

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

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110  
1210-0089**2018****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

**Part II Basic Plan Information**—enter all requested information

<b>1a</b> Name of plan <u>PACE INDUSTRY UNION-MANAGEMENT PENSION FUND</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
	<b>1c</b> Effective date of plan <u>01/01/1963</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PACE INDUSTRY UNION-MANAGEMENT PENSION FUND</u>  <u>1101 KERMIT DRIVE, SUITE 800</u> <u>NASHVILLE, TN 37217</u>	<b>2b</b> Employer Identification Number (EIN) <u>11-6166763</u>
	<b>2c</b> Plan Sponsor's telephone number <u>615-333-6343</u>
	<b>2d</b> Business code (see instructions) <u>322100</u>

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

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

<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2019</u>	<u>CAROLYN ADAMS-ROSSIGNOL</u>
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

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

**Form 5500 (2018)**  
v. 171027

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	69625
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6a(1)</b>	6282
	<b>6a(2)</b>	6046
	<b>6b</b>	26828
	<b>6c</b>	31009
	<b>6d</b>	63883
	<b>6e</b>	4837
	<b>6f</b>	68720
	<b>6g</b>	
	<b>6h</b>	0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	52

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

**a Pension Schedules**

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

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  0 **A** (Insurance Information)
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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

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

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

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**11c** Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2018</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

<b>A</b> Name of plan <u>PACE INDUSTRY UNION-MANAGEMENT PENSION FUND</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PACE INDUSTRY UNION-MANAGEMENT PENSION FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>11-6166763</u>

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

**1a** Enter the valuation date:      Month 01      Day 01      Year 2018

<b>b</b> Assets		
(1) Current value of assets .....	<b>1b(1)</b>	<u>1693474951</u>
(2) Actuarial value of assets for funding standard account.....	<b>1b(2)</b>	<u>1613682419</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	<u>2726820917</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method.....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b>	<u>2726820917</u>
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability.....	<b>1d(2)(a)</b>	<u>4844534958</u>
(b) Expected increase in current liability due to benefits accruing during the plan year.....	<b>1d(2)(b)</b>	<u>26665963</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	<u>197259953</u>
(3) Expected plan disbursements for the plan year.....	<b>1d(3)</b>	<u>206759953</u>

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>	
Signature of actuary <u>SUSAN L. BOYLE, FSA, FCA, MAAA</u> Type or print name of actuary	<u>10/01/2019</u> Date
Firm name <u>SEGAL CONSULTING</u> <u>333 WEST 34TH STREET, NEW YORK, NY 10001-2402</u> Address of the firm	<u>17-06862</u> Most recent enrollment number <u>212-251-5000</u> Telephone number (including area code)

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

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	1695334951
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	31665	2505866866
<b>(2)</b> For terminated vested participants .....	31009	1855388648
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits.....		19687614
<b>(b)</b> Vested benefits.....		463591830
<b>(c)</b> Total active.....	6046	483279444
<b>(4)</b> Total .....	68720	4844534958
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	34.99%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2018	71873152	0			
			<b>Totals ▶</b>	<b>3(b)</b>	<b>3(c)</b>
				71873152	0

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....	<b>4a</b>	59.2%
<b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5 .....	<b>4b</b>	D
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here .....	<b>4f</b>	2032

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

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

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

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....			<b>6a</b>	2.98%
<b>b</b> Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>c</b> Mortality table code for valuation purposes:				
<b>(1)</b> Males .....	<b>6c(1)</b>	13P	13P	
<b>(2)</b> Females .....	<b>6c(2)</b>	13FP	13FP	
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	7.50%	7.50%	
<b>e</b> Expense loading .....	<b>6e</b>	91.9%	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A
<b>f</b> Salary scale .....	<b>6f</b>	%	<input checked="" type="checkbox"/> N/A	
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	9.7%		
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	17.4%		

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-32412168	-3415707

**8 Miscellaneous information:**

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

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	370009733
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	19081453
<b>c</b> Amortization charges as of valuation date:	Outstanding balance	
<b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended .....	<b>9c(1)</b>	1112135270
<b>(2)</b> Funding waivers .....	<b>9c(2)</b>	0
<b>(3)</b> Certain bases for which the amortization period has been extended .....	<b>9c(3)</b>	0
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....	<b>9d</b>	42568502
<b>e</b> Total charges. Add lines 9a through 9d.....	<b>9e</b>	610148524

**Credits to funding standard account:**

<b>f</b>	Prior year credit balance, if any.....	<b>9f</b>	0
<b>g</b>	Employer contributions. Total from column (b) of line 3.....	<b>9g</b>	71873152
		Outstanding balance	
<b>h</b>	Amortization credits as of valuation date.....	<b>9h</b>	369006505
<b>i</b>	Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	<b>9i</b>	7269714
<b>j</b>	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>	1217136447
(2)	"RPA '94" override (90% current liability FFL).....	<b>9j(2)</b>	2814714123
(3)	FFL credit.....	<b>9j(3)</b>	0
<b>k</b>	(1) Waived funding deficiency.....	<b>9k(1)</b>	0
	(2) Other credits.....	<b>9k(2)</b>	0
<b>l</b>	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	<b>9l</b>	143130520
<b>m</b>	Credit balance: If line 9l is greater than line 9e, enter the difference.....	<b>9m</b>	
<b>n</b>	Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	<b>9n</b>	467018004
<b>9o</b>	Current year's accumulated reconciliation account:		
(1)	Due to waived funding deficiency accumulated prior to the 2018 plan year.....	<b>9o(1)</b>	
(2)	Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a)	Reconciliation outstanding balance as of valuation date.....	<b>9o(2)(a)</b>	
(b)	Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	<b>9o(2)(b)</b>	0
(3)	Total as of valuation date.....	<b>9o(3)</b>	0
<b>10</b>	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.).....	<b>10</b>	467018004
<b>11</b>	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**SCHEDULE C  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Service Provider Information**

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

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

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning **01/01/2018** and ending **12/31/2018**

<b>A</b> Name of plan <b>PACE INDUSTRY UNION-MANAGEMENT PENSION FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PACE INDUSTRY UNION-MANAGEMENT PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>11-6166763</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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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)

SEI INVESTMENT MANAGEMENT CORPORATI

04-2452803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 33 51 52 21 24 62	SERVICE PROVIDER	4402268	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE SEGAL COMPANY (EASTERN STATES)

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	SERVICE PROVIDER	792737	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BREDHOFF & KAISER, PLLC

52-0969534

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	SERVICE PROVIDER	459420	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CONCEPT TECHNOLOGY INC

47-0910634

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	SERVICE PROVIDER	180051	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DOUG CORZINE

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	164499	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

REBECCA HALEY

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	161440	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JIEUN LEE

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	151615	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARLES KNIGHT

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	147344	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PARRIS PRINTING

211 WHITSETT RD  
NASHVILLE, TN 37210

62-1477701

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 49 50	SERVICE PROVIDER	144459	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WITHUMSMITH+BROWN

4600- EAST WEST HWY  
BETHESDA, MD 20814

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	SERVICE PROVIDER	142376	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NELDA DRAKE

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	141037	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LISA ELLIS

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	129400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TONISHA FRANKLIN

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	128342	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TREVOR ENGLAND

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50 56	EMPLOYEE	113571	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SUSAN ROBINSON

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	113151	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CAROLYN ADAMS-ROSSIGNOL

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

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30 50	EMPLOYEE	111038	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PEGGY BYRD

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	105543	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SANDRA MCKEE

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

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30 50	EMPLOYEE	99879	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARIE WAGGONER

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

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30 50	EMPLOYEE	99023	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KELLY DAVIS

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

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30 50	EMPLOYEE	97488	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JUAN CAVALLINI

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	97114	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



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

MATTHEW COLLINS

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	96392	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MELANIE ADAMS

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

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30 50	EMPLOYEE	94450	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THOMAS ELEFANTE

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

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30 50	EMPLOYEE	92527	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STAN SCHKLAR

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	90125	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHRISTINA ANNENKOFF

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	89449	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DONALD TAYLOR

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	88396	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MATTHEW RAY

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

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30 50	EMPLOYEE	86669	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KATRINA BURNETTE

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	82701	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL SELECT INSURANCE

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	SERVICE PROVIDER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	81421	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

CHARLOTTE DALE

1101 KERMIT DRIVE SUITE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	79464	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LINDA HOOD

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	78922	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CARMEN COOPER

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	76003	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DONNA MILLER

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	75298	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANTHONY MANCINI

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	74219	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MELISA APPLEBY

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	73461	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PEEBLES DAWOODI

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	71977	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MATTHEW CONTI

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	71223	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEAN VANORDER

1101 KERMIT DRIVE SUITE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	68293	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BEN MYRICK

1101 KERMIT DRIVE SUITE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	66361	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SARA MULLINS

1101 KERMIT DR, STE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	64833	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

US BANK, NA

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	SERVICE PROVIDER	62522	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SHARONIA PAYNE

1101 KERMIT DRIVE SUITE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	61549	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHERRY BEKAERT LLP

222 SECOND AVE SOUTH SUIT E1240  
NASHVILLE, TN 37201

56-0574444

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	SERVICE PROVIDER	53500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANGELA FITZPATRICK

1101 KERMIT DRIVE SUITE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39388	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



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

JACOB SINGER

1101 KERMIT DRIVE SUITE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37623	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MCCLARTY BEAUBIEN, PLLC

47-4428611

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	SERVICE PROVIDER	31640	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANDY GRIMM

1101 KERMIT DRIVE SUITE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30490	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LPMC INFORMATION SECURITY LLC

26-3952990

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	SERVICE PROVIDER	27316	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STRYDER, LLC

760 WEDGEWOOD PARK #102  
NASHVILLE, TN 37203

82-3297234

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
61	SERVICE PROVIDER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	22000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

LEGACY PROFESSIONALS

4 WESTBROOK CORPORATE CENTER  
SUITE 700  
WESTCHESTER, IL 60154

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	SERVICE PROVIDER	11484	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARK RHODES

1101 KERMIT DR SUITE 800  
NASHVILLE, TN 37217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	11089	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

GULLETT SANFORD ROBINSON

62-0473498

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	SERVICE PROVIDER	8847	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MATTHEW GANN / GXI SERVICES

500A RUSSELL ST  
NASHVILLE, TN 37206

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	SERVICE PROVIDER	7958	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PIOTROWSKI DURAND, PLLC

1020 W MAIN ST #440  
PO BOX 2864  
BOISE, ID 83701

47-0914076

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	SERVICE PROVIDER	7952	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

QDRO CONSULTANTS CO LLC

34-1820650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	SERVICE PROVIDER	7500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GREAT YARDS LANDSCAPING

62-1609163

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	SERVICE PROVIDER	5413	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

USI CONSULTING GROUP

06-1053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	SERVICE PROVIDER	5000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	22 53	28595
(d) Enter name and EIN (address) of source of indirect compensation  CHUBB 202B HALL'S MILL ROAD WHITEHOUSE STATION, NJ 08889  13-1963496	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  INSURANCE BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2  SEGAL SELECT INSURANCE	(b) Service Codes (see instructions)  22 53	(c) Enter amount of indirect compensation  23064
(d) Enter name and EIN (address) of source of indirect compensation  HARTFORD FIRE INSURANCE COMPANY 277 PARK AVENUE NEW YORK, NY 10172  06-0383750	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  INSURANCE BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2  SEGAL SELECT INSURANCE	(b) Service Codes (see instructions)  22 53	(c) Enter amount of indirect compensation  29231
(d) Enter name and EIN (address) of source of indirect compensation  EUCLID SPECIALTY 234 SPRING LAKE DRIVE ITASCA, IL 60143  45-3957469	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  INSURANCE BROKER 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.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
STRYDER, LLC	61	22000
(d) Enter name and EIN (address) of source of indirect compensation  STRYDER, LLC 760 WEDGEWOOD PARK #102 NASHVILLE, TN 37203  82-3297234	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  SALARY OF EMPLOYEE FOUND * 20%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
THE OAKS TOWER AND GARDENS 1101 KERMIT DRIVE NASHVILLE, TN 37217	49 50	THE FUND WAS UNABLE TO DETERMINE IF THE SERVICE PROVIDER RECEIVED ANY INDIRECT COMPENSATION BECAUSE THE SERVICE PROVIDER DID NOT RESPOND TO THE COMPENSATION QUESTIONNAIRE.
CONNIE CORNELIUS 1101 KERMIT DR, STE 800 NASHVILLE, TN 37217	30 50	THE FUND WAS UNABLE TO DETERMINE IF THE EMPLOYEE RECEIVED ANY INDIRECT COMPENSATION BECAUSE THE EMPLOYEE DID NOT RESPOND TO THE COMPENSATION QUESTIONNAIRE.
WINDSTREAM CORPORATION  20-0792300	49 50	THE FUND WAS UNABLE TO DETERMINE IF THE SERVICE PROVIDER RECEIVED ANY INDIRECT COMPENSATION BECAUSE THE SERVICE PROVIDER DID NOT RESPOND TO THE COMPENSATION QUESTIONNAIRE.
DE LAGE LANDEN  38-1904500	49 50	THE FUND WAS UNABLE TO DETERMINE IF THE SERVICE PROVIDER RECEIVED ANY INDIRECT COMPENSATION BECAUSE THE SERVICE PROVIDER DID NOT RESPOND TO THE COMPENSATION QUESTIONNAIRE.
TOTALFUNDS BY HASLER  16-1753763	49	THE FUND WAS UNABLE TO DETERMINE IF THE SERVICE PROVIDER RECEIVED ANY INDIRECT COMPENSATION BECAUSE THE SERVICE PROVIDER DID NOT RESPOND TO THE COMPENSATION QUESTIONNAIRE.
MAILFINANCE  94-2984524	50	THE FUND WAS UNABLE TO DETERMINE IF THE SERVICE PROVIDER RECEIVED ANY INDIRECT COMPENSATION BECAUSE THE SERVICE PROVIDER DID NOT RESPOND TO THE COMPENSATION QUESTIONNAIRE.



