMISSIONS	
95-2622900		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISORS INC	68	41313
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determin	t compensation, including any e the service provider's eligibility the indirect compensation.
JP MORGAN SECURITIES	SOFT DOLLAR COMMISSIONS	
13-4110995		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GEHRSON LEHMAN GROUP	70	36394
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determin	t compensation, including any e the service provider's eligibility the indirect compensation.
WINDJAMMER SENIOR EQUITY FUND V, LP	PARTNERSHIP EXPENSES	· · · · · · · · · · · · · · · · · · ·

or provides contract administrator, consulting, custodial, investment advisory, investment questions for (a) each source from whom the service provider received \$1,000 or more in provider gave you a formula used to determine the indirect compensation instead of an armany entries as needed to report the required information for each source.	management, broker, or recordkeepir indirect compensation and (b) each s	ng services, answer the following ource for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLS CAPITAL MANAGEMENT INC	68	35257
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
SANFORD BERNSTEIN & CO, LLC	SOFT DOLLAR COMMISSIONS	
13-4064930		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CENTERBRIDGE ADVISORS III, LLC	72	34340
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
MAUSER PACKAGING SOLUTIONS 1515 W 22ND ST, STE 1100 OAK BROOK, IL 60523	MONITORING FEES	
(0) Fatarantina annida a anna a l'anna anna a l'ann	(h) o o . !	100
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISORS INC	68	32441
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
HSBC SECURITIES USA INC	SOFT DOLLAR COMMISSION	DNS

or provides contract administrator, consulting, custodial, investment advisory, investment in questions for (a) each source from whom the service provider received \$1,000 or more in its provider gave you a formula used to determine the indirect compensation instead of an ammany entries as needed to report the required information for each source.	nanagement, broker, or recordkeepir ndirect compensation and (b) each s	ng services, answer the following source for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions) (c) Enter amount of incompensation	
INVESCO ADVISORS INC	68	30725
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determin	t compensation, including any e the service provider's eligibility the indirect compensation.
MORGAN STANLEY & CO INC	SOFT DOLLAR COMMISSIONS	
36-3145972		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
S & A HORN LIMITED	53	30067
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determin	t compensation, including any e the service provider's eligibility the indirect compensation.
NATIONAL UNION AIG	ESTIMATED INSURANCE COMMISSIONS FOR YEAR 201	
13-2592361		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INSURANCE CO.	72	28592
(d) Enter name and EIN (address) of source of indirect compensation		t compensation, including any
	for or the amount of	e the service provider's eligibility the indirect compensation.
PRIVEST	OTHER INVESTMENT FEES	S AND EXPENSES

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect comperor provides contract administrator, consulting, custodial, investment advisory, investment in questions for (a) each source from whom the service provider received \$1,000 or more in in provider gave you a formula used to determine the indirect compensation instead of an among entries as needed to report the required information for each source.	nanagement, broker, or recordkeepin ndirect compensation and (b) each so	g services, answer the following burce for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NVESCO ADVISORS INC	68	23466
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
MACQUARIE CAPITAL (USA) INC	SOFT DOLLAR COMMISSIONS	
98-0141094		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VELLS CAPITAL MANAGEMENT INC	68	23108
(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.	
BANK OF AMERICA MERRILL LYNCH	SOFT DOLLAR COMMISSIONS	
13-2740599		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRIVISTA BUSINESS GROUP, INC.	70	22429
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WINDJAMMER SENIOR EQUITY FUND V, LP	PARTNERSHIP EXPENSES	

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

SOFT DOLLAR COMMISSIONS

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

(d) Enter name and EIN (address) of source of indirect compensation

CITIGROUP GBL MKTS INC

11-2418191

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensor provides contract administrator, consulting, custodial, investment advisory, investment may questions for (a) each source from whom the service provider received \$1,000 or more in interprovider gave you a formula used to determine the indirect compensation instead of an amount many entries as needed to report the required information for each source.	anagement, broker, or recordkeepin direct compensation and (b) each s	g services, answer the following ource for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
S & A HORN LIMITED	53	22160
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
HARTFORD FINANCIAL PRODUCTS	ESTIMATED INSURANCE COMMISSIONS FOR YEAR 2019	
06-0732738		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLS CAPITAL MANAGEMENT INC	68	22134
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
INSTINET CORP	SOFT DOLLAR COMMISSIONS	
12-0596491		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NVESCO ADVISORS INC	68	20977

