

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em;">2010</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>			
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan;	<input type="checkbox"/> a multiple-employer plan; or	
	<input type="checkbox"/> a single-employer plan;	<input type="checkbox"/> a DFE (specify) _____	
B This return/report is:	<input type="checkbox"/> the first return/report;	<input type="checkbox"/> the final return/report;	
	<input type="checkbox"/> an amended return/report;	<input type="checkbox"/> a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	<input checked="" type="checkbox"/>		
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558;	<input type="checkbox"/> automatic extension;	<input type="checkbox"/> the DFVC program;
	<input type="checkbox"/> special extension (enter description) _____		

Part II Basic Plan Information—enter all requested information			
1a Name of plan PACE INDUSTRY UNION-MANAGEMENT PENSION FUND	1b Three-digit plan number (PN) ▶	001	
	1c Effective date of plan	01/01/1963	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BOARD OF TRUSTEES PACE INDUSTRY UNION-MANAGEMENT PENSION FUND 3320 PERIMETER HILL DR NASHVILLE TN 37211-4123	2b Employer Identification Number (EIN) 11-6166763	2c Sponsor's telephone number 615-333-6343	
	2d Business code (see instructions) 322100		

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

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

SIGN HERE		<u>10/12/2011</u> Date	TREVOR ENGLAND Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") BOARD OF TRUSTEES PACE INDUSTRY UNION-MANAGEMENT PENSION FUND 3320 PERIMETER HILL DR NASHVILLE TN 37211-4123	3b Administrator's EIN 11-6166763 3c Administrator's telephone number 615-333-6343
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	77316
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	20622
b Retired or separated participants receiving benefits.....	6b	23651
c Other retired or separated participants entitled to future benefits.....	6c	28071
d Subtotal. Add lines 6a , 6b , and 6c	6d	72344
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	3540
f Total. Add lines 6d and 6e	6f	75884
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	151

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input checked="" type="checkbox"/> G (Financial Transaction Schedules)
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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
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

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

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		
GROSVENOR CAPITAL MANAGEMENT LP	36-3795985	
900 NORTH MICHIGAN AVENUE STE 1100		
CHICAGO	IL	60611

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation		
JMB INSURANCE AGENCY	36-2711359	
901 NORTH MICHIGAN AVENUE		
CHICAGO	IL	60611

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation		
GRANTHAM MAYO VAN OTTERLOO & CO LLC	04-3319886	
40 ROWES WHARF		
BOSTON	MA	02110

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation		
PACIFIC INVESTMENT MANAGEMENT COMPA	33-0629048	
840 NEWPORT CENTER DRIVE STE 100		
NEWPORT BEACH	CA	92660

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

PIMCO GP III LLC
840 NEWPORT CENTER DRIVE, STE 100
NEWPORT BEACH CA 92660

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

GLOBEFLEX CAPITAL LP 33-0597629
4365 EXECUTIVE DRIVE, STE 720
SAN DIEGO CA 92121

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

KELLOGG PARTNERS INSTITUTIONAL SERV 26-0061061
55 BROADWAY
NEW YORK NY 10006

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

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a 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)						
AMERICAN REALTY ADVISORS 33-0123114 801 NORTH BRAND BLVD STE 800 GLENDALE CA 91203						
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 36 51	SERVICE PROVIDER	1260075	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	187	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(a) Enter name and EIN or address (see instructions)						
SLEVIN AND HART PC 52-1708613 1625 MASSACHUSETTS AVE NW STE 450 WASHINGTON DC 20036						
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	811981	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	2133	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(a) Enter name and EIN or address (see instructions)						
NWQ INVESTMENT MANAGEMENT COMPANY 47-0875103 2049 CENTURY PARK E, 16TH FLOOR LOS ANGELES CA 90067						
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	SERVICE PROVIDER	772259	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

ICC CAPITAL MANAGEMENT INC 59-3310114
390 NORTH ORANGE AVE 27TH FLOOR

ORLANDO FL 32801

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	SERVICE PRO- VIDER	474333	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

THE SEGAL COMPANY 13-1835864
333 WEST 34TH STREET

NEW YORK NY 10001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 22 50 53	SERVICE PRO- VIDER	448587	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	16258	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MONTAG & CALDWELL LLC 26-3165863
3455 PEACHTREE ROAD NE, STE 1200

ATLANTA GA 30326

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	SERVICE PRO- VIDER	463105	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)RAM PARTNERS LLC
3625 CUMBERLAND BLVD SE STE 440

58-2658504

ATLANTA GA 30339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	409585	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)TRANSWESTERN LP
5001 SPRING VALLEY STE 600W

05-0631113

DALLAS TX 75244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	344704	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
3320 PERIMETER HILL DR

NASHVILLE TN 37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	290171	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	910	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)WESTERN ASSET MANAGEMENT COMPANY
385 EAST COLORADO BLVD

95-2705767

PASADENA

CA

91101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	SERVICE PRO- VIDER	288843	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)PM REALTY GROUP LP
1000 MAIN STREET, STE 2400

13-4000011

HOUSTON

TX

77002

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	288432	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)PELTON REAL ESTATE PARTNERS
8333 DOUGLAS AVE STE 1600

01-0685488

DALLAS

TX

75225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	260088	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)COLUMBIA PARTNERS LLC
5425 WISCONSIN AVENUE, STE 700

52-1940739

CHEVY CHASE MD 20815

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	SERVICE PRO- VIDER	252114	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)MARIA WIECK
3320 PERIMETER HILL DR

NASHVILLE TN 37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	244545	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1100	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)GLEN ARM BUILDING COMPANY INC
658 KENILWORTH DR STE 101

20-1478019

TOWSON MD 21204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	207145	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)WEAVER BARKSDALE AND ASSOCIATES
ONE BURTON HILLS BLVD STE 100

62-1217255

NASHVILLE

TN

37215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	SERVICE PRO- VIDER	199716	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)VALLEY CREST LANDSCAPE MANAGEMENT
24800 FREDERICK RD

95-2651541

CLARKSBURG

MD

20871

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	193940	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)INDEPENDENT FIDUCIARY SERVICES INC
805 15TH STREET NW, STE 1120

13-3406417

WASHINGTON

DC

20005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50 51 56	SERVICE PRO- VIDER	185254	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	3178	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)BOND BEEBE ACCOUNTANTS AND ADVISORS
4600 EAST WEST HWY STE 900

52-1044197

BETHESDA

MD

20814-3423

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 PRO- VIDER	184434	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 BANK OF NEW YORK MELLON
1 WALL STREET, 12TH FLOOR

13-5160382

NEW YORK

NY

10286

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51 62 99	SERVICE PRO- VIDER	180097	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)REBECCA HALEY
3320 PERIMETER HILL DR

NASHVILLE

TN

37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	177406	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)MAILERS CHOICE INC
1504 ELM HILL PIKE

62-1602676

NASHVILLE

TN

37210-3602

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	170332	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
3320 PERIMETER HILL DRIVE

NASHVILLE

TN

37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	170254	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)ROTHSTEIN KASS AND COMPANY PC
4 BECKER FARM RD

95-4510922

ROSELAND

NJ

07068

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 49 50 99	SERVICE PRO- VIDER	168966	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)WEISER SECURITY SERVICES INC
1140 EMPIRE CENTRAL PLACE STE 120

72-0708761

DALLAS TX 75247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	167983	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)TERRANOVA CORPORATION
801 ARTHUR GODFREY RD STE 600

59-2167987

MIAMI BEACH FL 33140

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	165993	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)CROWN BUILDING MAINTENANCE COMPANY
6554 DENSMORE AVE

94-1500734

VAN NUYS CA 91406

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	154552	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)LPC COMMERCIAL SERVICES INC
1530 WILSON BLVD STE 200

75-2346734

ARLINGTON

VA

22209

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	145327	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)DFW BUILDING MAINTENANCE LLC
254 E ARAPAHO ROAD, STE 120

20-1441667

RICHARDSON

TX

75081

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	139788	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)CONNIE CORNELIUS
3320 PERIMETER HILL DRIVE

NASHVILLE

TN

37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	137815	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)

BEVERLY LANGLEY
3320 PERIMETER HILL DR

NASHVILLE TN 37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	135461	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)

TONISHA FRANKLIN
3320 PERIMETER HILL DR

NASHVILLE TN 37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	133803	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)

MARLA WALKER
3320 PERIMETER HILL DR

NASHVILLE TN 37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	128074	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
3320 PERIMETER HILL DR

NASHVILLE TN 37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	124828	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)CAPITAL CITY REPAIRS INC
315 HICKS FARM RD

58-2158129

ACWORTH GA 30102

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	124042	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)

CB RICHARD ELLIS

95-2743174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	123042	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)

PMRG INVESTMENT ANALYTICAL SERVICE

13-4000011

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	121021	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)

ELAINE DARTEZ

3320 PERIMETER HILL DR

NASHVILLE

TN

37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	120369	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)

JIEUN LEE

3320 PERIMETER HILL DR

NASHVILLE

TN

37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	120298	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
3320 PERIMETER HILL DR