<b>Part II Service Providers Who Fail or Refuse to Provide Information</b>		
<b>4</b> 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.		
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
SHANNON COTTER 1101 KERMIT DRIVE SUITE 800 NASHVILLE, TN 37217	30 50	THE FUND WAS UNABLE TO DETERMINE IF THE EMPLOYEE RECEIVED ANY INDIRECT COMPENSATION BECAUSE THE EMPLOYEE DID NOT RESPOND TO THE COMPENSATION QUESTIONNAIRE.
CHRIS HARRELL 1101 KERMIT DRIVE SUITE 800 NASHVILLE, TN 37217	30 50	THE FUND WAS UNABLE TO DETERMINE IF THE EMPLOYEE RECEIVED ANY INDIRECT COMPENSATION BECAUSE THE EMPLOYEE DID NOT RESPOND TO THE COMPENSATION QUESTIONNAIRE.
TRANSUNION RISK & ALTERNATIVE DATA  46-3901689	49 50	THE FUND WAS UNABLE TO DETERMINE IF THE SERVICE PROVIDER RECEIVED ANY INDIRECT COMPENSATION BECAUSE THE SERVICE PROVIDER DID NOT RESPOND TO THE COMPENSATION QUESTIONNAIRE.
VERIZON PO BOX 489 NEWARK, NJ 07101	49 50	THE FUND WAS UNABLE TO DETERMINE IF THE SERVICE PROVIDER RECEIVED ANY INDIRECT COMPENSATION BECAUSE THE SERVICE PROVIDER DID NOT RESPOND TO THE COMPENSATION QUESTIONNAIRE.
BRANDON BUNTING 1101 KERMIT DRIVE SUITE 800 NASHVILLE, TN 37217	30 50	THE FUND WAS UNABLE TO DETERMINE IF THE EMPLOYEE RECEIVED ANY INDIRECT COMPENSATION BECAUSE THE EMPLOYEE DID NOT RESPOND TO THE COMPENSATION QUESTIONNAIRE.

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
 (complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

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

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

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

<b>A</b> Name of plan <u>PACE INDUSTRY UNION-MANAGEMENT PENSION FUND</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PACE INDUSTRY UNION-MANAGEMENT PENSION FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>11-6166763</u>

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEI STRUCTURED CREDIT COLLECTIVE FU</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>75-3251893-024</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>168969171</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEI SPECIAL SITUATIONS COLLECTIVE I</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>27-0977453-038</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>110240604</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEI CORE PROPERTY COLLECTIVE INVEST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>27-3224429-045</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>139068185</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection**

For calendar plan year 2018 or fiscal plan year beginning **01/01/2018** and ending **12/31/2018**

<b>A</b> Name of plan PACE INDUSTRY UNION-MANAGEMENT PENSION FUND	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 PACE INDUSTRY UNION-MANAGEMENT PENSION FUND	<b>D</b> Employer Identification Number (EIN) 11-6166763	

**Part I Asset and Liability Statement**

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	18488799	24297573
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions.....	<b>1b(1)</b>	733350	2694827
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>		
<b>(3)</b> Other.....	<b>1b(3)</b>	4698044	2754738
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>	71521	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other.....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common.....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	1312057	1026693
<b>(6)</b> Real estate (other than employer real property).....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans.....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	406929142	418277960
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities.....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	1278353023	1042376228
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	247971	0

		(a) Beginning of Year	(b) End of Year
<b>1d</b>	Employer-related investments:		
(1)	Employer securities .....	<b>1d(1)</b>	
(2)	Employer real property .....	<b>1d(2)</b>	
<b>e</b>	Buildings and other property used in plan operation .....	<b>1e</b>	1913042
<b>f</b>	Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	1712746949
<b>Liabilities</b>			
<b>g</b>	Benefit claims payable .....	<b>1g</b>	
<b>h</b>	Operating payables .....	<b>1h</b>	1260065
<b>i</b>	Acquisition indebtedness .....	<b>1i</b>	
<b>j</b>	Other liabilities .....	<b>1j</b>	16151933
<b>k</b>	Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	17411998
<b>Net Assets</b>			
<b>l</b>	Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	1695334951

**Part II Income and Expense Statement**

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

		(a) Amount	(b) Total
<b>Income</b>			
<b>a</b>	<b>Contributions:</b>		
(1)	Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	26910753
	<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	
	<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	44970275
(2)	Noncash contributions .....	<b>2a(2)</b>	
(3)	Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>	71881028
<b>b</b>	<b>Earnings on investments:</b>		
(1)	Interest:		
	<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	
	<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	
	<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	
	<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>	
	<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	
	<b>(F)</b> Other .....	<b>2b(1)(F)</b>	83086
	<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>	83086
(2)	Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>	
	<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	
	<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	30759320
	<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>	30759320
(3)	Rents .....	<b>2b(3)</b>	12600
(4)	Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	
	<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	
	<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>	0
(5)	Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>	
	<b>(B)</b> Other .....	<b>2b(5)(B)</b>	2395
	<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>	2395

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		11348819
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		-70449
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-120867247
c Other income.....	2c		-394118
d Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		-7244566

**Expenses**

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	198920310	
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other .....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		198920310
f Corrective distributions (see instructions) .....	2f		
g Certain deemed distributions of participant loans (see instructions) .....	2g		
h Interest expense.....	2h		2465105
i Administrative expenses: (1) Professional fees.....	2i(1)	1416552	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	4402268	
(4) Other .....	2i(4)	5831515	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		11650335
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		213035750

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d .....	2k		-220280316
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

**Part III Accountant's Opinion**

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

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unqualified (2)  Qualified (3)  Disclaimer (4)  Adverse

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

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CHERRY BEKAERT, LLP

(2) EIN: 56-0574444

d The opinion of an independent qualified public accountant is **not attached** because:

(1)  This form is filed for a CCT, PSA, or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

	Yes	No	Amount
4a		X	
4b		X	



	Yes	No	Amount
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....	4c	X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d	X	
<b>e</b> Was this plan covered by a fidelity bond? .....	4e	X	1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	4f	X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....	4g	X	419304653
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....	4h	X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....	4i	X	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) .....	4j	X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	4k	X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....	4l	X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	4m		
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....	4n		

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?.....  Yes  No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4185284. (See instructions.)

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2018</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

<b>A</b> Name of plan <u>PACE INDUSTRY UNION-MANAGEMENT PENSION FUND</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>PACE INDUSTRY UNION-MANAGEMENT PENSION FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>11-6166763</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

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

1	0
---	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 62-1132799

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

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

3	384
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

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

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

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

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

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

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer CLEARWATER PAPER CORPORATION

**b** EIN 20-3594554

**c** Dollar amount contributed by employer

5385438

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 08 Day 31 Year 2017

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

(1) Contribution rate (in dollars and cents) 2.79

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify):

**a** Name of contributing employer CROWLEY PETROLEUM DISTRIBUTION ALASKA

**b** EIN 36-4714854

**c** Dollar amount contributed by employer

709314

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 03 Day 31 Year 2020

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

(1) Contribution rate (in dollars and cents) 3.16

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify):

**a** Name of contributing employer HUHTAMAKI AMERICAS INC

**b** EIN 98-0338708

**c** Dollar amount contributed by employer

3641606

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify):

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify):

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify):

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify):

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

<b>a</b> The current year.....	<b>14a</b>	57620
<b>b</b> The plan year immediately preceding the current plan year.....	<b>14b</b>	55564
<b>c</b> The second preceding plan year.....	<b>14c</b>	54859

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....	<b>15a</b>	1.04
<b>b</b> The corresponding number for the second preceding plan year.....	<b>15b</b>	1.05

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year.....	<b>16a</b>	9
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	231579370

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

**19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:  
 Stock: 59.0% Investment-Grade Debt: 8.0% High-Yield Debt: 18.0% Real Estate: 7.0% Other: 8.0%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
 0-3 years  3-6 years  6-9 years  9-12 years  12-15 years  15-18 years  18-21 years  21 years or more

**c** What duration measure was used to calculate line 19(b)?  
 Effective duration  Macaulay duration  Modified duration  Other (specify):

**PACE INDUSTRY UNION-MANAGEMENT  
PENSION FUND**

CONSOLIDATED FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULES

*As of and for the Years Ended December 31, 2018 and 2017*

*And Report of Independent Auditor*

**PACE INDUSTRY UNION-MANAGEMENT PENSION FUND**

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## **Report of Independent Auditor**

To the Board of Trustees  
PACE Industry Union-Management Pension Fund  
Nashville, Tennessee

### **Report on the Consolidated Financial Statements**

We have audited the accompanying consolidated financial statements of PACE Industry Union-Management Pension Fund (the "Fund"), which comprise the consolidated statements of net assets available for benefits as of December 31, 2018 and 2017, the related consolidated statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Consolidated Financial Statements**

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Fund's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Fund's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, information regarding PACE Industry Union-Management Pension Fund's net assets available for benefits as of December 31, 2018, and changes therein for the year then ended and its financial status as of December 31, 2017, and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

**Emphasis of Matter**

As discussed in Note 5, the Fund's actuary certified that the Fund is in "critical status" as defined by the Pension Protection Act of 2006. Additionally, at January 1, 2018, the Fund did not meet the minimum funding requirements of the Employee Retirement Income Security Act of 1974. Our opinion is not modified with respect to that matter.

**Report on Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplemental schedules, Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i and Schedule of Reportable Transactions – Form 5500, Schedule H, Part IV, Line 4j, for the year ended December 31, 2018, together referred to as "supplemental information", are presented for the purpose of additional analysis and are not a required part of the consolidated financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Fund's management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

*Cheryl Bekant LLP*

Nashville, Tennessee  
September 26, 2019



**PACE INDUSTRY UNION-MANAGEMENT PENSION FUND**  
**CONSOLIDATED STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

DECEMBER 31, 2018 AND 2017

	<u>2018</u>	<u>2017</u>
<b>ASSETS</b>		
Investments, at Fair Value:		
Mutual funds	\$ 1,042,376,228	\$ 1,278,424,544
Collective trust funds	418,277,960	406,929,142
Fund interests in limited partnerships ("LPs")	1,026,693	1,312,057
Total Investments, at Fair Value	<u>1,461,680,881</u>	<u>1,686,665,743</u>
Receivables:		
Employer contributions (net of allowance for uncollectible accounts of \$233,339 in 2018 and \$498,190 in 2017)	2,694,827	733,350
Receivable from USW Industry 401(k) Fund	1,502,448	1,552,742
Receivable from USW HRA Fund	569,483	575,497
Accrued investment income	670,592	2,515,470
Other	12,214	54,335
Total Receivables	<u>5,449,564</u>	<u>5,431,394</u>
Building, furniture, and equipment, net	26,872	53,042
Other assets	137,578	247,971
Cash	24,297,572	18,488,799
<b>Total Assets</b>	<u>1,491,592,467</u>	<u>1,710,886,949</u>
<b>LIABILITIES</b>		
Postretirement benefit obligations	15,608,972	16,151,933
Accounts payable and accrued expenses	928,860	1,260,065
<b>Total Liabilities</b>	<u>16,537,832</u>	<u>17,411,998</u>
<b>Net Assets Available for Benefits</b>	<u>\$ 1,475,054,635</u>	<u>\$ 1,693,474,951</u>

**PACE INDUSTRY UNION-MANAGEMENT PENSION FUND**  
**CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

YEARS ENDED DECEMBER 31, 2018 AND 2017

	<u>2018</u>	<u>2017</u>
Additions to net assets attributed to:		
Net change resulting from investment activity:		
Net (depreciation) appreciation in fair value of investments	\$ (109,518,427)	\$ 236,282,054
Interest and dividend income	30,759,320	29,442,338
Rental income, net of related expenses	12,600	18,558
Total Investment (Loss) Income	<u>(78,746,507)</u>	<u>265,742,950</u>
Less investment expenses	<u>4,402,268</u>	<u>4,184,998</u>
	(83,148,775)	261,557,952
Fund interest in limited partnerships – decrease in partners' capital resulting from operations	<u>(68,054)</u>	<u>(375,682)</u>
Net change resulting from investment activity	<u>(83,216,829)</u>	<u>261,182,270</u>
Contributions:		
Participating employers	13,802,244	20,758,603
Withdrawal liability payments	44,970,275	46,013,658
Funding deficiency payments	13,100,633	1,383,548
Total Contributions	<u>71,873,152</u>	<u>68,155,809</u>
Securities litigation recoveries	25,277	224,809
Other income	71,006	222,021
Gain on sale of assets	<u>1,369,602</u>	<u>-</u>
Total (Reductions) Additions	<u>(9,877,792)</u>	<u>329,784,909</u>
Deductions from net assets attributed to:		
Benefits paid	201,385,419	196,750,634
Professional services	1,131,843	1,641,345
Salaries and other employee benefits, net of reimbursements	3,116,613	4,879,765
Other general and administrative expenses	<u>2,908,649</u>	<u>2,683,136</u>
Total Deductions	<u>208,542,524</u>	<u>205,954,880</u>
Net (decrease) increase	(218,420,316)	123,830,029
Net assets available for benefits, beginning of year	<u>1,693,474,951</u>	<u>1,569,644,922</u>
Net assets available for benefits, end of year	<u>\$ 1,475,054,635</u>	<u>\$ 1,693,474,951</u>

# PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

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### Note 1—Description of Plan

The following description of the PACE Industry Union-Management Pension Fund (the “Fund”) provides only general information. Participants should refer to the Fund’s Plan of benefits (the “Plan”) for a more complete description of the Plan’s provisions.