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARBOURVEST PARTNERS LP	52	20627
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
DOVER STREET VII L.P.	MANAGEMENT FEES EQUAL TO 0.10% OF ADJUSTED CAPITAL COMMITMENTS	
74-3234906		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLS CAPITAL MANAGEMENT INC	68	19793
(d) Enter name and EIN (address) of source of indirect compensation	(a) Describe the indirect	componentian including any
(u) Enter name and Env (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
COWEN AND COMPANY LLC 599 LEXINGTON AVE 20TH FLOOR NEW YORK, NY 10022	SOFT DOLLAR COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THEODORE LIFTMAN INSURANCE, INC	53	18703
(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.	
ARGONAUT INSURANCE COMPANY 101 HUDSON STREET JERSEY CITY, NJ 07302	ESTIMATED INSURANCE C	OMMISSIONS FOR YEAR 2019

(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
68	17308
formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
SOFT DOLLAR COMMISSIONS	
(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
68	17232
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SOFT DOLLAR COMMISSIONS	
(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
68	16476
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SOFT DOLLAR COMMISSIONS	
	(e) Describe the indirect formula used to determine for or the amount of SOFT DOLLAR COMMISSION (b) Service Codes (see instructions) 68 (e) Describe the indirect formula used to determine for or the amount of SOFT DOLLAR COMMISSION (b) Service Codes (see instructions) 68 (e) Describe the indirect formula used to determine for or the amount of t

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
VELLS CAPITAL MANAGEMENT INC	68	16267

(a) Emer service	provider frame as it appears on line 2	(see instructions)	compensation
WELLS CAPITAL MANAGEMENT INC		68	16267
(d) Enter name and EIN	(address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
NVESTMENT TECHNOLOGY GROUP		SOFT DOLLAR COMMISSIO	DNS
95-4339369			
(a) Enter service	provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THEODORE LIFTMAN INSURANCE, INC		53	15817
(d) Enter name and EIN	(address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibili for or the amount of the indirect compensation.	
AXIS INSURANCE COMPANY	1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036	ESTIMATED INSURANCE C	OMMISSIONS FOR YEAR 2019
(a) Enter service	provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation	
HARVEST PARTNERS, L.P.	52	14201	
(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. MANAGEMENT FEES EQUAL TO 1.75% OF COMMITTED CAPITAL HARVEST PARTNERS VIII, L.P.

83-2423947

formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

SOFT DOLLAR COMMISSIONS

LIQUIDNET

13-4095933

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

THEODORE LIFTMAN INSURANCE, INC (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. FREEDOM SPECIALTY INSURANCE 7 WORLD TRADE CENTER ESTIMATED INSURANCE COMMISSIONS FOR YEAR 2019 **COMPANY** 250 GREENWICH STREET NEW YORK, NY 10007 (c) Enter amount of indirect (a) Enter service provider name as it appears on line 2 (b) Service Codes (see instructions) compensation **INVESCO ADVISORS INC** 68 12767 (d) Enter name and EIN (address) of source of indirect compensation (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. **CLSA** SOFT DOLLAR COMMISSIONS 46-0882815 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation **INVESCO ADVISORS INC** 12541 (d) Enter name and EIN (address) of source of indirect compensation (e) Describe the indirect compensation, including any

(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
68	11270
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SOFT DOLLAR COMMISSIONS	
(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
53	11250
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ESTIMATED INSURANCE COMMISSIONS FOR YEAR 2019	
(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
53	11217
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ESTIMATED INSURANCE COMMISSIONS FOR YEAR 2019	
	(e) Describe the indirect formula used to determine for or the amount of SOFT DOLLAR COMMISSION (b) Service Codes (see instructions) 53 (e) Describe the indirect formula used to determine for or the amount of ESTIMATED INSURANCE COMMISSION (b) Service Codes (see instructions) 53 (e) Describe the indirect formula used to determine for or the amount of the amo

GOLDMAN SACHS & CO.

13-5108880

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SOFT DOLLAR COMMISSIONS

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. (C) Enter amount of indirect (a) Enter service provider name as it appears on line 2 (b) Service Codes (see instructions) compensation **INVESCO ADVISORS INC** 11199 (e) Describe the indirect compensation, including any (d) Enter name and EIN (address) of source of indirect compensation formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SANFORD BERNSTEIN & CO., LLC SOFT DOLLAR COMMISSIONS 13-4064930 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation **GUILD POINT CONSULTING** 70 11092 (d) Enter name and EIN (address) of source of indirect compensation (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. WINDJAMMER SENIOR EQUITY FUND V, LP PARTNERSHIP EXPENSES 82-3184124 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation **INVESCO ADVISORS INC** 10723 (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.