NASHVILLE TN 37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	113113	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1143	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)US BANK
150 FOURTH AVE NORTH

31-0841368

NASHVILLE TN 37219

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	113473	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
3320 PERIMETER HILL DR

NASHVILLE TN 37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	111464	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)THOMPSON SIEGEL & WALMSLEY
6806 PARAGON PLACE, STE 300

54-0854396

RICHMOND

VA

23230

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	SERVICE PRO- VIDER	104262	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
3320 PERIMETER HILL DR

NASHVILLE

TN

37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	98184	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)TAG TEAM CREATIVE
3002 COMMERCE DEEP ELLUM

76-0795573

DALLAS

TX

75226

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	97739	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)BARBARA MATHIS
3320 PERIMETER HILL DR

NASHVILLE TN 37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	97704	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)MARIE WAGGONER
3320 PERIMETER HILL DR

NASHVILLE TN 37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	96802	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
3320 PERIMETER HILL DR

NASHVILLE TN 37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	94372	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
3320 PERIMETER HILL DR

NASHVILLE TN 37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	94133	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)STOUT RISIUS ROSS INC
4000 TOWN CENTER, 20TH FLOOR

38-3003685

SOUTHFIELD MI 48075

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 49 50 70	SERVICE PRO- VIDER	91605	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
3320 PERIMETER HILL DR

NASHVILLE TN 37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	91185	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)JILL DALTON
3320 PERIMETER HILL DR

NASHVILLE TN 37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	89675	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
3320 PERIMETER HILL DR

NASHVILLE TN 37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	89096	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)STAN SCHKLAR
3320 PERIMETER HILL DR

NASHVILLE TN 37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	87842	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)PETERMAN AND ASSOCIATES INC
PO BOX 531807

75-2078375

GRAND PRAIRIE TX 75053

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	87590	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)PAMELA EATON
3320 PERIMETER HILL DR

NASHVILLE TN 37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	85543	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)

REPUBLIC SERVICES

65-0872369

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	78591	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)ELITE TURNKEY SERVICES
2010 BERKSHIRE CT

58-2485023

WOODSTOCK

GA

30189

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO-VIDER	71704	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)

GRID COMMERCIAL INTERIORS LLC

32-0290078

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO-VIDER	68983	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)

BLIGH PACIFIC

95-3063536

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO-VIDER	65769	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)REDI FLOORS INC
1791 WILLIAMS DRIVE

58-1719346

MARIETTA

GA

30066

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PROVIDER	65540	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)BNY CONVERGEX GROUP
1633 BROADWAY, 48TH FLOOR

13-3989198

NEW YORK

NY

10019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 50 71	SERVICE PROVIDER	62786	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)LBMC TECHNOLOGIES
5250 VIRGINIA WAY

62-1723697

BRENTWOOD

TN

37024-1869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PROVIDER	61524	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)COMMUNITY WASTE DISPOSAL INC
2010 CALIFORNIA CROSSING RD

75-1988647

DALLAS TX 75243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	59182	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)FRASIER DEAN AND HOWARD PLLC
3310 WEST END AVE STE 550

62-1073578

NASHVILLE TN 37203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 PRO- VIDER	56042	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 PAVER CONTRACTING LLC

35-2329441

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	54389	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 RAY
3320 PERIMETER HILL DR

NASHVILLE TN 37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	52284	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)LATTIMORE BLACK MORGAN AND CAIN PC
5250 VIRGINIA WAY

62-1199757

BRENTWOOD TN 37024-1869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 PRO- VIDER	48925	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)AIR CONDITIONING INNOVATIVE SOLUTIO
2611 GRAVEL DR

03-0425676

FORT WORTH TX 76118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	48595	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)UNIVERSAL PROTECTION SERVICE
1551 N TUSTIN AVE STE 650

95-2469865

SANTA ANA

CA

92705

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PROVIDER	46145	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)KWGC INC
27141 ALISO CREEK RD STE 270

33-0988323

ALISO VIEJO

CA

92656

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PROVIDER	45223	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)LINER GRODE STEIN YANKELEVITZ SUNSH
1100 GLENDON AVE 14TH FL

95-4556601

LOS ANGELES

CA

90024

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	43392	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)PARK LANDSCAPING SERVICES
4860 MARTIN CT

20-0315581

SMYRNA

GA

30082

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PROVIDER	41506	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)

FLO-TRON CONTRACTING INC

52-1407875

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PROVIDER	40145	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)BRICKMAN GROUP LTD LLC
9615 ANNAPOLIS RD

42-1724313

LANHAM

MD

20706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PROVIDER	37940	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)

NATIONAL TENANT CONSTRUCTION OF MAR

54-2030194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	37072	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)

BIS INC

20-1871088

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	35644	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 GRISWOLD COMPANY INCORPORATED
61 BROADWAY 2825

13-3458163

NEW YORK

NY

10006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SERVICE PRO- VIDER	33974	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)

MCN BUILD LLC

26-0297758

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PROVIDER	31952	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)

CROWN ENERGY SERVICES

94-3226677

868 FOLSOM ST

SAN FRANCISCO

CA

94107

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PROVIDER	30794	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)

FIRE SAFETY SOLUTIONS INC

74-3095969

3320 TOWERWOOD DR

DALLAS

TX

75234

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PROVIDER	30072	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)

INSTINET LLC
1095 AVENUE OF THE AMERICAS, 4TH FL

NEW YORK NY 10036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SERVICE PRO-VIDER	29645	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)

ALL SERVICE REFUSE COMPANY INC 59-1956352
751 NW 31ST AVE

FORT LAUDERDALE FL 33311

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO-VIDER	29271	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)

THYSSENKRUPP ELEVATOR CORPORATION 62-1211267
7425 PEBBLE RD

F'T WORTH TX 76118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO-VIDER	28502	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)FS COMMERCIAL LANDSCAPE INC
5151 PEDLEY RD

33-0783093

RIVERSIDE

CA

92509

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	28158	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)

DSS FIRE INC

75-2178377

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	26340	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)CROCKER & REYNOLDS CONSTRUCTION LP
16803 DALLAS PKWY STE 100

41-2030141

ADDISON

TX

75001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	26021	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)DE LAGE LADEN FINANCIAL SERVICES
1111 OLD EAGLE SCHOOL RD

38-1904500

WAYNE PA 19087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	25738	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)SOUTHWESTERN BELL TELEPHONE COMPANY
175 E HOUSTON ST

43-0529710

SAN ANTONIO TX 78205

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	25349	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)

ENTECH SALES & SERVICE INC

37-1107651

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	23995	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)JONES TRADING INSTITUTIONAL SERVICE
32133 LINDERO CANYON ROAD, STE 208

51-0484896

WESTLAKE VILLAGE CA 91361

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SERVICE PRO- VIDER	23218	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)MARVIN F POER AND COMPANY
4 EAST EXECUTIVE PARK STE 100

75-1533973

ATLANTA GA 30329

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	22964	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)LEGACY CONTRACTING INC
1538 MANCHESTER RD

61-1437550

WESTMINSTER MD 21157

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	22135	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)

AT&T 74-2782655
208 S AKARD ST

DALLAS TX 75202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	21867	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)

CREATE COMPANIES 26-0004407
PO BOX 1147

JONESBORO GA 30237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	20720	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)

STAR LITE PAINTING INC 65-0334779
11838 HIGHLAND PL

CORAL SPRINGS FL 33071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	20250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)JAMES COUNTS
3915 FYKES GROVE RD

CEDAR HILL TN 37032

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	17520	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)SALPETER GITKIN LLP
200 SOUTH ANDREWS AVE

26-2042727

FORT LAUDERDALE FL 33301

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 PRO- VIDER	17491	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)SPAETH MACHINE SHOP INC
2233 E GRAUWYLER STE 101

75-1497867

IRVING TX 75061

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	17041	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)CANTOR FITZGERALD & CO INC 95-1786286
499 PARK AVENUE

NEW YORK NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SERVICE PRO- VIDER	16677	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)CONSUMER SOURCE INC 58-1858150
3585 ENGINEERING DR STE 100

NORCROSS GA 30092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	16628	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)ATLANTA PEST CONTROL INC 58-2235964
PO BOX 965094

ATLANTA GA 30066

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	16298	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)WASTE MANAGEMENT INC
1001 FANNIN STE 4000

58-1028526

HOUSTON

TX

77002

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	16226	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)JIM KAY CONSTRUCTION INC
7188 ENVOY CT

75-1746091

DALLAS

TX

75247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	16146	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)PMM INC
15938 DERWOOD RD

52-1147505

ROCKVILLE

MD

20855

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	15536	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)JP MORGAN & CO INCORPORATED
277 PARK AVENUE

13-2624428

NEW YORK

NY

10172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SERVICE PRO- VIDER	15211	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)MESA ENERGY SYSTEMS INC
5 VANDERBILT

33-0112640

IRVINE

CA

92618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	14138	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)TC ELECTRICAL MAINTENANCE
10402 THORNY BROOK CT