*General Description of Fund* – The Fund consists of a multiemployer defined benefit program and the Fund’s wholly owned subsidiary. The Fund is administered by a joint Board of Trustees (“Trustees”), comprised of union trustees and employer trustees. The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The PACE Industry Union-Management Pension Fund Realty Corporation (“Realty”) was formed on October 23, 1996 to hold title to real estate used in operations. Realty purchased a building for approximately \$1,700,000 in November 1996 to house the Fund’s employees and the combined operations of the Fund, the USW HRA Fund (“HRA”), and the USW Industry 401(k) Fund (“USW 401(k)”). Realty is a wholly owned subsidiary of the Fund, and its net assets and changes in net assets are included in the accompanying consolidated financial statements. All significant transactions between the Fund and Realty have been eliminated. Realty is exempt from federal income taxes under the provisions of Section 501(c)(2) of the Internal Revenue Code (“IRC”). On September 14, 2018, Realty sold the building and the corporation was dissolved effective December 31, 2018.

*General Description of Plan* – The multiemployer defined benefit program was established in 1963. The Plan was restated in 2002, 2009, and 2015. The more significant provisions of the multiemployer defined benefit program are as follows:

- (i) Participating employers contribute amounts based upon the contribution rates that have been agreed to in their collective bargaining agreements with the sponsoring union and participation agreements with the Plan. The collective bargaining agreements require contributions to the Plan at fixed rates per hour. Such contributions are required to be remitted to the Plan monthly. No employee contributions are permitted.
- (ii) An employee who is engaged in covered employment, as defined, shall become a participant in the Plan on the earliest of January 1 or July 1 following completion of a 12-month period beginning on the employee’s hire date (or in calendar years thereafter) during which the employee has at least 1,000 hours of service in covered employment and is age 21 or older. Program G (see below) requires completion of 150 hours in covered employment during a similar 12-month period for employees hired on or after January 1, 1994 (the requirement is 750 hours in covered employment during a similar 12 month period for employees hired on or before December 31, 1993).
- (iii) The Plan provides for several different types of pension and other forms of benefits. Participants’ benefits are determined based on each participant’s pension credits and benefit levels. The Plan is comprised of several programs that determine pension credit as follows:

*Future Service Credit* – Future service credit is based on hours of service in covered employment and generally includes all hours in covered employment which are paid by an employer. Subject to certain limitations, hours may also be credited for certain non-working periods.

*Programs A, B, C, D, E, and F* – Participants receive one full year of future service credit for each calendar year in which they have at least 1,760 hours (effective January 1, 2011, this requirement increased to 2,040 hours for most participants) for which contributions are due from a contributing employer on their behalf. Participants may also receive a partial year of future service credit for calendar years in which they have less than 1,760 hours (effective January 1, 2011, this requirement increased to 2,040 hours for most participants).

# PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

---

### Note 1—Description of Plan (continued)

#### *Future Service Credit (continued)*

*Program G* – Participants receive one full year of future service credit for each calendar year in which they have at least 1,800 hours (effective January 1, 2011, this requirement increased to 2,040 hours) for which contributions are due on their behalf. Participants may also receive a partial year of future service credit for calendar years in which they have less than 1,800 hours (effective January 1, 2011, this requirement increased to 2,040 hours).

*Past Service Credit* – Past service credit is pension credit for work performed before an employer started contributing to the Plan.

*Programs A, B, C, D, E, and F* – Participants qualify for past service credit if they satisfy certain requirements. Subject to several restrictions, including type of eligible employment, participants may receive one year of past service credit for each calendar year in which they worked at least 1,200 hours in creditable employment. A partial year of past service credit for the calendar year in which covered employment or creditable employment starts may also be received. Under Programs A, B, and C, past service is available for both vesting and pension credit purposes. Under Programs D, E, and F, on or after January 1, 1999, it is available only for vesting purposes.

*Program G* – Participants qualify for past service credit if they satisfy certain requirements. Subject to several restrictions, including type of eligible employment, participants may receive one year of past service credit for each calendar year in which they worked at least 150 days.

For employees of employers that begin participating in the Fund on or after January 1, 2006, past service credit is limited to time worked at the facility for which the employer makes contributions to the Fund, subject to limitations as determined by the Fund's actuary.

Participants are vested after earning five years of vesting credit.

*Amendments* – Certain provisions of the Plan have been amended by the Trustees. Participants should refer to the Summary Plan Description and Summaries of Material Modifications ("SMM") for the details of such amendments and their impact on the benefits provided under the Plan. The effects of the amendments adopted by the Trustees subsequent to January 1, 2018 have not been included in the actuarial studies disclosed in Note 5.

*Fund Termination* – It is the intent of the Trustees to continue the Fund in full force and effect. However, the Trustees have the right to discontinue or terminate the Plan in whole or in part. Termination shall not permit any part of the Fund's assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. In the event the Fund terminates, the net assets of the Fund will be allocated as prescribed by the Plan and ERISA.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of Plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

# PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

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### Note 2—Summary of significant accounting policies

*Basis of Accounting* – The accompanying consolidated financial statements are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

*Investment Valuation and Income Recognition* – Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Quoted market prices as of the last day of the year, whenever available, are used to value investments. See Note 3 for a discussion of fair value measurements.

Mutual funds and collective trust funds are valued at the net asset value of shares held by the Fund at year-end. Mutual funds are registered investment companies with quoted prices that are publicly accessible.

The Fund’s interests in the limited partnerships are valued at fair value as determined by the limited partnership custodian based on the beginning of year value of the Fund’s interest, plus actual contributions and allocated investment income (loss), less actual distributions and allocated administrative expenses.

The Fund’s purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments includes the Fund’s gains and losses on investments in mutual funds and collective trust funds bought and sold, as well as held during the year.

*Employer Contributions* – Employer contributions receivable are recorded as they become due. The carrying amounts of receivables are reduced by valuation allowances, if necessary, which reflect the Fund’s best estimate of the amounts that will not be collected. Such allowances are estimated based on the Fund’s knowledge of its participating employers. Any withdrawal liabilities due to the Fund are recognized as income when received due to the uncertainties surrounding ultimate collection.

*Building, Furniture, and Equipment* – Building, furniture, and equipment are stated at cost. Depreciation is provided over the assets’ estimated useful lives using the straight line method. Expenditures for maintenance and repairs are expensed when incurred. Expenditures for renewals or betterments are capitalized. When assets are retired or sold, the cost and the related accumulated depreciation are removed from the accounts, and the resulting gain or loss is included in the consolidated statement of changes in net assets available for benefits.

*Payment of Benefits* – Benefits are recorded when paid.

*Accumulated Plan Benefits* – Accumulated Plan benefits for the multiemployer defined benefit program are those estimated future periodic payments, including lump-sum distributions, under the Plan’s provisions that are attributable to services rendered by the participants to the valuation date. Accumulated Plan benefits include benefits expected to be paid to: (a) retired or terminated vested participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries.

Benefits are based on the benefit level negotiated by participating employers in their participation agreements with the Fund. Benefits for retired or terminated participants or their beneficiaries are based on employees’ benefit levels at the time of retirement or termination. The accumulated Plan benefits for active participants are based on the benefit levels in effect on the date as of which the benefit information is presented. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to participant service rendered as of the valuation date.

# PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

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### Note 2—Summary of significant accounting policies (continued)

The estimated actuarial present value of accumulated Plan benefits is determined by the Fund's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations are (a) life expectancy of participants was measured using the RP-2014 Blue Collar Employee Mortality Table with generational projection using Scale MP2016, RP-2014 Blue Collar Healthy Annuitant Mortality Table with generational projection using Scale MP2016, and RP-2014 Disabled Retiree Mortality Table with generational projection using Scale MP2016, (b) retirement age assumptions based on historical and current demographic data (the assumed retirement age range was 55 to 70+), and (c) an investment return of 7.5%.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

*Postretirement Benefits Other Than Pensions for Fund Employees* – Employees of the Fund that were hired on or before December 31, 2010, who have rendered at least five years of service to the Fund and reached age 50 or are totally and permanently disabled, are entitled to postretirement health and dental care. These benefits are subject to deductibles, copayment provisions, and other limitations. The Fund reserves the right to change or terminate the benefits at any time. In addition to health and dental care, the Fund provides death benefits to the beneficiaries of such employees and certain qualified retirees of the Fund in an amount rounded up to the nearest thousand dollars, equal to the employee's annual salary at death or the retiree's salary at retirement.

Postretirement benefits, other than pensions, are accrued based on actuarially determined costs during an employee's period of service. The Fund recognizes actuarial gains and losses in the year incurred. The obligation for postretirement benefits is measured annually and changes in the obligation are included in the accompanying consolidated financial statements.

*Reimbursed Expenses* – The Fund has entered into an agreement to provide management and other services for the operations of the HRA and the USW 401(k). As part of this agreement, the Fund charges HRA and USW 401(k) a monthly allocation of costs incurred on their behalf. The amount of costs allocated to the respective funds are based upon various factors such as specific identification of direct expenses, which include salaries and employee benefits, and appropriate allocations for other common administrative and occupancy expenses.

The Fund allocated \$160,414 and \$239,993 of expenses to the HRA during 2018 and 2017, respectively. The Fund allocated \$322,569 and \$547,812 of expenses to the USW 401(k) during 2018 and 2017, respectively. The Fund records the reimbursement of these allocated costs as a reduction to salaries and other employee benefits in the accompanying consolidated statements of changes in net assets available for benefits.

*Use of Estimates* – The preparation of the consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the consolidated financial statements. Actual results could differ from those estimates.

# PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

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### Note 2—Summary of significant accounting policies (continued)

*Withdrawal Liability* – The Fund complies with provisions of the Multiemployer Pension Plan Amendments Act of 1980 that require imposition of withdrawal liability on a contributing employer that partially or completely withdraws from the Fund. The Trustees adopted the attributable method for determining withdrawal liability. Payments of withdrawal liability by a participating employer are recognized as income when received prior to end of year, or soon after year-end if such payment was expected for prior year, due to uncertainty of receipt and inability to estimate the likelihood of receipt.

*Funding Deficiency Payments* – The Fund has a deficiency in its funding standard account and is allocating the deficiency to employers under the terms of the Fund's rehabilitation plan. Contributions made to the funding standard account by employers are recognized as income when received due to uncertainty of receipt and inability to estimate the likelihood of receipt.

*Date of Management's Review* – Subsequent events were evaluated through September 26, 2019, which was the date the consolidated financial statements were available to be issued.

### Note 3—Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

*Level 1* – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Fund has the ability to access.

*Level 2* – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3* – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

**PACE INDUSTRY UNION-MANAGEMENT PENSION FUND**  
**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS**

DECEMBER 31, 2018 AND 2017

**Note 3—Fair value measurements (continued)**

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

*Mutual Funds* – Valued at the net asset value (“NAV”) of shares held by the Fund at year-end.

*Collective Trust Funds* – Valued at the NAV of units of a common collective trust held by the Fund at year-end. The NAV is based on the fair value of the underlying investments of the fund.

*Fund Interests in LPs* – Valued at fair value as determined by the limited partnership custodian based on the beginning of year value of the Fund’s interest, plus actual contributions and allocated investment income, less actual distributions and allocated administrative expenses.

The following tables set forth by level, within the fair value hierarchy, the Fund’s assets at fair value at December 31, 2018 and 2017.

	<b>Assets at Fair Value at December 31, 2018</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Mutual funds	\$ 1,042,376,228	\$ -	\$ -	\$ 1,042,376,228
Total investments in the fair value hierarchy	1,042,376,228	-	-	1,042,376,228
Investments measured at NAV (*)	-	-	-	419,304,653
Total assets, at fair value	<u>\$ 1,042,376,228</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,461,680,881</u>

	<b>Assets at Fair Value at December 31, 2017</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Mutual funds	\$ 1,278,424,544	\$ -	\$ -	\$ 1,278,424,544
Total investments in the fair value hierarchy	1,278,424,544	-	-	1,278,424,544
Investments measured at NAV (*)	-	-	-	408,241,199
Total assets, at fair value	<u>\$ 1,278,424,544</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,686,665,743</u>

(\*) Investments are measured at fair value using NAV per share, or its equivalent, as a practical expedient and have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statements of net assets available for benefits.



**PACE INDUSTRY UNION-MANAGEMENT PENSION FUND**  
**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS**

DECEMBER 31, 2018 AND 2017

**Note 3—Fair value measurements (continued)**

*Fair Value of Investments that Calculate Net Asset Value or its Equivalent*

The following tables summarize investments measured at fair value based on NAV per share or its equivalent as of December 31, 2018 and 2017, respectively.