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

NVESCO ADVISORS INC

INVESCO ADVISORS INC (e) Describe the indirect compensation, including any (d) Enter name and EIN (address) of source of indirect compensation formula used to determine the service provider's eligibility for or the amount of the indirect compensation. **ITG INC** SOFT DOLLAR COMMISSIONS 95-4339369 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation ADS CONSULTING, LLC 70 7820 (d) Enter name and EIN (address) of source of indirect compensation (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. WINDJAMMER SENIOR EQUITY FUND V, LP PARTNERSHIP EXPENSES 82-3184124 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation **INVESCO ADVISORS INC**

(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.

SOFT DOLLAR COMMISSIONS

SUITE 15 640 5TH AVENUE

NEW YORK, NY 10019

EXANE, INC

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
INVESCO ADVISORS INC	68	6279
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
TD SECURITIES	SOFT DOLLAR COMMISSIONS	
58-1495511 		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THEODORE LIFTMAN INSURANCE, INC	53	5950
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CONTINENTAL CASUALTY COMPANY 53 STATE STREET BOSTON, MA 02019	ESTIMATED INSURANCE COMMISSIONS FOR YEAR 2019	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CAMDEN ASSET MANAGEMENT, L.P.	68	5173
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GOLDMAN SACHS & CO.	SOFT DOLLAR COMMISSIONS	
13-5108880		

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

SOFT DOLLAR COMMISSIONS

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

(d) Enter name and EIN (address) of source of indirect compensation

BMO CAPITAL MARKETS

13-3459853

or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source. (C) Enter amount of indirect (a) Enter service provider name as it appears on line 2 (b) Service Codes (see instructions) compensation **INVESCO ADVISORS INC** 4116 (e) Describe the indirect compensation, including any (d) Enter name and EIN (address) of source of indirect compensation formula used to determine the service provider's eligibility for or the amount of the indirect compensation. DEUTSCHE BK SECS INC SOFT DOLLAR COMMISSIONS 13-2730828 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation **INVESCO ADVISORS INC** 68 (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. **RBC CAPITAL MARKETS** SOFT DOLLAR COMMISSIONS 41-1416330 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation **INVESCO ADVISORS INC**

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

SOFT DOLLAR COMMISSIONS

REDBURN (USA) LLC

20-4658658

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. (C) Enter amount of indirect (a) Enter service provider name as it appears on line 2 (b) Service Codes (see instructions) compensation **INVESCO ADVISORS INC** 3595 (e) Describe the indirect compensation, including any (d) Enter name and EIN (address) of source of indirect compensation formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BERENBERG BANK SOFT DOLLAR COMMISSIONS 27-4425934 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation WELLINGTON MANAGEMENT COMPANY LLC 68 (d) Enter name and EIN (address) of source of indirect compensation (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. JP MORGAN SECURITIES LLC SOFT DOLLAR COMMISSIONS 13-4110995 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation **INVESCO ADVISORS INC** (d) Enter name and EIN (address) of source of indirect compensation (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect com or provides contract administrator, consulting, custodial, investment advisory, investment questions for (a) each source from whom the service provider received \$1,000 or more in provider gave you a formula used to determine the indirect compensation instead of an a many entries as needed to report the required information for each source.	management, broker, or recordkeepir indirect compensation and (b) each s	ig services, answer the following ource for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NVESCO ADVISORS INC	68	3225
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NOMURA SECURITIES	SOFT DOLLAR COMMISSIONS	
3-2642206		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VELLINGTON MANAGEMENT COMPANY LLC	68	3009
(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.	
COWEN AND COMPANY LLC 599 LEXINGTON AVE 20TH FLOOR NEW YORK, NY 10022	SOFT DOLLAR COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VELLINGTON MANAGEMENT COMPANY LLC	68	2975
(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.	
PIPER SANDLER & CO	SOFT DOLLAR COMMISSIO	DNS

51

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

SOFT DOLLAR COMMISSIONS

Part I Service Provider Information (continued)