52-1805050

UPPER MARLBORO

MD

20772

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	13586	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)A CLEAN SWEEP
5170 NW 4TH TER

26-0003632

MIAMI FL 33126

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	13560	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)BARCLAYS CAPITAL INC
745 7TH AVENUE

06-1031656

NEW YORK NY 10019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SERVICE PRO- VIDER	13481	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)WINDSTREAM CORPORATION
TWO NORTH MAIN ST

20-0792300

GREENVILLE SC 29601

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	13190	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)OAKLEAF WASTE MANAGEMENT LLC
800 CONNECTICUT BLVD

06-1429625

EAST HARTFORD

CT

06108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	13033	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)TD INDUSTRIES LTD
13850 DIPLOMAT DR

75-0709436

DALLAS

TX

75234

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	12832	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)VERNON HEATING & AIR CONDITIONING I
8652 DAKOTA DR

54-1136868

GAITHERSBURG

MD

20877

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	12681	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)FOR RENT MAGAZINE
7979 TUFTS AVE

91-1189732

DENVER

CO

80237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO-VIDER	12350	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)

VANNOY AND ASSOCIATES LLC

52-2065339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO-VIDER	12225	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)

KNIGHT DIRECT LLC

545 WASHINGTON BOULEVARD

JERSEY CITY

NJ

07310

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SERVICE PRO-VIDER	11866	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)MOBILE SWEEP
1908 BENHILL AVE

52-1568937

BALTIMORE

MD

21226

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	11765	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)PROVOST AND UMPHREY LAW FIRM LLP
490 PARK ST

74-1820254

BEAUMONT

TX

77704

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 PRO- VIDER	11634	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)VERIZON COMMUNICATIONS INC
140 WEST ST

23-2259884

NEW YORK

NY

10007

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	11569	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)FIRELINE CORPORATION
4506 HOLLINS FERRY RD

52-0563938

HALETHORPE MD 21227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	11368	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)SCHINDLER ELEVATOR CORPORATION
20 WHIPPANY ROAD, STE 225

34-1270056

MORRISTOWN NJ 07960

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	11165	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)SPRINT NEXTEL CORPORATION
6200 SPRINT PARKWAY

43-1408007

OVERLAND PARK KS 66251

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	10525	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)

PEAK 10 INC 20-5233249
8910 LENOX POINTE DR STE A

CHARLOTTE NC 28273

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	10450	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)

MUSTANG LIGHTING INC 75-2634543

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	10366	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)

ALLEN MATKINS LECK GAMBLE MALLORY & 95-3605309
515 SOUTH FIGUEROA STREET, 9TH FLOO

LOS ANGELES CA 90071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 PRO- VIDER	10341	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
PO BOX 90261

62-1609163

NASHVILLE

TN

37209

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	10330	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)CROWTHER ROOFING AND SHEET METAL
7321 INTERNATIONAL PL

65-0653836

SARASOTA

FL

34240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	10085	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)CUTTONE & CO INC
111 BROADWAY, 10TH FLOOR

22-2495004

NEW YORK

NY

10006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SERVICE PRO- VIDER	10008	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)DEX IMAGING AND MAILING
5225 HARDING PLACE

01-0577199

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?
49 50 99	SERVICE PRO- VIDER	9852	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)WJB CAPITAL GROUP INC
909 3RD AVENUE, 9TH FLOOR

NEW YORK

NY

10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SERVICE PRO- VIDER	9734	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)NEWPORT WINDOW MAINTENANCE
1601 POMONA AVE

33-0296242

COSTA MESA

CA

92627

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	9660	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
3071 PEARL ROAD

34-1820650

MEDINA OH 44256

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	9600	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)

UNIFOR FIRE & SAFETY

56-1916891

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	9264	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)

ENTIRE MAINTENANCE SOLUTIONS INC

26-1603698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	9249	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)SHLEMMER ALGAZE & ASSOCIATES
6083 BRISTOL PARKWAY

33-0890646

CULVER CITY

CA

90230

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	9062	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)

SOLOMON WARD SEIDENWURM & SMITH LLP

95-2978900

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 PRO- VIDER	9048	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)

DARRIE HINSON CATERING & CO INC

75-2359663

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
34 50	SERVICE PRO- VIDER	9000	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)KONICA MINOLTA BUSINESS SOLUTIONS
101 WILLIAMS DR

13-1921089

RAMSEY

NJ

07446

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	9000	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)ALL N ONE MAINTENANCE INC
2009 PORTER FIELD WAY J

33-0672011

UPLAND

CA

91786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	8983	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)CITIGROUP GLOBAL MARKETS INC
388 GREENWICH STREET, FLOOR 18

11-3400921

NEW YORK

NY

10013

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SERVICE PRO- VIDER	8818	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)TENANT LINK INC
961 AVE N STE 100

75-2648102

PLANO TX 75074

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	8774	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)

JH PROOFROCK INC

75-2697545

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	8750	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)SARKIS B AVEDIKIAN
920 SHERLOCK DRIVE

BURBANK CA 91501

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	8742	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)RELIABLE RESTORATION AND ROOFING LL
10945 STATE BRIDGE RD STE 401

58-1830232

ALPHARETTA

GA

30022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	8567	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)LJ BROSSOIT & SONS INC
9512 PULASKI HWY

52-1547148

BALTIMORE

MD

21220

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	8386	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)JW CULLOP INC
7900 A CESSNA AVE

52-0885744

GAITHERSBURG

MD

20879

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	8277	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)LIGHTING TECHNOLOGY SERVICES INC
2801 CATHERINE WAY

35-0535824

SANTA ANA

CA

92705

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	8218	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)FACILITIES CONSULTING GROUP INC
1750 EMPIRE CENTRAL DRIVE STE H

75-2496796

DALLAS

TX

75235

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	8131	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)JENTEK WATER TREATMENT INC
11524 PAGEMILL RD

75-2773615

DALLAS

TX

75243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	7904	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)

NEXUS GROUP 62-1601652
1661 MURFREESBORO RD

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?
49 50 99	SERVICE PRO- VIDER	7745	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)

MONTECITO ADVISORS 52-2220096
38496-A MIDLAND TRAIL EAST

CALDWELL WV 24925

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SERVICE PRO- VIDER	7681	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)

LYDECKER LEE BEHAR BERGA & DE ZAYAS 20-4063929

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 PRO- VIDER	7612	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)JAMES KIDDER
3320 PERIMETER HILL DRIVE

NASHVILLE TN 37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 24 25 56	TRUSTEE	6378	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1178	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)ARK SYSTEMS INC
9176 RED BRANCH ROAD

52-0986647

COLUMBIA MD 21045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PROVIDER	7530	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)

BOSCHE & BOSCHE

33-0500565

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	7372	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)GALAXY GATE SYSTEM
1015 WOODTECH PWKY

58-2049205

BALL GROUND

GA

30107

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	7341	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)STATEWIDE ELECTRICAL CONTRACTORS
13277 SW 124TH ST STE 9

65-0643700

MIAMI

FL

33186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	7184	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)PAYCHEX OF NEW YORK LLC
911 PANORAMA TRAIL SOUTH

47-0900854

ROCHESTER

NY

14625

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 15 50	SERVICE PRO- VIDER	6953	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)

OVERHEAD DOOR COMPANY

52-0975643

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PROVIDER	6910	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)UNITED STEELWORKERS INTERNATIONAL U
FIVE GATEWAY CENTER

25-0818080

PITTSBURGH

PA

15222

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	SERVICE PROVIDER	6789	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)UBS SECURITIES LLC
1285 AVENUE OF THE AMERICAS

NEW YORK

NY

10019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SERVICE PROVIDER	6743	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)ROOF MANAGEMENT SERVICES LLC
9009 MENDENHALL CT STE G

51-0524422

COLUMBIA

MD

21045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	6727	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)GOLDMAN SACHS AND CO
200 WEST STREET

NEW YORK

NY

10282

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SERVICE PRO- VIDER	6690	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)PRECISION AIR
117 SPENCE LANE

62-1548972

NASHVILLE

TN

37210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	6497	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)

ENTOS DESIGN INC 75-1808751
5400 LYNDON B JOHNSON FWY F

DALLAS TX 75240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	6487	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)

MORGAN STANLEY & CO INC
1585 BROADWAY

NEW YORK NY 10036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SERVICE PRO- VIDER	6434	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)

STODDARD RESTORATION SERVICES 20-0730423
17381 NICHOLS ST UNIT K

HUNTINGTON BEACH CA 92647

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	6360	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)ATLANTIC ROOF CORPORATION
5315 NW 22ND AVENUE

26-3281657

FORT LAUDERDALE FL 33309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	6230	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)ROBERT W BAIRD AND CO
PO BOX 0672

MILWAUKEE WI 53201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SERVICE PRO- VIDER	6214	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)

BDC CONSTRUCTION CORP

03-0452658

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50 53	SERVICE PRO- VIDER	6100	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 ASPHALT & CONCRETE COMPANY

36-4656563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO-VIDER	6100	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 LEE QUIGLEY CO