<b>December 31, 2018</b>	<b>Fair Value</b>	<b>Unfunded Commitments</b>	<b>Redemption Frequency (If Currently Eligible)</b>	<b>Redemption Notice Period</b>
Structured credit fund <sup>(a)</sup>	\$ 168,969,171	None	See (a)	See (a)
Real estate debt fund <sup>(b)</sup>	1,026,693	\$ 1,331,293	See (b)	See (b)
Core property fund <sup>(d)</sup>	139,068,185	None	See (d)	See (d)
Hedge fund II <sup>(e)</sup>	110,240,604	None	See (e)	See (e)

<b>December 31, 2017</b>	<b>Fair Value</b>	<b>Unfunded Commitments</b>	<b>Redemption Frequency (If Currently Eligible)</b>	<b>Redemption Notice Period</b>
Structured credit fund <sup>(a)</sup>	\$ 165,821,253	None	See (a)	See (a)
Real estate debt fund <sup>(b)</sup>	1,024,298	\$ 1,331,293	See (b)	See (b)
Hedge fund I <sup>(c)</sup>	287,759	None	See (c)	See (c)
Core property fund <sup>(d)</sup>	127,898,393	None	See (d)	See (d)
Hedge fund II <sup>(e)</sup>	113,209,496	None	See (e)	See (e)

(a) *Structured Credit Fund* – The fund has a two-year lock-up on all subscriptions and has withdrawal provisions that apply to the Fund's investment. Such provisions generally limit the timing and amount of withdrawals that can be made by the Fund at certain specified time intervals (quarterly with 90-day pre-notification). The lock-up period for \$18 million subscription expired in June 2018, all other subscription lock-up periods expired in January 2015. There is a 10% holdback on total redemptions that is held in escrow until completion of the fund's audit.

(b) *Real Estate Debt Fund* – The investment objective is to provide investors with attractive risk-adjusted returns through various real estate market cycles by primarily investing, directly or indirectly, in public and/or private debt and, to a lesser extent, in noncontrolling equity and other interests in or relating to real estate related equity investments. Except as provided in the fund's agreement, withdrawals may not be made until the fund has terminated, which is currently expected in the near future.

(c) *Hedge Fund I* – The investment objective is to generally implement nontraditional or alternative investment strategies and invest, both long and short, principally in U.S. equities or equity like instruments. The fund invests primarily in offshore investment funds, investment partnerships, and pooled investment vehicles. The fund has withdrawal provisions that apply to the Fund's investment. Such provisions generally limit the timing and amount of withdrawals that can be made by the Fund at certain specified time intervals. The Fund withdrew its interest in 2011. The remaining liquidated in 2018.

**PACE INDUSTRY UNION-MANAGEMENT PENSION FUND**  
**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS**

DECEMBER 31, 2018 AND 2017

**Note 3—Fair value measurements (continued)**

(d) *Core Property Fund* – The fund has withdrawal provisions that apply to the Fund’s investment. Such provisions generally limit the timing of withdrawals that can be made by the Fund at certain specified time intervals (quarterly with 95-day pre-notification). Redemptions can be gated up to 25% at the discretion of the fund’s board. There is also a 10% holdback on total redemptions that is held in escrow until completion of the fund’s audit.

(e) *Hedge Fund II* – The fund has withdrawal provisions that apply to the Fund’s investment. Such provisions require a 24-month lock-up period, and generally limit the timing of withdrawals that can be made by the Fund at certain specified time intervals (semiannually with 95-day pre-notification) after the lock-up period. All lock-up periods expired in January 2015. Redemptions can be gated up to 20% by the hedge fund’s board. There is also a 10% holdback on total redemptions that is held in escrow until completion of the fund’s audit.

**Note 4—Building, furniture, and equipment**

A summary of buildings, furniture, and equipment owned by the Fund as of December 31, 2018 and 2017 is as follows:

	<u>2018</u>	<u>2017</u>
Building	\$ -	\$ 2,274,020
Vehicles	-	26,490
Furniture, fixtures, and equipment	76,922	44,676
	<u>76,922</u>	<u>2,345,186</u>
Accumulated depreciation and amortization	(50,050)	(2,292,144)
	<u>\$ 26,872</u>	<u>\$ 53,042</u>

The Fund recognized depreciation expense of \$29,180 and \$56,514 in 2018 and 2017, respectively, which is included in other general and administrative expenses.

**Note 5—Accumulated Plan benefits**

A summary of accumulated Plan benefit information obtained from actuarial studies as of January 1, 2018 and 2017 is as follows:

	<u>2018</u>	<u>2017</u>
Actuarial present value of accumulated Plan benefits:		
Participants currently receiving payments	\$ 1,679,580,001	\$ 1,636,788,781
Other vested participants	1,035,378,133	1,066,256,955
	<u>2,714,958,134</u>	<u>2,703,045,736</u>
Actuarial present value of nonvested accrued benefits	11,862,783	12,006,259
Total actuarial present value of accumulated plan benefits	<u>\$ 2,726,820,917</u>	<u>\$ 2,715,051,995</u>

**PACE INDUSTRY UNION-MANAGEMENT PENSION FUND**  
**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS**

DECEMBER 31, 2018 AND 2017

**Note 5—Accumulated Plan benefits (continued)**

The changes in the actuarial present value of accumulated Plan benefits obtained from actuarial studies as of January 1, 2018 and 2017, respectively, are as follows:

	<u>2018</u>	<u>2017</u>
Accumulated Plan benefits at beginning of year	<u>\$ 2,715,051,995</u>	<u>\$ 2,717,999,140</u>
Benefits paid	(196,750,634)	(191,977,170)
Interest	195,635,905	196,050,863
Benefits accumulated and other	12,883,651	26,163,928
Changes in actuarial assumptions	<u>-</u>	<u>(33,184,766)</u>
Net increase (decrease)	<u>11,768,922</u>	<u>(2,947,145)</u>
Accumulated Plan benefits at end of year	<u><u>\$ 2,726,820,917</u></u>	<u><u>\$ 2,715,051,995</u></u>

As of January 1, 2018 and 2017, the Fund’s actuarially determined Minimum Funding Standard Account did not meet the minimum funding requirements of ERISA.

The Fund’s actuary certified that, for the Plan years beginning January 1, 2018 and January 1, 2017, the Fund is in “critical status,” as defined in the Pension Protection Act of 2006 (“PPA”) as updated by the Multiemployer Pension Reform Act of 2014 (“MPRA”). As required by the PPA, the Fund has notified all affected parties, including Plan participants that the Fund is in critical status.

The PPA requires that pension plans in critical status adopt a rehabilitation plan aimed at improving the Fund’s funded status. The Fund’s Board of Trustees adopted a rehabilitation plan on July 19, 2010, which has been updated and amended from time to time, that calls for contribution rate increases, reductions in future benefit accruals, the reduction or elimination of specified benefits, and payment by a withdrawing employer of its allocable portion of the accumulated funding deficiency. A copy of the rehabilitation plan was sent to the contributing employers and unions representing Plan participants. The Trustees have updated the rehabilitation plan in accordance with applicable law.

**PACE INDUSTRY UNION-MANAGEMENT PENSION FUND**  
**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS**

DECEMBER 31, 2018 AND 2017

**Note 6—Postretirement benefits other than pensions**

Medical and life insurance benefits for certain employees of the Fund are provided by the Fund through a plan that the Fund participates. The plan is funded as obligations become due and, therefore, has no assets. A summary of the Fund's postretirement benefit obligations included in the accompanying consolidated financial statements as of December 31, 2018 and 2017 are as follows:

	<u>2018</u>	<u>2017</u>
Change in benefit obligation:		
Benefit obligation, beginning of year	\$ 16,151,933	\$ 14,379,270
Service cost	216,104	268,451
Interest cost	618,548	611,552
Actuarial loss (gain)	(947,034)	1,285,865
Benefits paid	(430,579)	(393,205)
Benefit obligation, end of year	<u>15,608,972</u>	<u>16,151,933</u>
Change in Plan assets:		
Employee contributions	430,579	393,205
Benefits paid	(430,579)	(393,205)
Fair value of Plan assets, at end of year	<u>-</u>	<u>-</u>
Funded status, at end of year	<u>\$ 15,608,972</u>	<u>\$ 16,151,933</u>

A summary of net periodic benefit cost related to postretirement benefits for 2018 and 2017 is as follows:

	<u>2018</u>	<u>2017</u>
Service cost	\$ 216,104	\$ 268,451
Interest cost	618,548	611,552
Amortizations of prior credit	(21,017)	(21,017)
Amortization of actuarial loss	332,186	265,753
Net periodic benefit costs	<u>\$ 1,145,821</u>	<u>\$ 1,124,739</u>

Assumptions used in determining the postretirement benefit obligation are as follows:

	<u>2018</u>	<u>2017</u>
Discount rate	4.22%	3.84%
Rate of compensation increase	2.25%	2.25%

Assumptions used in determining the periodic benefit cost are as follows:

	<u>2018</u>	<u>2017</u>
Discount rate	3.84%	4.15%
Expected return on Plan assets	N/A	N/A
Rate of compensation increase	2.25%	2.25%

**PACE INDUSTRY UNION-MANAGEMENT PENSION FUND**  
**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS**

DECEMBER 31, 2018 AND 2017

**Note 6—Postretirement benefits other than pensions (continued)**

The approximate future benefit payments, which reflect expected future service, are as follows:

	<b>Estimated Benefit Payments</b>
2019	\$ 460,720
2021	503,658
2022	531,878
2023	561,050
2024	576,064
2025 through 2027	3,341,142
Total	<u>\$ 5,974,512</u>

The disclosures above were determined through actuarial valuation. For measurement purposes at December 31, 2018, various health care cost trend rates were used to calculate the anticipated increase in per capita costs of medical, prescription drug, and dental benefits. Rates ranging from 7% to 5% were assumed in 2018, and such rates were assumed to decrease in various increments annually until reaching an ultimate level of 5% in 2022.

The health care cost trend rate assumption has a significant effect on the amounts reported. Increasing the assumed health care cost trend by one percentage point in each year would increase the accrued postretirement benefit obligation by \$118,611 and \$139,101 at December 31, 2018 and 2017, respectively, and would increase the net periodic postretirement benefit cost by \$9,415 in 2018 and \$10,155 in 2017. Similarly, decreasing the assumed health care cost trend by one percentage point in each year would decrease the accrued postretirement benefit obligation by \$93,298 and \$107,944 at December 31, 2018 and 2017, respectively, and would decrease the net periodic postretirement benefit cost by \$7,096 in 2018 and \$7,638 in 2017.

**Note 7—Multiemployer retirement plan**

Certain employees of the Fund are covered by a multiemployer pension plan ("MEPP"). The MEPP provides retirement benefits to the covered employees in accordance with a collective bargaining agreement. The collective bargaining agreement covers approximately 60% of the Fund's employees and expired December 31, 2018. A new collective bargaining agreement was ratified on March 22, 2019. The new agreement has no significant changes to participation in the MEPP. As one of many participating employers in the MEPP, the Fund is generally responsible with the other participating employers for any plan underfunding. The Fund made contributions of \$125,177 and \$125,395 during December 31, 2018 and 2017, respectively, to the MEPP for covered employees.

The Fund could be obligated to make future payments to the MEPP if the MEPP adopts a funding improvement plan or rehabilitation plan to improve its funding status as required under the PPA. As of December 31, 2018, the MEPP's actuary certified that the plan was neither in endangered nor critical status. Therefore, the MEPP is not currently required to adopt a funding improvement plan or rehabilitation plan.

# PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

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### **Note 7—Multiemployer retirement plan (continued)**

The Fund could also be obligated to make future payments to the MEPP if the Fund ceases to have an obligation to contribute to the plan or significantly reduces its contributions to the plan because of a reduced number of employees covered by the plan (known as complete or partial withdrawal liability). In the event of complete or partial withdrawal from the MEPP, the amount of additional payments generally would equal the Fund's proportionate share of the MEPP's unfunded vested benefits. The Fund is aware that the MEPP had unfunded vested benefits at December 31, 2018. However, due to uncertainty regarding future factors that could trigger withdrawal liability, as well as the absence of specific information regarding matters such as the MEPP's current financial situation, delays in reporting, the potential withdrawal or bankruptcy of other contributing employers, and the impact of future plan performance, the Fund is unable to determine with any certainty the amount and timing of any potential, future withdrawal liability, or changes in future funding obligations.

### **Note 8—Risks and uncertainties**

The Fund utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the consolidated statements of net assets available for Plan benefits.

The Fund's credit risks primarily relate to mutual funds and collective trust funds. The market values of these assets will fluctuate considerably based on investors' determinations of the performance of the underlying investments and interest rate changes. The risk of loss would increase due to poor performances by the financial markets or underlying investments and due to failures by financial institutions in which funds are held or invested.

At various times during the year, the Fund has cash deposits at banks in excess of the federally insured limit. The Fund has not experienced any losses in such accounts, and the Trustees believe the Fund is not exposed to any significant credit risk in this regard.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, healthcare inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the consolidated financial statements.

### **Note 9—Income tax status**

The Fund obtained a favorable determination letter on January 18, 2017, in which the Internal Revenue Service ("IRS") stated that the Fund was in compliance with the applicable requirements of the IRC. The Fund is required to operate in conformity with the IRC to maintain its qualification. The Fund has been amended subsequent to the form submitted to the IRS for which favorable determination was received. However, the Trustees believe that the Fund is designed and is currently being operated in compliance with the applicable provisions of the IRC.