(d) Enter name and EIN (address) of source of indirect compensation

MORGAN STANLEY & CO INC

36-3145972

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source. (C) Enter amount of indirect (a) Enter service provider name as it appears on line 2 (b) Service Codes (see instructions) compensation **INVESCO ADVISORS INC** 2834 (e) Describe the indirect compensation, including any (d) Enter name and EIN (address) of source of indirect compensation formula used to determine the service provider's eligibility for or the amount of the indirect compensation. **DAIWA SECURITIES** SOFT DOLLAR COMMISSIONS 13-5680329 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation WELLINGTON MANAGEMENT COMPANY LLC 68 2832 (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. STIFEL NICOLAUS SOFT DOLLAR COMMISSIONS 43-0538770 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation WELLINGTON MANAGEMENT COMPANY LLC

BARCLAYS CAPITAL INC

06-1031656

formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

SOFT DOLLAR COMMISSIONS

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. (C) Enter amount of indirect (a) Enter service provider name as it appears on line 2 (b) Service Codes (see instructions) compensation WELLINGTON MANAGEMENT COMPANY LLC 2416 (e) Describe the indirect compensation, including any (d) Enter name and EIN (address) of source of indirect compensation formula used to determine the service provider's eligibility for or the amount of the indirect compensation. GOLDMAN SACHS & CO. SOFT DOLLAR COMMISSIONS 13-5108880 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation WELLINGTON MANAGEMENT COMPANY LLC 68 (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. JEFFERIES & CO INC SOFT DOLLAR COMMISSIONS 95-2622900 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation WELLINGTON MANAGEMENT COMPANY LLC (d) Enter name and EIN (address) of source of indirect compensation (e) Describe the indirect compensation, including any

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

or provides contract administrator, consulting, custodial, investment advisory, investment made questions for (a) each source from whom the service provider received \$1,000 or more in in provider gave you a formula used to determine the indirect compensation instead of an amount many entries as needed to report the required information for each source.	nanagement, broker, or recordkeepin ndirect compensation and (b) each s	g services, answer the following ource for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NVESCO ADVISORS INC	68	2116
(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.	
SCOTIA CAPITAL	SOFT DOLLAR COMMISSIONS	
3-5239583		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VELLINGTON MANAGEMENT COMPANY LLC	68	2019
(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.	
RBC CAPITAL MARKETS LLC	SOFT DOLLAR COMMISSIONS	
11-1416330		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VELLINGTON MANAGEMENT COMPANY LLC	68	1974
(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.	
JBS SECURITIES LLC	SOFT DOLLAR COMMISSIO	NS

SOFT DOLLAR COMMISSIONS

CITIGROUP GBL MKTS INC

11-2418191

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect comp or provides contract administrator, consulting, custodial, investment advisory, investment r questions for (a) each source from whom the service provider received \$1,000 or more in i provider gave you a formula used to determine the indirect compensation instead of an armany entries as needed to report the required information for each source.	management, broker, or recordkeeping indirect compensation and (b) each so	g services, answer the following surce for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NVESCO ADVISORS INC	68	1807
(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 eligibilit for or the amount of the indirect compensation.	
NSTINET CORP	SOFT DOLLAR COMMISSION	NS
2-0596491		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VELLINGTON MANAGEMENT COMPANY LLC	68	1584
(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.	
BANK OF AMERICA MERRILL LYNCH	SOFT DOLLAR COMMISSIONS	
3-2740599		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VELLINGTON MANAGEMENT COMPANY LLC	68	1579
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

questions for (a) each source from whom the	custodial, investment advisory, investment man service provider received \$1,000 or more in ind e the indirect compensation instead of an amou	nagement, broker, or recordkeeping irect compensation and (b) each so	g services, answer the following burce for whom the service
(a) Enter service provide	r name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NVESCO ADVISORS INC		68	1480
(d) Enter name and EIN (addres	ss) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
RENAISSANCE SECURITIES (CYPRUS) LTD	27 PINDAROU STREET, ALPHA BUSINESS 1060 NICOSIA, CYPRUS CY1060 CY	CY- SOFT DOLLAR COMMISSIO	NS
(a) Enter service provide	r name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VELLINGTON MANAGEMENT COMPANY LLC		68	1329
(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.	
KEYBANC CAPITAL MARKETS		SOFT DOLLAR COMMISSIONS	
34-1391952			
(a) Enter service provide	r name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NVESCO ADVISORS INC		68	1255
(d) Enter name and EIN (address) of source of indirect compensation		formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
CIBC WORLD MARKETS		SOFT DOLLAR COMMISSIO	NS