36-2977782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO-VIDER	6053	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 LAW OFFICES OF KRISTIN ADRIAN

20-5865103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 PRO-VIDER	6043	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)DUGGAN AND ASSOCIATES INC
5804 WEST ADAMS BLVD

95-4247375

LOS ANGELES

CA

90016

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	6022	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)STIFEL NICOLAUS & COMPANY INC
ONE SOUTH STREET

43-0538770

BALTIMORE

MH

21202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SERVICE PRO- VIDER	5944	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)LBMC MANAGED SERVICES
5250 VIRGINIA WAY

26-3952990

BRENTWOOD

TN

37027

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	SERVICE PRO- VIDER	5925	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)

CANNON BUSINESS SOLUTIONS

13-2677004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	5903	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)

SHELTON FIRE PROTECTION CO INC

01-0699291

22745 LA PALMA AVE

YORBA LINDA

CA

92887

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	5790	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)

RICHARDS AND RICHARDS

1741 ELM HILL PIKE

NASHVILLE

TN

37210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	SERVICE PRO- VIDER	5763	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)

HOLIDAY SEASONS LLC

83-0422500

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	5710	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)

CLASSIFIED VENTURES LLC

36-4466253

175 WEST JACKSON BLVD

CHICAGO

IL

60604

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	5615	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)

COWEN & CO LLC

38-3698933

599 LEXINGTON AVENUE

NEW YORK

NY

10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SERVICE PRO- VIDER	5604	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)ALPHA GLASS AND MIRROR CO INC
6122 WYCHE BLVD

75-1676697

DALLAS TX 75235

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	5604	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)HIGH RISE GLASS & DOOR INC
1515 N KRAEMER BLVD

33-0976618

ANAHEIM CA 92806

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	5570	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)

VALLEY CREST LANDSCAPE MAINTENANCE

93-1073370

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	5496	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)NETWORK COMMUNICATIONS INC
2305 NEWPOINT PARKWAY

58-1404355

LAWRENCEVILLE

GA

30043

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	SERVICE PRO- VIDER	5174	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 SILVERMAN
3320 PERIMETER HILL DRIVE

NASHVILLE

TN

37211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 24 25 56	TRUSTEE	4139	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	954	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)DAVID TYKULSKER AND ASSOCIATES
161 WALNUT ST

23-3411279

MONTCLAIR

NJ

07042

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 PRO- VIDER	5032	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)LAW OFFICE OF JENNIFER HONEYCUTT
219 3RD AVENUE N

FRANKLIN TN 37064

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 PRO- VIDER	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
THE SEGAL COMPANY	11 53 22 50	14338

(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.
NATIONAL UNION FIRE INSURANCE 25-0687550 70 PINE STREET NEW YORK NY 10270	INSURANCE BROKER COMMISSIONS

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
THE GRISWOLD COMPANY INCORPORATED 13-3458163 61 BROADWAY 2825 NEW YORK NY	33 71	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. ALL BROKERAGE FEES REPORTED BY THE CUSTODIAN WAS REPORTED HEREIN.
JONES TRADING INSTUTIONAL SERVICES 51-0484896 32133 LINDERO CANYON RD, STE 208 WESTLAKE VILLAGE CA 91361	33 71	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. ALL BROKERAGE FEES REPORTED BY THE CUSTODIAN WAS REPORTED HEREIN.
CANTOR FITZGERALD & CO INC 95-1786286 499 PARK AVENUE NEW YORK NY 10022	33 71	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. ALL BROKERAGE FEES REPORTED BY THE CUSTODIAN WAS REPORTED HEREIN.
JP MORGAN & CO INCORPORATED 13-2624428 277 PARK AVENUE NEW YORK NY 10172	71	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. ALL BROKERAGE FEES REPORTED BY THE CUSTODIAN WAS REPORTED HEREIN.
BARCLAYS CAPITAL INC 06-1031656 745 7TH AVENUE NEW YORK NY 10019	33 71	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. ALL BROKERAGE FEES REPORTED BY THE CUSTODIAN WAS REPORTED HEREIN.
KNIGHT DIRECT LLC 545 WASHINGTON BLVD JERSEY CITY NJ 07310	33 71	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. ALL BROKERAGE FEES REPORTED BY THE CUSTODIAN WAS REPORTED HEREIN.

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
DEX IMAGING AND MAILING 01-0577199 5225 HARDING PLACE NASHVILLE TN 37217	49 50 99	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. ALL DIRECT COMPENSATION WAS REPORTED HEREIN.
WJB CAPITAL GROUP INC 909 3RD AVENUE, 9TH FLOOR NEW YORK NY 10022	33 71	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. ALL BROKERAGE FEES REPORTED BY THE CUSTODIAN WAS REPORTED HEREIN.
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
CITIGROUP GLOBAL MARKETS INC 11-3400921 388 GREENWICH STREET, FLOOR 18 NEW YORK NY 10013	33 71	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. ALL BROKERAGE FEES REPORTED BY THE CUSTODIAN WAS REPORTED HEREIN.
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
UBS SECURITIES LLC 1285 AVENUE OF THE AMERICAS NEW YORK NY 10019	33 71	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. ALL BROKERAGE FEES REPORTED BY THE CUSTODIAN WAS REPORTED HEREIN.
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
GOLDMAN SACHS AND CO 200 WEST STREET NEW YORK NY 10282	33 71	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. ALL BROKERAGE FEES REPORTED BY THE CUSTODIAN WAS REPORTED HEREIN.

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
PRECISION AIR 62-1548972 117 SPENCE LANE NASHVILLE TN 37210	49 50 99	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. ALL DIRECT COMPENSATION WAS REPORTED HEREIN.
MORGAN STANLEY & CO INC 1585 BROADWAY NEW YORK NY 10036	33 71	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. ALL BROKERAGE FEES REPORTED BY THE CUSTODIAN WAS REPORTED HEREIN.
ROBERT W BAIRD AND CO PO BOX 0672 MILWAUKEE WI 53201	33 71	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. ALL BROKERAGE FEES REPORTED BY THE CUSTODIAN WAS REPORTED HEREIN.
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
RICHARDS AND RICHARDS 1741 ELM HILL PIKE NASHVILLE TN 37210	36 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. ALL DIRECT COMPENSATION WAS REPORTED HEREIN.
COWEN & CO LLC 38-3698933 599 LEXINGTON AVENUE NEW YORK NY 10022	33 71	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. ALL BROKERAGE FEES REPORTED BY THE CUSTODIAN WAS REPORTED HEREIN.

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

<div>SCHEDULE D (Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010					
A Name of plan PACE INDUSTRY UNION-MANAGEMENT PENSION FUND				B Three-digit plan number (PN) ► 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES PACE INDUSTRY UNION-MANAGEMENT P				D Employer Identification Number (EIN) 11-6166763	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE:BNYM SHORT TERM INVESTMENT FUND					
b Name of sponsor of entity listed in (a):THE BANK OF NEW YORK MELLON					
c EIN-PN 13-6154008 003		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20382992	
a Name of MTIA, CCT, PSA, or 103-12 IE:EB DV STOCK INDEX FUND					
b Name of sponsor of entity listed in (a):THE BANK OF NEW YORK MELLON					
c EIN-PN 25-6078093 010		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 191995233	
a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET US CORE PLUS LLC					
b Name of sponsor of entity listed in (a):WESTERN ASSET MANAGEMENT COMPANY					
c EIN-PN 20-1575788 001		d Entity code E		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87905529	
a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT					
b Name of sponsor of entity listed in (a):THE BANK OF NEW YORK MELLON					
c EIN-PN 25-6078093 023		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE G (Form 5500) <small>Department of Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	Financial Transaction Schedules 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). <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<small>OMB No. 1210-0110</small> <div style="text-align: center; font-size: 1.2em;">2010</div> This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning			01/01/2010	and ending		12/31/2010
A Name of plan: PACE INDUSTRY UNION-MANAGEMENT PENSION FUND				B Three-digit plan number (PN) ▶		001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES PACE INDUSTRY UNI				D Employer Identification Number (EIN): 11-6166763		

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.				
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐	LEHMAN BROTHERS HOLDING COMPANY, IN 745 SEVENTH AVENUE NEW YORK NY 10019	VARIOUS COUPON RATES; BANKRUPTCY; MATURE 01/01/2050			
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
10000000	0	0	10000000	10000000	0
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>	ZOILA HAIR DESIGN	TENANT	RETAIL SHOPPING CENTER; WESTON LAKES, FL		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
23085000	34080000	65781	1493	64288	63299

(a)	(b) Identity of lessor lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>	FOR BETTER EYES	TENANT	RETAIL SHOPPING CENTER; WESTON LAKES, FL		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
23085000	31050000	90977	0	90977	8832

(a)	(b) Identity of lessor lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>	LA TORETTA	TENANT	RETAIL SHOPPING CENTER; WESTON LAKES, FL		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
23085000	31050000	212460	0	212460	7957

(a)	(b) Identity of lessor lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>	SAFEWAY VAN LINES	TENANT	DISTRIBUTION CENTER; LANDOVER, MD		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
7302650	7302650	0	1485	-1485	23950