U.S. GAAP requires Fund management to evaluate tax positions taken by the Fund and recognize a tax liability (or asset) if the Fund has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Fund administrator has analyzed the tax positions taken by the Fund, and has concluded that as of December 31, 2018 and 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

# PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

### Note 10—Related party transactions

The Fund pays all expenses related to operations and investment related activities to various service providers. These transactions are party-in-interest transactions under ERISA.

Investments in mutual funds and collective trust funds are managed by SEI Investments Management Corporation (“SEI”), a fiduciary for the Plan, and, therefore, these investment transactions qualified as party-in-interest transactions. Direct payments for fees incurred by the Fund for SEI’s services totaled \$4,402,268 in 2018 and \$4,184,998 in 2017. Certain fees incurred for investment management services provided by SEI are included in the net depreciation/appreciation in fair value of investments, as they are paid through revenue sharing, rather than direct payments. At December 31, 2018 and 2017, accrued expenses include \$555,371 and \$670,099 respectively, payable to SEI.

An investment in a limited partnership is managed by Blackstone Real Estate Special Situations Advisors LLC (“BRESSA”), a fiduciary for the Plan, and, therefore, this investment transaction qualified as a party-in-interest transaction. During 2017, the Fund incurred fees for BRESSA’s services totaling \$7,039.

In 2018 and 2017, certain investments in limited partnerships were managed by Grosvenor Capital Management, L.P. (“GCM”), a fiduciary for the Plan, and, therefore, these investment transactions qualified as party-in-interest transactions. GCM received its payments directly from each limited partnership. Such fees are included in the fund interest in limited partnerships – (decrease) in partners’ capital resulting from operations in the consolidated statements of changes in net assets available for benefits. These investments liquidated in 2018.

Certain members of the Trustees are also trustees of the HRA and USW 401(k).

### Note 11—Reconciliation to the Form 5500

The following is a reconciliation of net assets available for benefits per the consolidated financial statements to the Form 5500 as of December 31, 2018 and 2017:

	<u>2018</u>	<u>2017</u>
Net assets available for benefits per the consolidated financial statements	\$ 1,475,054,635	\$ 1,693,474,951
Cost to fair market value adjustment for building used in Fund operations	-	1,860,000
Net assets available for benefits per Form 5500	<u>\$ 1,475,054,635</u>	<u>\$ 1,695,334,951</u>

**PACE INDUSTRY UNION-MANAGEMENT PENSION FUND**  
**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS**

*DECEMBER 31, 2018 AND 2017*

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**Note 11—Reconciliation to the Form 5500 (continued)**

The following is a reconciliation of the change in net assets available for benefits per the consolidated financial statements to the Form 5500 for the years ended December 31, 2018 and 2017:

	<u>2018</u>	<u>2017</u>
Changes in net assets available for benefits per the consolidated financial statements	\$ (218,420,316)	\$ 123,830,029
Cost to fair market value adjustment for building used in Fund operations	<u>(1,860,000)</u>	<u>26,217</u>
Change in net assets available for benefits per Form 5500	<u>\$ (220,280,316)</u>	<u>\$ 123,856,246</u>

**Note 12—Commitments and contingencies**

The Fund is periodically subject to legal actions which arise in the course of business. Fund management is unable to predict the ultimate outcome of current litigation outstanding but does not believe an ultimate liability with respect to current litigation will be material to the operating results or financial position of the Fund. As a result, no accrual for any liability is included in the financial statements.



## **SUPPLEMENTAL INFORMATION**

**PACE INDUSTRY UNION-MANAGEMENT PENSION FUND**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FORM 5500, SCHEDULE H, PART IV, LINE 4i

EIN: 11-6166763 PLAN NUMBER: 001

DECEMBER 31, 2018

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value	Cost	Current Value	
<b>Mutual Funds:</b>				
* SEI	World Select Equity Fund	\$ 287,764,659	\$ 256,137,788	
* SEI	S&P 500 Index Fund	87,757,592	115,791,159	
* SEI	Dynamic Asset Allocation Fund	108,257,048	132,144,764	
* SEI	Core Fixed Income Fund	77,597,991	73,336,469	
* SEI	State Street Global Eq Ex-US Idx	183,593,320	157,567,510	
* SEI	Extended Market Index Fund			
* SEI	Opportunistic Income Fund	73,355,434	71,816,876	
* SEI	High Yield Bond Fund	82,846,494	72,884,559	
* SEI	Emerging Markets Debt Fund	60,250,614	50,713,041	
* SEI	US Equity Factor Allocation	120,274,497	111,984,062	
<b>Total Mutual Funds</b>		<u>1,081,697,649</u>	<u>1,042,376,228</u>	
<b>Collective Trust Funds:</b>				
* SEI	Structured Credit Fund	112,000,000	168,969,171	
* SEI	Core Property Fund	75,500,270	139,068,185	
* SEI	Special Situations Fund	94,000,000	110,240,604	
<b>Total Collective Trust Funds</b>		<u>281,500,270</u>	<u>418,277,960</u>	
<b>Fund Interests in Limited Partnerships:</b>				
* Blackstone	II	935,066	1,026,693	
<b>Total Fund Interests in Limited Partnerships</b>		<u>935,066</u>	<u>1,026,693</u>	
<b>Total Assets (Held at End of Year)</b>		<u>\$ 1,364,132,985</u>	<u>\$ 1,461,680,881</u>	

\* Represents a party-in-interest.

**PACE INDUSTRY UNION-MANAGEMENT PENSION FUND**  
**SCHEDULE OF REPORTABLE TRANSACTIONS**  
**FORM 5500, SCHEDULE H, PART IV, LINE 4j**  
**EIN: 11-6166763 PLAN #: 001**

*YEAR ENDED DECEMBER 31, 2018*

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
<b>Identity of Party Involved</b>	<b>Description of Asset (Include Interest Rate and Maturity in Case of a Loan)</b>	<b>Purchase Price</b>	<b>Selling Price</b>	<b>Lease Rental</b>	<b>Expense Incurred with Transaction</b>	<b>Cost of Asset</b>	<b>Current Value of Asset on Transaction Date</b>	<b>Net Gain or (Loss)</b>
<u>Category (i) - A single transaction involving securities in excess of 5% of plan assets</u>								
SEI	US Equity Factor Allocation Fund	\$ 130,089,433	\$ -	\$ -	\$ -	\$ 130,089,433	\$ 130,089,433	\$ -
SEI	S&P 500 Index Fund	-	107,872,608	-	-	73,400,877	107,872,608	34,471,731
<u>Category (iii) - A series of transactions involving securities in excess of 5% of plan assets</u>								
SEI	S&P 500 Index Fund	-	126,743,851	-	-	85,992,572	126,743,851	40,751,279
SEI	S&P 500 Index Fund	6,237,127	-	-	-	6,237,127	6,237,127	-
SEI	US Equity Factor Allocation Fund	131,520,047	-	-	-	131,520,047	131,520,047	-
SEI	US Equity Factor Allocation Fund	-	11,428,924	-	-	11,245,550	11,428,924	183,374

**EXHIBIT 6 - SCHEDULE OF ACTIVE PARTICIPANT DATA**  
(SCHEDULE MB, LINE 8b(2))

The participant data is for the year ended December 31, 2017.

Age	Total	Pension Credits								
		1-4	5-9	10-14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	104	101	3	–	–	–	–	–	–	–
25 - 29	383	279	95	9	–	–	–	–	–	–
30 - 34	469	238	158	72	1	–	–	–	–	–
35 - 39	525	172	167	122	59	5	–	–	–	–
40 - 44	644	159	165	147	111	59	3	–	–	–
45 - 49	785	131	142	178	136	111	83	4	–	–
50 - 54	921	98	123	163	135	133	185	79	5	–
55 - 59	1,043	73	128	175	135	106	163	130	121	12
60 - 64	694	29	56	112	82	63	85	86	89	92
65 - 69	141	9	15	29	11	18	13	6	11	29
70 & over	14	1	1	2	1	–	2	–	2	5
Unknown	323	323	–	–	–	–	–	–	–	–
<b>Total</b>	<b>6,046</b>	<b>1,613</b>	<b>1,053</b>	<b>1,009</b>	<b>671</b>	<b>495</b>	<b>534</b>	<b>305</b>	<b>228</b>	<b>138</b>

Note: Excludes 592 participants with less than one pension credit.

## EXHIBIT 8 - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS (SCHEDULE MB, LINE 6)

<b>Mortality Rates</b>	<i>Non-annuitant:</i>	RP-2014 Blue Collar Employee Mortality Table with generational projection using Scale MP-2016
	<i>Healthy annuitant:</i>	RP-2014 Blue Collar Healthy Annuitant Mortality Table with generational projection using Scale MP-2016
	<i>Disabled annuitant:</i>	RP-2014 Disabled Retiree Mortality Table with generational projection using Scale MP-2016

The underlying tables with the generational projection to the age of the participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using the generational projection to reflect mortality improvement between the measurement date and these years.

The mortality rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior year's assumption over recent years.

<b>Termination Rates</b>	Rate (%)				
	Age	Mortality <sup>1</sup>		Disability	Withdrawal <sup>2</sup>
		Male	Female		
	20	0.05	0.02	0.05	26.91
	25	0.06	0.02	0.05	17.22
	30	0.06	0.02	0.05	15.83
	35	0.07	0.03	0.06	13.70
	40	0.08	0.04	0.09	11.25
	45	0.13	0.07	0.18	8.43
	50	0.22	0.12	0.40	5.06
55	0.36	0.19	0.85	1.73	
60	0.61	0.27	1.74	0.16	

<sup>1</sup> Mortality rates shown are for base table.

<sup>2</sup> Withdrawal rates are cut out at early retirement age and rates are adjusted by 150% for ages younger than 25.

The termination rates and disability rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements by age and the projected number based on the prior year's assumption over recent years.

<p><b>Retirement Rates for Actives</b></p>	<table border="1"> <thead> <tr> <th>Age</th> <th>Annual Retirement Rates</th> </tr> </thead> <tbody> <tr> <td>55 – 59</td> <td>1%</td> </tr> <tr> <td>60 – 61</td> <td>5%</td> </tr> <tr> <td>62</td> <td>25%</td> </tr> <tr> <td>63 – 64</td> <td>15%</td> </tr> <tr> <td>65 – 69</td> <td>30%</td> </tr> <tr> <td>70 or older</td> <td>100%</td> </tr> </tbody> </table>	Age	Annual Retirement Rates	55 – 59	1%	60 – 61	5%	62	25%	63 – 64	15%	65 – 69	30%	70 or older	100%	<p>The retirement rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year’s assumption over recent years.</p>
Age	Annual Retirement Rates															
55 – 59	1%															
60 – 61	5%															
62	25%															
63 – 64	15%															
65 – 69	30%															
70 or older	100%															
<p><b>Description of Weighted Average Retirement Age</b></p>	<p>Age 65, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2018 actuarial valuation.</p>															
<p><b>Retirement Rates for Inactive Vested Participants</b></p>	<table border="1"> <thead> <tr> <th>Age</th> <th>Annual Retirement Rates</th> </tr> </thead> <tbody> <tr> <td>55 – 61</td> <td>5%</td> </tr> <tr> <td>62</td> <td>15%</td> </tr> <tr> <td>63 – 64</td> <td>7%</td> </tr> <tr> <td>65</td> <td>40%</td> </tr> <tr> <td>66 – 69</td> <td>5%</td> </tr> <tr> <td>70 or older</td> <td>100%</td> </tr> </tbody> </table>	Age	Annual Retirement Rates	55 – 61	5%	62	15%	63 – 64	7%	65	40%	66 – 69	5%	70 or older	100%	<p>The retirement rates for inactive vested participants were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year’s assumption over recent years.</p>
Age	Annual Retirement Rates															
55 – 61	5%															
62	15%															
63 – 64	7%															
65	40%															
66 – 69	5%															
70 or older	100%															
<p><b>Future Benefit Accruals</b></p>	<p>One pension credit per year.</p> <p>The future benefit accruals were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and actual benefit accruals over recent years.</p>															
<p><b>Unknown Data for Participants</b></p>	<p>Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.</p>															
<p><b>Definition of Active Participants</b></p>	<p>Active participants are defined as those with at least 510 hours in the most recent plan year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.</p>															

<b>Percent Married</b>	75% of male participants and 50% of female participants are assumed married
<b>Age of Spouse</b>	Females three years younger than males.
<b>Benefit Election</b>	All non-married participants are assumed to elect the single life annuity form of payment and all married participants are assumed to elect the 50% joint and survivor form of payment.  The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over recent years.
<b>Delayed Retirement Factors</b>	Active participants assumed to work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases, but not beyond age 70.
<b>Net Investment Return</b>	7.50%  The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by both SEI and Segal Marco Advisors, as well as the Plan's target asset allocation.
<b>Annual Administrative Expenses</b>	\$9,500,000 for the year beginning January 1, 2018 (equivalent to \$9,137,022 payable at the beginning of the year)  The annual administrative expenses were based on historical and current data, estimated future experience and professional judgment.
<b>Actuarial Value of Assets</b>	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five – year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
<b>Actuarial Cost Method</b>	Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.
<b>Benefits Valued</b>	Unless otherwise indicated, includes all benefits summarized in <i>Exhibit 9</i> .
<b>Current Liability Assumptions</b>	<i>Interest</i> : 2.98%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality</i> : Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backwards to the base year (2006) using Scale MP-2014, projected forward generationally using Scale MP-2016
<b>Estimated Rate of Investment Return</b>	<i>On actuarial value of assets (Schedule MB, line 6g)</i> : 9.7%, for the Plan Year ending December 31, 2017 <i>On current (market) value of assets (Schedule MB, line 6h)</i> : 17.4%, for the Plan Year ending December 31, 2017

**FSA Contribution  
Timing (Schedule MB,  
line 3a)**

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.