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(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

SOFT DOLLAR COMMISSIONS

Part I Service Provider Information (continued)

(d) Enter name and EIN (address) of source of indirect compensation

JONES TRADING

51-0484896

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source. (C) Enter amount of indirect (a) Enter service provider name as it appears on line 2 (b) Service Codes (see instructions) compensation WELLINGTON MANAGEMENT COMPANY LLC 1237 (e) Describe the indirect compensation, including any (d) Enter name and EIN (address) of source of indirect compensation formula used to determine the service provider's eligibility for or the amount of the indirect compensation. **BTIG LLC** SOFT DOLLAR COMMISSIONS 04-3695739 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation WELLINGTON MANAGEMENT COMPANY LLC 68 1205 (d) Enter name and EIN (address) of source of indirect compensation (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SUNTRUST CAPITAL MARKETS INC SOFT DOLLAR COMMISSIONS 62-0871146 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation WELLINGTON MANAGEMENT COMPANY LLC

Part I Se	rvice Provider	Information ((continued)	١
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3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source. (C) Enter amount of indirect (a) Enter service provider name as it appears on line 2 (b) Service Codes (see instructions) compensation **INVESCO ADVISORS INC** 1141 (e) Describe the indirect compensation, including any (d) Enter name and EIN (address) of source of indirect compensation formula used to determine the service provider's eligibility for or the amount of the indirect compensation. OKASAN SECURITIES CO., LTD 1-17-6,NIHONBASHI, CHUO-KU SOFT DOLLAR COMMISSIONS TOKYO, JAPAN 1028278 JP (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation WELLINGTON MANAGEMENT COMPANY LLC 68 1132 (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. LIQUIDNET SOFT DOLLAR COMMISSIONS 13-4095933 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation WELLINGTON MANAGEMENT COMPANY LLC (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. **EVERCORE ISI** SOFT DOLLAR COMMISSIONS

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

REIMBURSEMENT FOR TAX PREPARATION FEES

Part I Service Provider Information (continued)

(d) Enter name and EIN (address) of source of indirect compensation

YUCAIPA AMERICAN ALLIANCE(PARALLEL)

26-2119907

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source. (C) Enter amount of indirect (a) Enter service provider name as it appears on line 2 (b) Service Codes (see instructions) compensation WELLINGTON MANAGEMENT COMPANY LLC 1026 (e) Describe the indirect compensation, including any (d) Enter name and EIN (address) of source of indirect compensation formula used to determine the service provider's eligibility for or the amount of the indirect compensation. **BMO CAPITAL MARKETS** SOFT DOLLAR COMMISSIONS 13-3459853 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation LINDQUIST LLP 99 1000 (d) Enter name and EIN (address) of source of indirect compensation (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. YUCAIPA AMERICA ALLIANCE FUND I, LP REIMBURSEMENT FOR TAX PREPARATION FEES 61-1484225 (a) Enter service provider name as it appears on line 2 (b) Service Codes (c) Enter amount of indirect (see instructions) compensation LINDQUIST LLP

Part II Service Providers Who Fail or Refuse to	Provide Infor	mation	
 Part II Service Providers Who Fail or Refuse to Provide Information Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule. 			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide	
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide	
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide	
(a) Enter name and EIN or address of service provider (see	(b) Nature of	(C) Describe the information that the service provider failed or refused to	
instructions)	Service Code(s)	provide	
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide	
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide	

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)					
	(complete as many entries as needed)				
<u>a</u>	Name:		b EIN:		
<u> </u>	Positio				
d	Addres	SS:	e Telephone:		
Fx	planation);			
	.piariatioi	•			
а	Name:		b EIN:		
C	Positio		Z EIIV.		
d	Addres		e Telephone:		
Ex	planation	n:			
а	Name:		b EIN:		
С	Positio	n:			
d	Addres	SS:	e Telephone:		
		<u> </u>			
EX	planation	1.			
_	Nama		b ein:		
<u>а</u> с	Name: Position		D EIIV.		
d	Addres		e Telephone:		
u	Addict		C receptione.		
Ex	Explanation:				
а	Name:		b EIN:		
С	Positio				
d	Addres		e Telephone:		
Explanation:					