(a)	(b) Identity of lessor lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>	EAST WIND RESTAURANT	TENANT	OFFICE/RETAIL; DALLAS, TX		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
29900000	29900000	146267	0	146267	1803

(a)	(b) Identity of lessor lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>	LOUNGE FLY	TENANT	OFFICE/RETAIL; DALLAS, TX		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
29900000	27520000	20539	0	20539	128909

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
☐	OUTDOOR PRODUCTS CORPORATION	FRANCHISEE	DISTRIBUTION CENTER; RANCHO CUCAMONGA, CA		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
39500000	39500000	151626	6346	145280	246869

(a)	(b) Identity of lessor lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
☐	VARIOUS RESIDENTIAL LEASES	FRANCHISEE	APARTMENT COMPLEX; ALPHARETTA, GA		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
32354235	28050000	34875	416	34459	1433

(a)	(b) Identity of lessor lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
☐					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
☐					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
☐					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
☐					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III None-empt Transactions

Complete as many entries as needed to report all none-empt transactions. **Caution** If a none-empt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
			0

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
0	0				

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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 <hr/> 2010 <hr/> This Form is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan PACE INDUSTRY UNION-MANAGEMENT PENSION FUND		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES PACE INDUSTRY UNION-MANAGEMENT P		D 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
a Total noninterest-bearing cash	1a	2071583	13963438
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4938358	4112478
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	26254844	31614633
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	21415399	13767690
(2) U.S. Government securities.....	1c(2)	157103466	113169080
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	168838679	107862111
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	106355	117303
(B) Common	1c(4)(B)	608453524	703945286
(5) Partnership/joint venture interests	1c(5)	58626631	67135019
(6) Real estate (other than employer real property)	1c(6)	147065000	151767000
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	191903582	212378225
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	96709505	87905529
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	133728	2129484
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	163511855	163188496

1d Employer-related investments:

		(a) Beginning of year	(b) End of year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	3169402	3090942
f Total assets (add all amounts in lines 1a through 1e)	1f	1650301911	1676146714

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	81064803	33934393
i Acquisition indebtedness	1i	33762793	33683338
Other liabilities	1	6072337	6728676
k Total liabilities (add all amounts in lines 1g through 1i)	1k	120899933	74346407

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1529401978	1601800307
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Part II Income and Expense Statement

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

Income**a Contributions**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	55218306	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	9737390	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		64955696

b Earnings on investments**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	27141	
(B) U.S. government securities	2b(1)(B)	6935525	
(C) Corporate debt instruments	2b(1)(C)	5770683	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	160649	
() Total interest. Add lines 2b(1)(A) through (F)	2b(1)()		12893998

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	9133674	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9133674
(3) Rents	2b(3)		9300544

() Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b()(A)	378764761	
(B) Aggregate carrying amount (see instructions)	2b()(B)	364231034	
(C) Subtract line 2b()(B) from line 2b()(A) and enter result	2b()(C)		14533727

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	2883872	
(B) Other	2b(5)(B)	65637458	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		68521330
() Net investment gain (loss) from common collective trusts	2b()		25238488
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
() Net investment gain (loss) from master trust investment accounts	2b()		
() Net investment gain (loss) from 103-12 investment entities	2b()		38181955
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		857225
d Total income. Add all income amounts in column (b) and enter total.....	2d		243616637

E expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	156750839	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
() Total benefit payments. Add lines 2e(1) through (3)	2e()		156750839
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		1731596
i Administrative expenses: (1) Professional fees	2i(1)	1854543	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	3853439	
() Other	2i()	7027891	
(5) Total administrative expenses. Add lines 2i(1) through ()	2i(5)		12735873
Total expenses. Add all e expense amounts in column (b) and enter total.....	2		171218308

Net Income and Reconciliation

k Net income (loss). Subtract line 2 from line 2d	2k		72398329
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 **()** ☐ Adverse

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

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

(1) Name: LATTIMORE BLACK MORGAN & CAIN PC

(2) EIN: 62-1199757

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 I Compliance Questions

CCTs and PSAs do not complete Part I. MTIAs, 103-12 IEs, and IAs do not complete 4a, 4e, 4f, 4g, 4h, 4i, 4m, 4n, or 5. 103-12 IEs also do not complete 4i and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule (Form 5500) Part I if "yes" is checked.).....	X		10000000
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule (Form 5500) Part II if "yes" is checked.)	X		483052
d Were there any non-empt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule (Form 5500) Part III if "yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		663525329
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "yes" is checked, and see instructions for format requirements.).....	X		
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.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PB/C?		X	
l Was the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "yes," check the "yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Was a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year: ☐ Yes ☒ No Amount

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)

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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

A Name of plan PACE INDUSTRY UNION-MANAGEMENT PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES PACE INDUSTRY UNION-MANAGEMENT PENSION FUND	D 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 <u>01</u> Day <u>01</u> Year <u>2010</u>	
b Assets	
(1) Current value of assets	1b(1) 1527829697
(2) Actuarial value of assets for funding standard account	1b(2) 1783348822
c (1) Accrued liability for plan using immediate gain methods	1c(1) 2545641398
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 2391227326
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information :	
(a) Current liability	1d(2)(a) 3649399182
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 61070250
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 165701324
(3) Expected plan disbursements for the plan year	1d(3) 171701324

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

SIGN HERE		09/26/2011
Signature of actuary		Date
VIRGINIA M. MCGINLEY, FCA, MAAA		1103985
Type or print name of actuary		Most recent enrollment number
THE SEGAL COMPANY		212-251-5000
Firm name		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 ☐

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)	2a	1529401978
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	27191	1648539158
(2) For terminated vested participants	28071	785853859
(3) For active participants:		
(a) Non-vested benefits		68897942
(b) Vested benefits		1146108223
(c) Total active	20622	1215006165
(4) Total	75884	3649399182
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....	2c	41.90%

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
07/15/2010	65073554	0			
Totals ▶			3(b)	65073554	3(c)
					0

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to item 5	4a	C
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4b	74.6%
c Is the plan making the scheduled progress with any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status, were any adjustable benefits reduced?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date	4e	

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

a <input type="checkbox"/> Attained age normal	b <input checked="" type="checkbox"/> Entry age normal	c <input type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Reorganization	j <input type="checkbox"/> Other (specify):		
k If box h is checked, enter period of use of shortfall method			
			5k
l Has a change been made in funding method for this plan year?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
m If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
n If line l is "Yes," and line m is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method.....			5n

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	4.58%
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Pre-retirement <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	A	A	
d Valuation liability interest rate	6d	7.50%	7.50%	
e Expense loading	6e	38.8%	%	
f Salary scale	6f	%		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	11.5%		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	15.8%		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-58581082	-6173478
3	5274837	555881

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 Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d)(1) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line (1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4) If line (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 (3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line (3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

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

a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	20645984
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	1324206188
(2) Funding waivers.....	9c(2)	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	13699859
e Total charges. Add lines 9a through 9d.....	9e	196364642

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	228345990
g Employer contributions. Total from column (b) of line 3.....	9g	65073554
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	333567622
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	23752906
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	1361813950
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	1601073665
(3) FFL credit.....	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits.....	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	375706492
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	179341850
n Funding deficiency: If line 9e is greater than 9l, enter the difference.....	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2010 plan year.....	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.).....	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan PACE INDUSTRY UNION-MANAGEMENT PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES PACE INDUSTRY UNION-MANAGEMENT P		D Employer Identification Number (EIN) 11-6166763
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 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): _____ 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.....		3 103
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?		<input type="checkbox"/> Yes <input type="checkbox"/> No
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		Schedule R (Form 5500) 2010 v.092308.1

Part 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. <i>Complete as many entries as needed to report all applicable employers.</i>		
a	Name of contributing employer GEORGIA PACIFIC CORPORATION		
b	EIN 93-0432081	c	Dollar amount contributed by employer 8362378
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents)		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):		
a	Name of contributing employer CLEARWATER PAPER CORPORATION		
b	EIN 20-3594554	c	Dollar amount contributed by employer 5217924
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> 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 <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 2.43		
	(2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):		
a	Name of contributing employer DOMTAR CORPORATION		
b	EIN 20-5901152	c	Dollar amount contributed by employer 3056744
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents)		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):		
a	Name of contributing employer MYLAN PHARMACEUTICALS INC		
b	EIN 55-0455423	c	Dollar amount contributed by employer 3486212
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> 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 <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 1.40		
	(2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):		
a	Name of contributing employer ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL		
b	EIN 22-1487243	c	Dollar amount contributed by employer 3004552
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> 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 <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 1.10		
	(2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):		
a	Name of contributing employer HUHTAMAKI AMERICAS INC		
b	EIN 98-0338708	c	Dollar amount contributed by employer 3207874
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents)		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):		

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

a The current year	1 a	14415
b The plan year immediately preceding the current plan year	1 b	14256
c The second preceding plan year	1 c	13658

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	1.03
b The corresponding number for the second preceding plan year	15b	1.04

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

a Enter the number of employers who withdrew during the preceding plan year	1 a	14
b If item 1 a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	1 b	29806858

- 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 I Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 1** 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. ☐

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

- a** Enter the percentage of plan assets held as:

Stock: 42.0 Investment-grade Debt: 13.2 High-yield Debt: 0.0 Real Estate: 9.1 Other: 35.7

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-20 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

EIN 11-6166763, PLAN No. 001 Schedule G, Part II – Overdue Lease Explanations

December 31, 2010

Zoila Hair Design

Tenant abandoned the space in July 2010. A law firm was retained to pursue collection. In October 2010, the court entered a judgment for damages against the tenant and guarantors. In May 2011, the guarantors filed for Chapter 13 bankruptcy. A Proof of Claim was filed in the bankruptcy court in June 2011.