**Justification for  
Change in Actuarial  
Assumptions**

**(Schedule MB, line 11)**

Based on past experience and future expectations, the following assumption was revised as of January 1, 2018:

- Annual administrative expenses, previously \$8,000,000.

For purposes of determining current liability, the current liability interest rate was changed from 3.05% to 2.98% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.



**SCHEDULE MB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain  
Money Purchase Plan Actuarial Information**

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

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

OMB No. 1210-0110

**2018**

**This Form is Open to Public  
Inspection**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

<b>A</b> Name of plan PACE INDUSTRY UNION-MANAGEMENT PENSION FUND	<b>B</b> Three-digit plan number (PN) ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES PACE INDUSTRY UNION-MANAGEMENT PF	<b>D</b> Employer Identification Number (EIN) 11-6166763

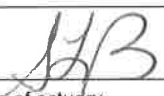
**E** Type of plan: (1)  Multiemployer Defined Benefit (2)  Money Purchase (see instructions)

**1a** Enter the valuation date: Month 01 Day 01 Year 2018

<b>b</b> Assets			
(1) Current value of assets .....	<b>1b(1)</b>	1,693,474,951	
(2) Actuarial value of assets for funding standard account.....	<b>1b(2)</b>	1,613,682,419	
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....		<b>1c(1)</b>	2,726,820,917
(2) Information for plans using spread gain methods:			
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>		
(b) Accrued liability under entry age normal method.....	<b>1c(2)(b)</b>		
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>		
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b>	2,726,820,917	
<b>d</b> Information on current liabilities of the plan:			
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>		
(2) "RPA '94" information:			
(a) Current liability .....	<b>1d(2)(a)</b>	4,844,534,958	
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	26,665,963	
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	197,259,953	
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	206,759,953	

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>	Susan L. Boyle  Signature of actuary	10/01/2019 Date
	SUSAN L. BOYLE, FSA, FCA, MAAA Type or print name of actuary	1706862 Most recent enrollment number
	SEGAL CONSULTING Firm name	212-251-5000 Telephone number (including area code)
	333 WEST 34TH STREET NEW YORK NY 10001-2402 Address of the firm	

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

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

Schedule MB (Form 5500) 2018

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	1,695,334,951
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	31,665	2,505,866,866
<b>(2)</b> For terminated vested participants .....	31,009	1,855,388,648
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		19,687,614
<b>(b)</b> Vested benefits .....		463,591,830
<b>(c)</b> Total active .....	6,046	483,279,444
<b>(4)</b> Total .....	68,720	4,844,534,958
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	34.99%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2018	71,873,152				
<b>Totals ▶</b>			<b>3(b)</b>	71,873,152	<b>3(c)</b>
					0

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....	<b>4a</b>	59.2 %
<b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5 .....	<b>4b</b>	D
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here .....	<b>4f</b>	2032

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

- |  |  |  |   |
|--|--|--|---|
| <b>a</b> <input type="checkbox"/> Attained age normal      | <b>b</b> <input type="checkbox"/> Entry age normal         | <b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit) | <b>d</b> <input type="checkbox"/> Aggregate |
| <b>e</b> <input type="checkbox"/> Frozen initial liability | <b>f</b> <input type="checkbox"/> Individual level premium | <b>g</b> <input type="checkbox"/> Individual aggregate                     | <b>h</b> <input type="checkbox"/> Shortfall |

**i**  Other (specify):

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

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

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

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

**6** Checklist of certain actuarial assumptions:

**a** Interest rate for "RPA '94" current liability ..... **6a** 2.98 %

	Pre-retirement			Post-retirement		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<b>b</b> Rates specified in insurance or annuity contracts .....						
<b>c</b> Mortality table code for valuation purposes:						
<b>(1)</b> Males .....	<b>6c(1)</b>	13P		13P		
<b>(2)</b> Females .....	<b>6c(2)</b>	13FP		13FP		
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	7.50 %		7.50 %		
<b>e</b> Expense loading .....	<b>6e</b>	91.9 %	<input type="checkbox"/> N/A	0.0 %	<input checked="" type="checkbox"/> N/A	
<b>f</b> Salary scale .....	<b>6f</b>	%	<input checked="" type="checkbox"/> N/A			
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>			9.7 %		
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>			17.4 %		

**7** New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-32,412,168	-3,415,707

**8** Miscellaneous information:

**a** If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval ..... **8a** \_\_\_\_\_

**b(1)** Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule. ....  Yes  No

**b(2)** Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule. ....  Yes  No

**c** Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....  Yes  No

**d** If line c is "Yes," provide the following additional information:

**(1)** Was an extension granted automatic approval under section 431(d)(1) of the Code? .....  Yes  No

**(2)** If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..... **8d(2)** \_\_\_\_\_

**(3)** Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....  Yes  No

**(4)** If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) ..... **8d(4)** \_\_\_\_\_

**(5)** If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension ..... **8d(5)** \_\_\_\_\_

**(6)** If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? .....  Yes  No

**e** If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) ..... **8e** \_\_\_\_\_

**9** Funding standard account statement for this plan year:

**Charges to funding standard account:**

**a** Prior year funding deficiency, if any ..... **9a** 370,009,733

**b** Employer's normal cost for plan year as of valuation date ..... **9b** 19,081,453

<b>c</b> Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended .....	<b>9c(1)</b>	1,112,135,270	178,488,836
(2) Funding waivers .....	<b>9c(2)</b>	0	0
(3) Certain bases for which the amortization period has been extended .....	<b>9c(3)</b>	0	0
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....	<b>9d</b>		42,568,502
<b>e</b> Total charges. Add lines 9a through 9d .....	<b>9e</b>		610,148,524
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any.....	<b>9f</b>		0
<b>g</b> Employer contributions. Total from column (b) of line 3.....	<b>9g</b>		71,873,152
		Outstanding balance	
<b>h</b> Amortization credits as of valuation date.....	<b>9h</b>	369,006,505	63,987,654
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>		7,269,714
<b>j</b> Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL) .....	<b>9j(1)</b>	1,217,136,447	
(2) "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	2,814,714,123	
(3) FFL credit.....	<b>9j(3)</b>		0
<b>k</b> (1) Waived funding deficiency.....	<b>9k(1)</b>		0
(2) Other credits .....	<b>9k(2)</b>		0
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	<b>9l</b>		143,130,520
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference.....	<b>9m</b>		
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	<b>9n</b>		467,018,004
<b>9o</b> Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the 2018 plan year .....	<b>9o(1)</b>		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....	<b>9o(2)(b)</b>		0
(3) Total as of valuation date .....	<b>9o(3)</b>		0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (See instructions.).....	<b>10</b>		467,018,004
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**SCHEDULE OF WITHDRAWAL LIABILITY AMOUNTS**  
(SCHEDULE MB, LINE 3)

Month of Payment	Withdrawal Liability Payments
1/2018	\$1,251,300.39
2/2018	2,839,167.88
3/2018	2,839,645.54
4/2018	4,230,755.26
5/2018	3,180,389.39
6/2018	2,965,960.00
7/2018	3,962,542.36
8/2018	2,865,485.61
9/2018	2,892,232.29
10/2018	4,419,320.68
11/2018	3,608,109.37
12/2018	9,915,365.78
<b>Total</b>	<b>\$44,970,275</b>

**Actuarial Status Certification as of January 1, 2018 under IRC Section 432 for the PACE Industry Union-Management Pension Fund**

EIN 11-6166763 / PN 001

**EXHIBIT I (continued)  
Status Determination as of January 1, 2018**

Status	Condition	Component Result	Final Result
<b>Endangered Status:</b>			
E1. (a)	Is not in critical status, .....	No	
(b)	AND the funded percentage is less than 80%? .....	Yes	No
E2. (a)	Is not in critical status, .....	No	
(b)	AND a funding deficiency is projected in seven years? .....	Yes	No
<b>In Endangered Status? .....</b>			<b>No</b>
<b>Neither Critical Status Nor Endangered Status:</b>			
<b>Neither Critical nor Endangered Status?.....</b>			<b>No</b>

This certification notifies the IRS that the plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on the annual standards of the Rehabilitation Plan.

The Rehabilitation Plan states that the Fund will make adequate progress, to the extent reasonable based on financial markets activity and other relevant factors, toward enabling the Fund to forestall insolvency past 2028. Currently, a projected insolvency during 2032 meets this standard.



**Actuarial Status Certification as of January 1, 2018 under IRC Section 432 for the PACE Industry Union-Management Pension Fund**

EIN 11-6166763 / PN 001

**EXHIBIT V  
Solvency Projection**

The table below presents the projected Market Value of Assets for the Plan Years beginning January 1, 2018 through 2032.

	Year Beginning January 1,							
	2018	2019	2020	2021	2022	2023	2024	
1. Market Value at beginning of year	\$1,687,659,422	\$1,659,422,084	\$1,621,865,817	\$1,575,692,570	\$1,519,591,675	\$1,450,777,173	\$1,368,250,252	
2. Contributions	17,632,319	14,987,471	14,387,972	13,812,453	13,259,955	12,729,557	12,220,375	
3. Withdrawal liability payments	37,739,887	37,727,065	37,445,985	37,365,228	37,157,139	35,322,068	33,039,356	
4. Benefit payments	195,620,775	199,653,461	204,099,018	209,398,398	216,547,968	222,137,767	227,682,591	
5. Administrative expenses	8,240,000	8,487,200	8,741,816	9,004,070	9,274,192	9,552,418	9,838,991	
6. Interest earnings	<u>120,251,231</u>	<u>117,869,858</u>	<u>114,833,630</u>	<u>111,123,892</u>	<u>106,590,564</u>	<u>101,111,639</u>	<u>94,591,168</u>	
7. Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	\$1,659,422,084	\$1,621,865,817	\$1,575,692,570	\$1,519,591,675	\$1,450,777,173	\$1,368,250,252	\$1,270,579,569	
	2025	2026	2027	2028	2029	2030	2031	2032
1. Market Value at beginning of year	\$1,270,579,569	\$1,159,425,424	\$1,033,851,294	\$894,260,424	\$740,360,018	\$571,789,732	\$387,798,807	\$187,831,332
2. Contributions	11,731,560	11,262,297	10,811,805	10,379,333	9,964,160	9,565,594	9,182,970	8,815,651
3. Withdrawal liability payments	32,506,321	31,523,104	31,503,517	31,495,700	31,495,700	31,129,394	30,329,303	29,302,741
4. Benefit payments	232,291,360	236,391,469	240,032,235	242,964,429	245,226,933	246,796,097	247,362,540	247,289,373
5. Administrative expenses	10,134,161	10,438,186	10,751,332	11,073,872	11,406,088	11,748,271	12,100,719	12,463,741
6. Interest earnings	<u>87,033,495</u>	<u>78,470,124</u>	<u>68,877,375</u>	<u>58,262,862</u>	<u>46,602,875</u>	<u>33,858,455</u>	<u>19,983,511</u>	<u>4,928,692</u>
7. Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	\$1,159,425,424	\$1,033,851,294	\$894,260,424	\$740,360,018	\$571,789,732	\$387,798,807	\$187,831,332	0

**EXHIBIT 5 - SCHEDULE OF PROJECTION OF EXPECTED BENEFIT PAYMENTS**  
(SCHEDULE MB, LINE 8b(1))

Plan Year	Expected Annual Benefit Payments <sup>1</sup>
2018	\$196,975,305
2019	200,749,982
2020	204,652,294
2021	208,802,028
2022	213,334,603
2023	217,915,089
2024	222,559,539
2025	226,359,478
2026	229,645,469
2027	232,232,163

<sup>1</sup> Assuming as of the valuation date:

- no additional accruals,
- experience is in line with valuation assumptions, and
- no new entrants are covered by the plan.

PACE Industry Union-Management Pension Fund

EIN No. 11-6166763

Schedule R, Line 13d - Collective Bargaining Agreement Expiration Dates

EmployerName	EIN	Date Collective Bargaining Agreement Expires
Huhtamaki Americas Inc	98-0338708	5/1/2017 9/10/2019 1/31/2017 6/16/2020 4/16/2019

## EXHIBIT 9 - SUMMARY OF PLAN PROVISIONS

### (SCHEDULE MB, LINE 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

<b>Plan Year</b>	January 1 through December 31
<b>Pension Credit Year</b>	January 1 through December 31
<b>Plan Status</b>	Ongoing plan
<b>Regular Pension</b>	<ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> 65</li> <li>• <i>Service Requirement:</i> 5 pension credits or years of vesting service</li> <li>• <i>Amount:</i> Accrual rates are based on contribution rates and differ by employer. Accrued benefits as of December 31, 2010 based on the accrual rate as of December 31, 2010. Effective January 1, 2011, future benefits earned will be based on the contribution rate(s) in effect for the plan year in which the benefit is accrued.</li> </ul>
<b>Early Retirement</b>	<ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> 55</li> <li>• <i>Service Requirement:</i> 10 pension credits or years of vesting service for Programs A through F; 5 years for Program G</li> <li>• <i>Amount:</i> Regular pension accrued, reduced by 1/2 of 1% for each month the participant is younger than age 65</li> </ul>
<b>Disability</b>	<ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> None</li> <li>• <i>Service Requirement:</i> 10 pension credits for Programs A, B, C and G. 5 years of vesting service for Programs D, E and F</li> <li>• <i>Amount:</i> Regular pension accrued for Programs A through F. For Program G, early retirement amount plus 10%, not reduced below age 55 and not greater than the benefit payable at age 65.</li> </ul>
<b>Vesting</b>	<ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> None</li> <li>• <i>Service Requirement:</i> Five years of vesting service or pension credit.</li> <li>• <i>Amount:</i> Regular pension accrued payable at Normal Retirement Age, or early retirement amount payable beginning at age 55, based on plan in effect when last active</li> <li>• <i>Normal Retirement Age:</i> 65, or if later, the participant's age on the fifth anniversary of date of participation</li> </ul>

<b>Spouse's Pre-Retirement Death Benefit</b>	<ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> None</li> <li>• <i>Service Requirement:</i> Vested status</li> <li>• <i>Amount:</i> 50% of the benefit participant would have received had he or she retired the day before death and elected the husband and wife option. If the employee was active at the time of death and under age 55, the early retirement factor is determined as if the employee were age 55. Under Program G, the surviving spouse will not receive a pension until the earliest date the deceased participant could have retired.</li> <li>• <i>Charge for Coverage:</i> None</li> </ul>
<b>Post-Retirement Death Benefit</b>	<p>If married, pension benefits are paid in the form of a 50% Husband-and-Wife annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the 50% Husband and Wife coverage.</p> <p>If rejected, or if not married, benefits are payable for the life of the employee without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount.</p>
<b>Optional Forms of Benefits</b>	<p>75% or 100% Husband and Wife option under Programs A through F.</p> <p>50%, 75% or 100% Husband and Wife with popup option under Programs A through F</p> <p>50%, 75% or 100% Joint and Survivor option under Programs A through F.</p> <p>75% or 100% Joint and Survivor option for married participants under Program G.</p>
<b>Participation</b>	Earliest January 1 <sup>st</sup> or July 1 <sup>st</sup> after completion of 12 consecutive months during which the employee worked 1,000 hours (150 hours for participation in Program G) in covered employment.
<b>Pension Credit</b>	<p>Less than 510 hours = 0 year of pension credit</p> <p>510 – 1,019 hours = ¼ year of pension credit</p> <p>1,020 – 1,529 hours = ½ year of pension credit</p> <p>1,530 – 2,039 hours = ¾ year of pension credit</p> <p>2,040 or more hours = 1 year of pension credit</p>
<b>Vesting Credit</b>	One year of vesting service for each calendar year during the contribution period in which the employee works 1000 hours or more.
<b>Contribution Rate</b>	The average contribution rate as of January 1, 2018 is \$1.5410 per hour.
<b>Changes in Plan Provisions</b>	There were no changes in plan provisions reflected in this actuarial valuation

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#### Section 4: Certificate of Actuarial Valuation as of January 1, 2018 for the PACE Industry Union-Management Pension Fund



**March 29, 2018**

**ACTUARIAL STATUS CERTIFICATION AS OF JANUARY 1, 2018 UNDER IRC SECTION 432**

This is to certify that Segal Consulting, a Member of The Segal Group, Inc. (“Segal”) has prepared an actuarial status certification under Internal Revenue Code Section 432 for the PACE Industry Union-Management Pension Fund as of January 1, 2018 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law. This certification may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.

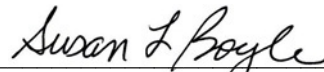
The measurements shown in this actuarial certification may not be applicable for other purposes. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); differences in statutory interpretation and changes in plan provisions or applicable law.

This certification is based on the January 1, 2017 actuarial valuation, dated December 7, 2017. This certification reflects the changes in the law made by the Multiemployer Pension Reform Act of 2014 (MPRA). Additional assumptions required for the projections (including those under MPRA), and sources of financial information used are summarized in Exhibit VI.

Segal Consulting does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretations on which this certification is based reflect Segal’s understanding as an actuarial firm.

This certification was based on the assumption that the Plan was qualified as a multiemployer plan for the year.

I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. In my opinion, the projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity offer my best estimate of anticipated experience under the Plan.



Susan L. Boyle, FSA, FCA, MAAA  
Senior Vice President and Actuary  
Enrolled Actuary No. 17-06862

**Actuarial Status Certification as of January 1, 2018 under IRC Section 432 for the PACE Industry Union-Management Pension Fund**

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EIN 11-6166763 / PN 001

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**Certificate Contents**

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<b>EXHIBIT I</b>	Status Determination as of January 1, 2018
<b>EXHIBIT II</b>	Summary of Actuarial Valuation Projections
<b>EXHIBIT III</b>	Funding Standard Account Projection
<b>EXHIBIT IV</b>	Funding Standard Account – Projected Bases Assumed Established After January 1, 2017
<b>EXHIBIT V</b>	Solvency Projection
<b>EXHIBIT VI</b>	Actuarial Assumptions and Methodology

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**Actuarial Status Certification as of January 1, 2018 under IRC Section 432 for the PACE Industry Union-Management Pension Fund**

EIN 11-6166763 / PN 001

**EXHIBIT I**

**Status Determination as of January 1, 2018**

Status	Condition	Component Result	Final Result
<b>Critical Status:</b>			
<b>I. Initial critical status tests:</b>			
C1.	A funding deficiency is projected in four years? .....	Yes	Yes
C2.	(a) A funding deficiency is projected in five years, .....	Yes	
	(b) AND the present value of vested benefits for non-actives is more than present value of vested benefits for actives,.....	Yes	
	(c) AND the normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) is greater than contributions for current year?.....	Yes	Yes
C3.	(a) A funding deficiency is projected in five years, .....	Yes	
	(b) AND the funded percentage is less than 65%?.....	Yes	Yes
C4.	(a) The funded percentage is less than 65%, .....	Yes	
	(b) AND the present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over seven years? .....	No	No
C5.	The present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over five years? .....	No	No
<b>II. In Critical Status?.....</b>			<b>Yes</b>
<b>III. Determination of critical and declining status:</b>			
C6.	(a) Any of (C1) through (C5) are Yes? .....	Yes	Yes
	(b) AND EITHER Insolvency is projected within 15 years? .....	Yes	Yes
	(c) OR		
	(i) The ratio of inactives to actives is at least 2 to 1, .....	Yes	
	(ii) AND insolvency is projected within 20 years? .....	Yes	Yes
	(d) OR		
	(i) The funded percentage is less than 80%,.....	Yes	
	(ii) AND insolvency is projected within 20 years? .....	Yes	Yes
<b>In Critical and Declining Status?.....</b>			<b>Yes</b>

**Actuarial Status Certification as of January 1, 2018 under IRC Section 432 for the PACE Industry Union-Management Pension Fund**

EIN 11-6166763 / PN 001

**EXHIBIT I (continued)  
Status Determination as of January 1, 2018**

Status	Condition	Component Result	Final Result
<b>Endangered Status:</b>			
E1. (a)	Is not in critical status, .....	No	
(b)	AND the funded percentage is less than 80%? .....	Yes	No
E2. (a)	Is not in critical status, .....	No	
(b)	AND a funding deficiency is projected in seven years? .....	Yes	No
<b>In Endangered Status? .....</b>			<b>No</b>
<b>Neither Critical Status Nor Endangered Status:</b>			
<b>Neither Critical nor Endangered Status?.....</b>			<b>No</b>

This certification notifies the IRS that the plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on the annual standards of the Rehabilitation Plan.

The Rehabilitation Plan states that the Fund will make adequate progress, to the extent reasonable based on financial markets activity and other relevant factors, toward enabling the Fund to forestall insolvency past 2028. Currently, a projected insolvency during 2032 meets this standard.

**Actuarial Status Certification as of January 1, 2018 under IRC Section 432 for the PACE Industry Union-Management Pension Fund**

EIN 11-6166763 / PN 001

**EXHIBIT II  
Summary of Actuarial Valuation Projections**

The actuarial factors as of January 1, 2018 (based on projections from the January 1, 2017 valuation certificate):

**I. Financial Information**

1. Market value of assets				\$1,687,659,422
2. Actuarial value of assets				1,611,947,531
3. Reasonably anticipated contributions, including withdrawal liability payments				
a. Upcoming year				55,372,206
b. Present value for the next five years				219,586,708
c. Present value for the next seven years				280,010,891
4. Projected benefit payments				195,620,775
5. Projected administrative expenses (beginning of year)				7,925,164

**II. Liabilities**

1. Present value of vested benefits for active participants				210,808,807
2. Present value of vested benefits for non-active participants				2,502,136,206
3. Total unit credit accrued liability				2,724,925,924
4. Present value of payments	<b>Benefit Payments</b>	<b>Administrative Expenses</b>		<b>Total</b>
a. Next five years	\$860,250,466	\$36,444,301		\$896,694,767
b. Next seven years	1,152,846,663	48,975,588		1,201,822,251
5. Unit credit normal cost plus expenses				16,768,375
6. Ratio of inactive participants to active participants				10.0833

**III. Funded Percentage (I.2)/(II.3)**

59.1%

**IV. Funding Standard Account**

1. Credit Balance as of the end of prior year				(\$369,719,927)
2. Years to projected funding deficiency				0

**V. Years to Projected Insolvency**

15

**Actuarial Status Certification as of January 1, 2018 under IRC Section 432 for the PACE Industry Union-Management Pension Fund**

EIN 11-6166763 / PN 001

**EXHIBIT III  
Funding Standard Account Projection**

The tables below presents the Funding Standard Account Projection for the Plan Years beginning January 1, 2017 through 2027.

	<b>Year Beginning January 1,</b>					
	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
1. Credit balance (BOY)	(\$249,856,997)	(\$369,719,927)	(\$481,302,761)	(\$587,766,621)	(\$697,706,569)	(\$832,885,297)
2. Interest on (1)	(18,739,275)	(27,728,995)	(36,097,707)	(44,082,497)	(52,327,993)	(62,466,397)
3. Normal cost	10,219,821	8,843,211	7,652,030	7,478,176	7,308,272	7,142,228
4. Administrative expenses	7,694,334	7,925,164	8,162,919	8,407,807	8,660,041	8,919,842
5. Net amortization charges	142,004,102	114,514,848	100,364,354	95,251,878	110,345,779	99,501,763
6. Interest on (3), (4) and (5)	11,993,869	9,846,242	8,713,448	8,335,339	9,473,557	8,667,288
7. Expected contributions	68,435,984	55,372,206	52,714,536	51,833,957	51,177,681	50,417,094
8. Interest on (7)	<u>2,352,487</u>	<u>1,903,420</u>	<u>1,812,062</u>	<u>1,781,792</u>	<u>1,759,233</u>	<u>1,733,088</u>
9. Credit balance (EOY): (1) + (2) - (3) - (4) - (5) - (6) + (7) + (8)	(\$369,719,927)	(\$481,302,761)	(\$587,766,621)	(\$697,706,569)	(\$832,885,297)	(\$967,432,633)
	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	
1. Credit balance (BOY)	(\$967,432,633)	(\$1,111,119,111)	(\$1,228,113,954)	(\$1,360,017,606)	(\$1,499,190,486)	
2. Interest on (1)	(72,557,447)	(83,333,933)	(92,108,547)	(102,001,320)	(112,439,286)	
3. Normal cost	6,979,957	6,821,372	6,666,390	6,514,930	6,366,911	
4. Administrative expenses	9,187,437	9,463,060	9,746,952	10,039,361	10,340,542	
5. Net amortization charges	96,234,866	58,577,376	63,171,462	59,192,415	41,597,628	
6. Interest on (3), (4) and (5)	8,430,171	5,614,636	5,968,859	5,681,003	4,372,881	
7. Expected contributions	48,051,625	45,259,731	44,237,881	42,785,401	42,315,322	
8. Interest on (7)	<u>1,651,775</u>	<u>1,555,803</u>	<u>1,520,677</u>	<u>1,470,748</u>	<u>1,454,589</u>	
9. Credit balance (EOY): (1) + (2) - (3) - (4) - (5) - (6) + (7) + (8)	(\$1,111,119,111)	(\$1,228,113,954)	(\$1,360,017,606)	(\$1,499,190,486)	(\$1,630,537,823)	

**Actuarial Status Certification as of January 1, 2018 under IRC Section 432 for the PACE Industry Union-Management Pension Fund**

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**EXHIBIT IV**

**Funding Standard Account – Projected Bases Assumed Established After January 1, 2017**

**Schedule of Funding Standard Account Bases**

<b>Type of Base</b>	<b>Date Established</b>	<b>Base Established</b>	<b>Amortization Period</b>	<b>Amortization Payment</b>
Actuarial gain	1/1/2018	(\$32,282,466)	15	(\$3,402,038)
Actuarial gain	1/1/2019	(9,332,031)	15	(983,442)
Actuarial gain	1/1/2020	(12,668,951)	15	(1,335,098)
Actuarial gain	1/1/2021	(40,791,341)	15	(4,298,733)
Actuarial gain	1/1/2022	(31,026,494)	15	(3,269,680)

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**EXHIBIT V  
Solvency Projection**

The table below presents the projected Market Value of Assets for the Plan Years beginning January 1, 2018 through 2032.