For Better Eyes

Tenant abandoned the space in December 2010. A law firm has been retained to pursue collection.

La Torreta

The tenant paid the past due amount in March 2011.

Safeway Van Lines

The company filed for Chapter 7 bankruptcy protection in September 2009 and was subsequently liquidated. Landlord's Proof of Claim was filed on February 15, 2010. Landlord received a payment from the bankruptcy trustee in February 2011 in the amount of \$7,942.27.

East Wind Restaurant

The tenant defaulted on its lease and moved out in May 2011. Counsel has been retained to pursue collection. A lawsuit will be filed against the tenant and the guarantor once the space has been re-leased and the damages are quantified.

Lounge Fly

A law firm was retained to pursue collection after the tenant defaulted. The court entered a judgment for damages against the tenant and guarantor. Counsel filed an abstract of judgment in Dallas County, Texas in May 2011. Counsel is attempting to serve the tenant and guarantor with a post-judgment notice of deposition.

Outdoor Products Corporation

A law firm has been retained to pursue collection. The court in California entered a judgment for damages against the tenant and guarantor. Since the tenant resides in Florida, counsel was retained to domesticate the judgment in Florida.

Various Residential Leases

Accounts have been assigned to an agency for collection.

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

EIN 11-6166763, PLAN NO. 001

SCHEDULE R, SUMMARY 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 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. In the event of a mass withdrawal, and assuming all amounts assessed as mass withdrawal liability could be collected, the Fund’s actuary determined that, based on all applicable assumptions, the Fund would not emerge from critical status and would become insolvent in the year 2026.

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 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.

The Trustees concluded that this Rehabilitation Plan is consistent with the requirements of Section 305(e)(3)(A)(ii) because it is more likely than other contribution rate and benefit reduction scenarios reviewed to forestall insolvency.

The Fund will make adequate progress, to the extent reasonable based on financial markets activity and other relevant factors, to avoid the projected insolvency. The Fund’s Board of Trustees will review the Fund’s Rehabilitation Plan, including the Schedules and will update the Rehabilitation Plan, as required by law. The Board of Trustees will consider all other available options that may assist the Fund in emerging from Critical Status.

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
Georgia Pacific Corporation	93-0432081	2/28/2011
		5/31/2011
		1/31/2012
		10/5/2012
		3/30/2013
		7/31/2011
Domtar Corporation	20-5901152	11/1/2011
		1/1/2012
Huhtamaki Americas Inc	98-0338708	4/30/2011
		9/9/2012
		3/31/2011
		6/15/2013
		4/16/2012

PACE Industry Union-Management Pension Fund

EIN No. 11-6166763

Schedule R, Line 13e - Information on Contribution Rates and Base Units

EmployerName	EIN	Contribution Rate	Base Unit
Georgia Pacific Corporation	93-0432081	\$ 2.543	Hourly
		\$ 1.805	Hourly
		\$ 1.951	Hourly
		\$ 1.054	Hourly
		\$ 1.198	Hourly
		\$ 1.413	Hourly
Domtar Corporation	20-5901152	\$ 1.574	Hourly
		\$ 1.398	Hourly
Huhtamaki Americas Inc	98-0338708	\$ 1.396	Hourly
		\$ 1.717	Hourly
		\$ 1.076	Hourly
		\$ 1.136	Hourly
		\$ 1.246	Hourly

SECTION 4: Certificate of Actuarial Valuation for the PACE Industry Union-Management Pension Fund

EIN 11-6166763/ PN 001

EXHIBIT III**Schedule of Active Participant Data
(Schedule MB, line 8b)**

The participant data is for the year ended December 31, 2009

Age	Pension Credits										Unknown
	Total	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & over	
Under 20	4	4	--	--	--	--	--	--	--	--	--
20 - 24	320	294	26	--	--	--	--	--	--	--	--
25 - 29	1,033	684	332	17	--	--	--	--	--	--	--
30 - 34	1,526	658	636	218	12	--	--	--	--	--	2
35 - 39	2,012	614	716	440	218	23	--	--	--	--	1
40 - 44	2,589	587	710	438	457	373	22	--	--	--	2
45 - 49	3,320	511	773	416	511	664	374	71	--	--	--
50 - 54	3,609	333	678	331	386	542	553	715	68	--	3
55 - 59	3,095	236	472	239	257	391	337	589	524	50	--
60 - 64	1,699	79	242	109	147	182	153	228	318	241	--
65 - 69	294	17	47	22	26	22	29	46	27	58	--
70 & over	39	4	12	3	3	2	1	5	3	6	--
Unknown	1,082	1,066	16	--	--	--	--	--	--	--	--
Total	20,622	5,087	4,660	2,233	2,017	2,199	1,469	1,654	940	355	8

Note: Excludes 876 participants with less than one year of pension credit.

SECTION 4: Certificate of Actuarial Valuation for the PACE Industry Union-Management Pension Fund

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EXHIBIT VII

**Statement of Actuarial Assumptions/Methods
(Schedule MB, line 6)**

Mortality Rates:	Healthy:	RP-2000 Combined Healthy Blue Collar Mortality Table
	Disabled:	RP-2000 Disabled Retiree Mortality Table

Termination Rates before Retirement:

Age	Rate (%)				
	Mortality		Disability	Withdrawal*	
	Male	Female	Programs A through F	Program G	
20	0.03	0.02	0.08	0.05	17.94
25	0.04	0.02	0.08	0.05	17.22
30	0.07	0.03	0.08	0.05	15.83
35	0.11	0.05	0.09	0.06	13.70
40	0.14	0.09	0.14	0.09	11.25
45	0.18	0.14	0.27	0.18	8.43
50	0.24	0.20	0.60	0.40	5.06
55	0.42	0.28	1.28	0.85	1.73
60	0.83	0.49	2.61	1.74	0.16

* Withdrawal rates cut out at first eligibility for an immediate pension.

SECTION 4: Certificate of Actuarial Valuation for the PACE Industry Union-Management Pension Fund

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Retirement Rates:	Age*	Retirement Rates
	55-59	2%
	60	10%
	61	5%
	62	35%
	63-64	25%
	65	40%
	66-69	30%
	70 or older	100%
	* if eligible	

Description of Weighted Average Retirement Age:

Age 63, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential retirement age times the retirement rate at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages assuming no other decrements, based on all the active participants included in the January 1, 2010 actuarial valuation.

Retirement Age for Inactive Vested Participants:

60

Future Benefit Accruals:

One pension credit per year

Unknown Data for Participants:

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

Definition of Active Participants:

Active participants are defined as those with at least 440 hours in the most recent credit year for Programs A through F or at least 400 hours in the most recent credit year for Program G, who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.

Exclusion of Inactive Vesteds:

Inactive participants age 70 and over are excluded from the valuation.

SECTION 4: Certificate of Actuarial Valuation for the PACE Industry Union-Management Pension Fund

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Percent Married:	75% of male participants and 50% of female participants are assumed to be married.
Age of Spouse:	Females three years younger than males, if actual age is unknown.
Disability:	60% of participants retiring with a Disability pension are assumed to have a Social Security Disability award.
Benefit Election:	Under Programs A through F, married participants are assumed to elect the 50% Husband-and-Wife form of payment and non-married participants are assumed to elect the five-year certain and life form of payment. All Program G participants are assumed to elect the five-year certain and life form of payment.

Net Investment Return:	7.50%
Annual Administrative Expenses:	\$6,000,000, payable monthly, for the year beginning January 1, 2010 (equivalent to \$5,770,751 payable at the beginning of the year)
Actuarial Value of Assets:	The market value of assets less unrecognized returns in each of the last five years beginning with the Plan Year beginning January 1, 2003. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial Cost Method:	Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment or, if date is unknown, current age minus years of service. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.
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Benefits Valued:	Unless otherwise indicated, includes all benefits summarized in Exhibit VIII.
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SECTION 4: Certificate of Actuarial Valuation for the PACE Industry Union-Management Pension Fund

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Current Liability Assumptions:

Interest 4.58%

Mortality Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1, using the static tables with separate tables for annuitants and nonannuitants (RP-2000 tables projected forward to the valuation year plus seven years for annuitants and 15 years for nonannuitants).