	Year Beginning January 1,							
	2018	2019	2020	2021	2022	2023	2024	
1. Market Value at beginning of year	\$1,687,659,422	\$1,659,422,084	\$1,621,865,817	\$1,575,692,570	\$1,519,591,675	\$1,450,777,173	\$1,368,250,252	
2. Contributions	17,632,319	14,987,471	14,387,972	13,812,453	13,259,955	12,729,557	12,220,375	
3. Withdrawal liability payments	37,739,887	37,727,065	37,445,985	37,365,228	37,157,139	35,322,068	33,039,356	
4. Benefit payments	195,620,775	199,653,461	204,099,018	209,398,398	216,547,968	222,137,767	227,682,591	
5. Administrative expenses	8,240,000	8,487,200	8,741,816	9,004,070	9,274,192	9,552,418	9,838,991	
6. Interest earnings	<u>120,251,231</u>	<u>117,869,858</u>	<u>114,833,630</u>	<u>111,123,892</u>	<u>106,590,564</u>	<u>101,111,639</u>	<u>94,591,168</u>	
7. Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	\$1,659,422,084	\$1,621,865,817	\$1,575,692,570	\$1,519,591,675	\$1,450,777,173	\$1,368,250,252	\$1,270,579,569	
	2025	2026	2027	2028	2029	2030	2031	2032
1. Market Value at beginning of year	\$1,270,579,569	\$1,159,425,424	\$1,033,851,294	\$894,260,424	\$740,360,018	\$571,789,732	\$387,798,807	\$187,831,332
2. Contributions	11,731,560	11,262,297	10,811,805	10,379,333	9,964,160	9,565,594	9,182,970	8,815,651
3. Withdrawal liability payments	32,506,321	31,523,104	31,503,517	31,495,700	31,495,700	31,129,394	30,329,303	29,302,741
4. Benefit payments	232,291,360	236,391,469	240,032,235	242,964,429	245,226,933	246,796,097	247,362,540	247,289,373
5. Administrative expenses	10,134,161	10,438,186	10,751,332	11,073,872	11,406,088	11,748,271	12,100,719	12,463,741
6. Interest earnings	<u>87,033,495</u>	<u>78,470,124</u>	<u>68,877,375</u>	<u>58,262,862</u>	<u>46,602,875</u>	<u>33,858,455</u>	<u>19,983,511</u>	<u>4,928,692</u>
7. Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	\$1,159,425,424	\$1,033,851,294	\$894,260,424	\$740,360,018	\$571,789,732	\$387,798,807	\$187,831,332	0

**EXHIBIT VI**

**Actuarial Assumptions and Methodology**

The actuarial assumptions and plan of benefits are as used in the January 1, 2017 actuarial valuation certificate, dated December 7, 2017, except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

**Asset Information:**

The financial information as of December 31, 2017 was based on an unaudited financial statement provided by the Fund Administrator.

For projections after that date, the administrative expenses were assumed to increase by 3% per year and the benefit payments were projected based on the January 1, 2017 actuarial valuation. The projected net investment return was assumed to be 7.5% of the average market value of assets for the 2018 - 2032 Plan Years. Any resulting investment gains or losses due to the operation of the asset valuation method are amortized over 15 years in the Funding Standard Account.

**Projected Industry Activity:**

As required by Internal Revenue Code Section 432, assumptions with respect to projected industry activity are based on information provided by the plan sponsor. Based on this information, the number of active participants assumed to decline by 15% in each of 2017 and 2018 and 4% each year thereafter and, on the average, contributions will be made for each active for 2,200 hours each year.

**Actuarial Status Certification as of January 1, 2018 under IRC Section 432 for the PACE Industry Union-Management Pension Fund**

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In addition to projections of industry activity directly linked to the level of ongoing employment, these determinations also project the following contribution amounts derived from withdrawal liability assessments, based on information from the Trustees:

<b>Plan Year Ending December 31</b>	<b>Amount</b>
2018	\$37,739,887
2019	37,727,065
2020	37,445,985
2021	37,365,228
2022	37,157,139
2023	35,322,068
2024	33,039,356
2025	32,506,321
2026	31,523,104
2027	31,503,517
2028	31,495,700
2029	31,495,700
2030	31,129,394
2031	30,329,303
2032	29,302,741

**Future Normal Cost:**

Based on the assumed industry activity and the unit credit cost method, we have assumed an increase of 0.18% per year due to projected mortality improvement. Total normal cost is also adjusted in accordance with the industry activity assumption.

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## EXHIBIT 7 - FUNDING STANDARD ACCOUNT (CONTINUED)

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

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
Initial unfunded liability	01/01/1979	\$8,080,195	1	\$8,080,195
Plan amendment	01/01/1980	1,525,649	2	2,944,858
L107 merger-plan amendment	01/01/1981	71,519	3	199,937
Plan amendment	01/01/1981	1,144,413	3	3,199,280
L35 merger-initial unfunded liability	01/01/1982	186,376	1	186,376
L107 merger-plan amendment	01/01/1989	11,136	1	11,136
Fort Smith merger-plan amendment	01/01/1989	38,099	1	38,099
Plan amendment	01/01/1989	2,167,855	1	2,167,855
Plan amendment	01/01/1990	2,251,725	2	4,346,352
Plan amendment	01/01/1991	1,110,840	3	3,105,427
Plan amendment	01/01/1992	1,280,009	4	4,608,707
Plan amendment	01/01/1993	2,081,009	5	9,050,989
Plan amendment	01/01/1994	2,226,953	6	11,236,946
Plan amendment	01/01/1995	1,023,511	7	5,827,712
Plan amendment	01/01/1996	1,036,805	8	6,528,345
Plan amendment	01/01/1997	2,094,347	9	14,361,576
Assumption change	01/01/1998	1,875,529	10	13,839,320
Plan amendment	01/01/1998	9,439,839	10	69,655,502
Plan amendment	01/01/1999	7,281,926	11	57,265,657
Plan amendment	01/01/2000	5,488,127	12	45,636,107
Plan amendment	01/01/2001	3,875,522	13	33,853,763
Assumption change	01/01/2002	902,377	14	8,234,947

## EXHIBIT 7 - FUNDING STANDARD ACCOUNT (CONTINUED)

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

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
OCAW/PACE UIPF merger - combined and offset bases	01/01/2002	6,294,326	4	22,662,884
Plan amendment	01/01/2002	2,742,203	14	25,024,902
Plan amendment	01/01/2003	3,927,224	15	37,266,030
Actuarial loss	01/01/2004	2,683,395	1	2,683,395
Plan amendment	01/01/2004	1,702,254	16	16,728,249
Plan amendment	01/01/2005	2,114,141	17	21,440,580
Assumption change	01/01/2006	585,333	18	6,107,339
Plan amendment	01/01/2007	767,179	19	8,213,420
Plan amendment	01/01/2008	1,185,886	5	5,157,807
Plan amendment	01/01/2009	897,834	6	4,530,365
Actuarial loss	01/01/2009	34,532,707	6	174,248,064
Plan amendment	01/01/2010	555,880	7	3,165,098
Assumption change	01/01/2011	6,996,991	8	44,057,260
Actuarial loss	01/01/2011	11,708,235	8	73,722,085
Assumption change	01/01/2012	1,881,451	9	12,901,678
Actuarial loss	01/01/2012	13,618,986	9	93,389,518
Actuarial loss	01/01/2013	11,220,078	10	82,791,690
Assumption change	01/01/2016	19,880,972	13	173,665,820
<b>Total</b>		<b>\$178,488,836</b>		<b>\$1,112,135,270</b>

## EXHIBIT 7 - FUNDING STANDARD ACCOUNT (*CONTINUED*)

### Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
Actuarial gain	01/01/2010	\$6,173,478	7	\$35,150,836
Change in funding method	01/01/2011	21,719,405	3	60,718,013
Plan amendment	01/01/2011	15,762,982	8	99,253,211
Actuarial gain	01/01/2014	7,396,236	11	58,164,595
Actuarial gain	01/01/2015	4,140,475	12	34,429,809
Actuarial gain	01/01/2016	546,404	13	4,772,991
Actuarial gain	01/01/2017	1,335,841	14	12,190,669
Assumption change	01/01/2017	3,497,126	14	31,914,213
Actuarial gain	01/01/2018	3,415,707	15	32,412,168
<b>Total</b>		<b>\$63,987,654</b>		<b>\$369,006,505</b>

**Justification for  
Change in Actuarial  
Assumptions**

**(Schedule MB, line 11)**

Based on past experience and future expectations, the following assumption was revised as of January 1, 2018:

- Annual administrative expenses, previously \$8,000,000.

For purposes of determining current liability, the current liability interest rate was changed from 3.05% to 2.98% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

## **PACE INDUSTRY UNION-MANAGEMENT PENSION FUND**

### **EIN 11-6166763, PLAN No. 001**

#### **SCHEDULE R, SUMMARY OF REHABILITATION PLAN/UPDATE OF REHABILITATION PLAN**

Under the Employee Retirement Income Security Act (“ERISA”) as amended by the Pension Protection Act of 2006 (“PPA”), on March 31, 2010, the actuary of the PACE Industry Union-Management Pension Fund (“Fund”) certified the Fund to be in Critical Status for the Plan Year beginning January 1, 2010. As a result of this Critical Status certification the Fund’s Board of Trustees adopted a Rehabilitation Plan on July 19, 2010, based on Fund information as of January 1, 2010 and on reasonable assumptions about how the Fund’s assets and liabilities are expected to change in the coming years, particularly as a result of changes in the Fund’s investment returns. The Fund’s Rehabilitation Period is from January 1, 2013 through December 31, 2022. The Rehabilitation Plan has been updated annually and otherwise modified from time to time.

The Fund’s Board of Trustees considered alternative contribution increases and benefit reductions for emerging from critical status by the end of the Rehabilitation Period. The Fund’s actuary determined that based on the plan of benefits in effect on January 1, 2010, for the Fund to emerge from critical status by the end of the Rehabilitation Period, employer contribution rates would have to be increased by 24% annually for each of the ten years following 2010, ultimately increasing to a rate that is more than 859% of the current contribution rate. The Fund’s actuary also reviewed several scenarios involving changes to the benefit plan and determined that even with a 50% reduction in future benefit accruals, ten annual increases in employer contribution rates of approximately 20% per year would be needed for the Fund to emerge from critical status by the end of the Rehabilitation Period.

The Trustees concluded, based in part on analysis by an independent economic consultant and previous experience with smaller contribution increases and benefit reductions that had been implemented by the Fund, that it was not reasonable to expect that the employers and Union would agree upon the contribution increases or benefit reductions needed to emerge from critical status or similar measures, and that the likely outcome of collectively bargaining over these types of alternatives would be negotiated withdrawals from the Fund.

After reviewing these possible scenarios the Trustees determined that, based on reasonable actuarial assumptions, and upon exhaustion of all reasonable measures, the Fund cannot reasonably be expected to emerge from critical status. Therefore, the Trustees adopted a Rehabilitation Plan described under Section 305(e)(3)(A)(ii) that consists of reasonable measures to forestall the date of the Fund’s possible insolvency. Under the Rehabilitation Plan, contributions generally increase by 10% following the expiration of an employer’s CBA that was in effect on the date the Rehabilitation Plan was provided to the bargaining parties and then increase again by an additional 5% effective January 1, 2016.

The Rehabilitation Plan includes the following benefit reductions:

- Elimination of Disability Pensions for Participants who have not received a Disability Award from the Social Security Administration;
- Elimination of Service Pensions;
- Elimination of Post-Retirement Payment Guarantees;
- Elimination of subsidized “Pop-Up” benefit;
- Elimination of pre-retirement death benefits for single Participants;
- Reduction of subsidized early retirement benefit;
- Future benefit accruals determined based on contribution rate in effect for year of accrual, rather than rate in effect on last day of participation;
- Increase in number of hours of service required to earn pension credit;
- Elimination of pension credit for periods of absence due to disability;
- Elimination of partial years of vesting service; and
- For purposes of calculating a participant’s pension accrual in a given plan year, an increase in the number of hours of service that a participant must be credited with at a higher contribution rate in a plan year for that higher contribution rate to be treated as the participant’s average hourly contribution rate.

Under the Rehabilitation Plan, in the event an Employer withdraws during a Plan Year when the Fund has an accumulated funding deficiency, as determined under Section 304 of ERISA, the Employer shall be responsible for its pro rata share of such deficiency in addition to any withdrawal liability determined under Section 4211 of ERISA. The pro rata share is determined by multiplying the accumulated funding deficiency and subsequent changes in that accumulated funding deficiency that arose in any Plan Year prior to the year in which the Employer withdraws, by the ratio of the withdrawn Employer’s contributions made to the Fund to the total Employer contributions received by the Fund, in each applicable Plan Year prior to the Plan Year of withdrawal.

Under the Rehabilitation Plan, if a CBA providing for contributions to the Plan in accordance with the Rehabilitation Plan schedule expires while the Plan is still in critical status and the bargaining parties fail to adopt a contribution schedule with terms consistent with the updated Rehabilitation Plan and its schedules, then the contribution schedule under the expired CBA, as updated and in effect on the date the CBA expires, is implemented 180 days after the date on which the CBA expires.

The Rehabilitation Plan was most recently updated based on the January 1, 2018 valuation to provide that there is no change to the Rehabilitation Plan as last updated in December 2017.

The Fund will make adequate progress, to the extent reasonable based on financial markets activity and other relevant factors, toward enabling the Fund to forestall insolvency past the projected insolvency date and in connection with this goal, the Fund’s Board of Trustees will monitor the Fund’s required contribution rate increases and benefits.