**Justification for Change in
Actuarial Assumptions
(Schedule MB, line 11):**

For purposes of determining current liability, the current liability interest rate was changed 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 Regulation 1.431(c)(6)-1 and 1.430(h)(3)-1.

Estimated Rate of Investment Return:

*On actuarial value of assets
(Schedule MB, line 6g):* 11.5%, for the Plan Year ending December 31, 2009

*On current (market) value of assets
(Schedule MB, line 6h):* 15.8%, for the Plan Year ending December 31, 2009

**Funding Standard Account
Contribution Timing
(Schedule MB, line 3):**

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

SECTION 4: Certificate of Actuarial Valuation for the PACE Industry Union-Management Pension Fund

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EXHIBIT VIII**Summary of Plan Provisions
(Schedule MB, line 6)**

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

Plan Year:	January 1 through December 31
Pension Credit Year:	January 1 through December 31
Plan Status:	Ongoing plan
Regular Pension:	
<i>Age Requirement</i>	65
<i>Service Requirement</i>	5 pension credits or years of vesting service
<i>Amount</i>	Accrual rates are based on contribution rates and differ by employer. For Programs D, E and F, benefits earned will be based on the contribution rate in effect for each year worked.
Service Pension (for participants of Programs D, E and F only):	
<i>Service Requirement</i>	30 years pension credit or vesting service, or age 62 with 20 years pension credit or vesting service
<i>Amount</i>	Regular pension accrued without reduction for early retirement.

SECTION 4: Certificate of Actuarial Valuation for the PACE Industry Union-Management Pension Fund

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Early Retirement:

<i>Age Requirement</i>	55
<i>Service Requirement</i>	10 pension credits or years of vesting service for Programs A through F; 5 years for Program G
<i>Amount</i>	Regular pension accrued. Reduced by 3% for each year of age for ages 60 to 65 and 6% for each year of age less than 60, for Programs A and D. Reduced by 4% for each of year of age less than 62 for Programs B and E. Reduced by 3% for each of year of age less than 65 for Programs C and F. Reduced by 6% for each of year of age less than 65 for Program G. For a participant retiring with an Early Retirement pension, the benefit accruals on or after January 1, 2006 shall be reduced as follows: Programs A and D: 1/2 of 1% for each month the participant is younger than age 65 Programs B and E: 1/2 of 1% for each month the participant is younger than age 62 Programs C and F: 1/3 of 1% for each month the participant is younger than age 65

Disability:

<i>Age Requirement</i>	None
<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.
<i>Amount</i>	Regular pension accrued for Programs A through F. For a participant retiring with a Disability pension under Programs A, B, C, D, E or F and not eligible for a disability award issued by the Social Security Administration, the monthly amount of the Disability pension shall be 110% of the Regular pension amount, reduced by 1/2 of 1% for each month by which the participant is younger than age 65. If the participant is younger than 55, the above reduction will be calculated as if the participant were age 55. However, in no event shall the Disability pension exceed the Regular pension amount that would have been payable if the participant had attained age 65 on the day he or she became disabled. Early retirement amount plus 10%, not reduced below age 55 and not greater than the benefit payable at age 65 for Program G.

SECTION 4: Certificate of Actuarial Valuation for the PACE Industry Union-Management Pension Fund

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Vesting:

<i>Age Requirement</i>	None
<i>Service Requirement</i>	5 years of vesting service or pension credit
<i>Amount</i>	Regular pension accrued payable at Normal Retirement Age; or Early retirement amount payable beginning at age 55.
<i>Normal Retirement Age</i>	Age 65, or if later, the Participant's age on the fifth anniversary of date of participation.

Spouse's Pre-Retirement Death Benefit:

<i>Age Requirement</i>	None
<i>Service Requirement</i>	Vested status
<i>Amount</i>	50% of the benefit employee would have received had he or she retired the day before he or she died 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.
<i>Charge for Coverage</i>	None

Pre-Retirement Lump-sum Death Benefit (for Programs A through F only) (if not eligible for spouse's benefit):

<i>Age Requirement</i>	None
<i>Service Requirement</i>	5 pension credits or 5 years of vesting service
<i>Amount</i>	1,000 times the contribution rate for each year of pension credit.

SECTION 4: Certificate of Actuarial Valuation for the PACE Industry Union-Management Pension Fund

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60 payment certain (for non-married participants of Program G only):

<i>Age Requirement</i>	55
<i>Service Requirement</i>	5 years of pension credit
<i>Amount</i>	Monthly benefit to which employee would have been entitled had he or she retired the day before he or she died.

Post-Retirement Death Benefits:

If married, pension benefits are paid in the form of a subsidized 50% Husband-and-Wife “pop-up” 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. If the spouse predeceases the pensioner, the pensioner’s benefit amount will “pop-up” to the amount prior to the reduction for the joint and survivor coverage. The “pop-up” feature is only applicable to participants of Programs A through F.

If rejected, or if not married, benefits are payable for the life of the employee with five years of payment guaranteed without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount.

Optional Forms of Payment:

75% or 100% Husband and Wife pension with a pop-up feature under Programs A through F.

50%, 75% or 100% Joint and Survivor option under Programs A through F.

75% or 100% Joint and Survivor option for married participants under Program G.

120-certain payments option under Program G.

Social Security Level Income option.

Ten year certain and life option for former Huhtamaki and Banner Fibreboard married Plan participants (which is the standard form of payment for unmarried participants).

SECTION 4: Certificate of Actuarial Valuation for the PACE Industry Union-Management Pension Fund

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Participation:	Earliest January 1 st or July 1 st after completion of 12 consecutive months during which the employee worked 1,000 hours (150 hours for participation in Program G) in covered employment.		
Pension Credit:	Programs A through F:	440 hours	= ¼ year of credit
		880 hours	= ½ year of credit
		1,320 hours	= ¾ year of credit
		1,760 hours or more	= 1 year of credit
	Program G:	One-tenth of pension credit after 100 hours in a calendar year for the first two tenths, with each additional tenth earned after an additional 200 hours, up to a maximum of one pension credit after 1,800 hours or more.	
Vesting Service:	Programs A through F:	One year of vesting service for each calendar year during the contribution period in which the employee works 1000 hours or more.	
	Program G:	One year of vesting service is earned after at least 750 hours in a calendar year. Partial vesting service for hours less than 750.	
Contribution Rate:	The average contribution rate as of January 1, 2010 is \$1.2223 per hour for Programs A through F and \$1.3062 per hour for Program G.		
Changes in Plan Provisions:	Due to the Plan's critical status and the adoption on July 19, 2010 of a Rehabilitation Plan, many benefits were reduced or eliminated. These changes will first be reflected in the Funding Standard Account for the year beginning January 1, 2011.		

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SECTION 4: Certificate of Actuarial Valuation for the PACE Industry Union-Management Pension Fund

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EXHIBIT IV (continued)**Funding Standard Account****Schedule of Funding Standard Account Bases (Charges)
(Schedule MB, line 9c)**

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
L107 merger-initial unfunded liability	01/01/1977	\$136,093	7	\$774,893
Initial unfunded liability	01/01/1979	8,080,195	9	55,408,347
Plan amendment	01/01/1980	1,525,649	10	11,257,594
L107 merger-plan amendment	01/01/1981	71,519	11	562,435
Plan amendment	01/01/1981	1,144,413	11	8,999,753
L107 merger-plan amendment	01/01/1982	26,475	2	51,102
L35 merger-initial unfunded liability	01/01/1982	186,377	9	1,278,041
Plan amendment	01/01/1982	1,158,460	2	2,236,098
L107 merger-plan amendment	01/01/1983	225	3	630
Plan amendment	01/01/1983	3,052,230	3	8,532,709
L229 merger-combined charges	Not available	370,262	2	714,692
Plan amendment	01/01/1984	1,620,268	4	5,833,815
L107 merger-plan amendment	01/01/1985	2,385	5	10,371
Plan amendment	01/01/1985	946,661	5	4,117,339
Fort Smith merger-plan amendment	01/01/1986	4,564	6	23,027
Plan amendment	01/01/1986	2,337,324	6	11,793,870
Fort Smith merger-plan amendment	01/01/1987	4,827	7	27,487
Plan amendment	01/01/1987	1,680,916	7	9,570,880
Plan amendment	01/01/1988	5,486,739	8	34,547,811
L107 merger-plan amendment	01/01/1989	11,135	9	76,359
Fort Smith merger-plan amendment	01/01/1989	38,099	9	261,259
Plan amendment	01/01/1989	2,167,854	9	14,865,636

SECTION 4: Certificate of Actuarial Valuation for the PACE Industry Union-Management Pension Fund

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EXHIBIT IV (continued)**Funding Standard Account****Schedule of Funding Standard Account Bases (Charges)
(Schedule MB, line 9c)**

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
Plan amendment	01/01/1990	2,251,724	10	16,615,218
Plan amendment	01/01/1991	1,110,840	11	8,735,739
Plan amendment	01/01/1992	1,280,010	12	10,643,824
Plan amendment	01/01/1993	2,081,009	13	18,178,197
Plan amendment	01/01/1994	2,226,953	14	20,322,813
Plan amendment	01/01/1995	1,023,511	15	9,712,251
Actuarial loss	01/01/1996	1,929,699	1	1,929,699
Plan amendment	01/01/1996	1,036,805	16	10,188,802
Plan amendment	01/01/1997	2,094,347	17	21,239,839
Assumption change	01/01/1998	1,875,529	18	19,569,199
Plan amendment	01/01/1998	9,439,838	18	98,494,895
Plan amendment	01/01/1999	7,281,926	19	77,960,367
Plan amendment	01/01/2000	5,488,127	20	60,144,818
Actuarial loss	01/01/2001	8,093,646	6	40,839,604
Plan amendment	01/01/2001	3,875,522	21	43,384,498
Assumption change	01/01/2002	902,377	22	10,299,262
Actuarial loss	01/01/2002	3,385,434	7	19,276,139
Plan amendment	01/01/2002	2,742,203	22	31,298,075
OCAW/PACE UIPF merger - combined and offset bases	01/01/2002	6,294,327	12	52,339,995
Plan amendment	01/01/2003	3,927,224	23	45,623,310
Actuarial loss	01/01/2003	18,600,470	8	117,119,741

SECTION 4: Certificate of Actuarial Valuation for the PACE Industry Union-Management Pension Fund

EIN 11-6166763/ PN 001

EXHIBIT IV (continued)**Funding Standard Account****Schedule of Funding Standard Account Bases (Charges)
(Schedule MB, line 9c)**

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
Actuarial loss	01/01/2004	2,683,394	9	18,400,848
Plan amendment	01/01/2004	1,702,254	24	20,097,979
Plan amendment	01/01/2005	2,114,142	25	25,333,688
Assumption change	01/01/2006	585,333	26	7,110,008
Plan amendment	01/01/2007	767,178	27	9,435,900
Plan amendment	01/01/2008	1,185,886	13	10,359,046
Plan amendment	01/01/2009	897,834	14	8,193,486
Actuarial loss	01/01/2009	34,532,706	14	315,139,963
Plan amendment	01/01/2010	555,881	15	5,274,837
Total		\$162,018,799		\$1,324,206,188

SECTION 4: Certificate of Actuarial Valuation for the PACE Industry Union-Management Pension Fund

EIN 11-6166763/ PN 001

EXHIBIT IV (continued)

Funding Standard Account

**Schedule of Funding Standard Account Bases (Credits)
(Schedule MB, line 9h)**

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
Combined bases	01/01/2008	\$52,360,564	6.31	\$274,986,540
Actuarial gain	01/01/2010	6,173,478	15	58,581,082
Total		\$58,534,042		\$333,567,622

Actuarial Status Certification as of January 1, 2010 under IRC Section 432 for the PACE Industry Union-Management Pension Fund

EIN 11-6166763/ PN 001

March 31, 2010

ACTUARIAL STATUS CERTIFICATION AS OF JANUARY 1, 2010 UNDER IRC SECTION 432

This is to certify that The Segal Company has prepared an actuarial status certification under Internal Revenue Code Section 432 for the PACE Industry Union-Management Pension Fund as of January 1, 2010 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, 2009 actuarial valuation, dated November 10, 2009. Additional assumptions required for the projections and sources of financial information used are summarized in Exhibit V.

The Segal Company 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 and are subject to the review and opinion of Fund Counsel for legal sufficiency.

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.

Virginia M. McGinley, FCA, MAAA
Senior Vice President and Actuary
Enrolled Actuary No. 08-03985

Actuarial Status Certification as of January 1, 2010 under IRC Section 432 for the PACE Industry Union-Management Pension Fund

EIN 11-6166763/ PN 001

Certificate Contents

EXHIBIT I	Status Determination as of January 1, 2010
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EXHIBIT III	Funding Standard Account Projection
EXHIBIT IV	Funding Standard Account – Projected Bases Assumed Established After January 1, 2009
EXHIBIT V	Actuarial Assumptions and Methodology

Actuarial Status Certification as of January 1, 2010 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, 2010

Status	Condition	Test Component Result	Final Result
Critical Status (Red Zone)			
1. Funding deficiency projected in four years			Yes
2. Funding deficiency projected in five years		Yes	
AND present value of vested benefits for non-actives more than present value of vested benefits for actives		Yes	
AND normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) greater than contributions for current year?		Yes	Yes
3. Funding deficiency projected in five years		Yes	
AND funded percentage <65%?		No	No
4. Funded percentage <65%		No	
AND assets plus contributions less than benefit payments and administrative expenses over seven years?		No	No
5. Assets plus contributions less than benefit payments and administrative expenses over five years?			No
6. In critical status for immediately preceding plan year and funding deficiency projected in ten years?			No
In Critical Status?			Yes
Endangered Status (Yellow Zone)			
1. Funded percentage <80%		N/A	
AND not in Critical Status?		N/A	N/A
2. Funding deficiency projected in seven years		N/A	
AND not in Critical Status?		N/A	N/A
In Endangered Status?			No
In Seriously Endangered Status?			No
Neither Critical Status Nor Endangered Status (Green Zone)			
Neither Critical nor Endangered Status?			No

Actuarial Status Certification as of January 1, 2010 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, 2010 (based on projections from the January 1, 2009 valuation certificate):

				January 1, 2010
I. Asset and Contribution Information				
1.	Market value of assets			\$1,527,391,279
2.	Actuarial value of assets			1,782,857,667
3.	Reasonably anticipated contributions			
a.	Upcoming year			59,749,536
b.	Present value for the next five years			236,367,749
c.	Present value for the next seven years			304,568,025
II. Liabilities				
1.	Present value of vested benefits for active participants			661,358,245
2.	Present value of vested benefits for non-active participants			1,682,319,068
3.	Total unit credit accrued liability			2,377,868,372
4.	Present value of payments	Benefit Payments	Administrative Expenses	Total
a.	Next five years	\$740,802,536	\$26,537,113	\$767,339,649
b.	Next seven years	1,000,162,470	35,661,837	1,035,824,307
5.	Unit credit normal cost plus expenses			37,860,233
III. Funded Percentage (I.2)/(II.3)				75.0%
IV. Funding Standard Account				
1.	Credit Balance as of the end of prior year			\$227,641,001
2.	Years to projected funding deficiency, if within seven years			4

Actuarial Status Certification as of January 1, 2010 under IRC Section 432 for the PACE Industry Union-Management Pension Fund

EIN 11-6166763/ PN 001

EXHIBIT III
Funding Standard Account Projection

The table below presents the Funding Standard Account Projection for the Plan Years beginning January 1, 2009 through 2016.

	Year Beginning January 1,							
	2009	2010	2011	2012	2013	2014	2015	2016
1. Credit balance at beginning of year	\$282,136,235	\$227,641,001	\$175,147,643	\$107,497,110	\$22,716,153	-\$78,521,206	-\$184,419,854	-\$297,450,142
2. Interest on (1)	21,160,218	17,073,075	13,136,073	8,062,283	1,703,711	-5,889,090	-13,831,489	-22,308,761
3. Normal cost	15,481,675	14,711,364	14,270,023	13,841,923	13,426,665	13,023,865	13,023,865	13,023,865
4. Administrative expenses	5,770,751	5,770,751	5,943,873	6,122,189	6,305,855	6,495,031	6,689,882	6,890,578
5. Net amortization charges	109,198,782	101,722,405	110,635,252	120,513,501	128,476,739	124,285,575	123,336,529	148,622,974
6. Interest on (3), (4) and (5)	9,783,841	9,165,339	9,813,686	10,535,821	11,115,694	10,785,335	10,728,771	12,640,306
7. Expected contributions	62,433,447	59,749,536	57,886,384	56,237,046	54,510,098	52,766,403	52,766,403	52,663,533
8. Interest on (7)	<u>2,146,150</u>	<u>2,053,890</u>	<u>1,989,844</u>	<u>1,933,148</u>	<u>1,873,785</u>	<u>1,813,845</u>	<u>1,813,845</u>	<u>1,810,309</u>
9. Credit balance at end of year (1) + (2) - (3) - (4) - (5) - (6) + (7) + (8)	\$227,641,001	\$175,147,643	\$107,497,110	\$22,716,153	-\$78,521,206	-\$184,419,854	-\$297,450,142	-\$446,462,784

Actuarial Status Certification as of January 1, 2010 under IRC Section 432 for the PACE Industry Union-Management Pension Fund

EIN 11-6166763/ PN 001

EXHIBIT IV

Funding Standard Account – Projected Bases Assumed Established After January 1, 2009

Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Plan amendment	01/01/2010	-\$1,216,949	15	-\$128,246
Actuarial gain	01/01/2010	-68,812,621	15	-7,251,713
Actuarial loss	01/01/2011	102,886,597	15	10,842,547
Actuarial loss	01/01/2012	108,493,738	15	11,433,447
Actuarial loss	01/01/2013	104,529,619	15	11,015,695
Actuarial gain	01/01/2014	-24,395,635	15	-2,570,897

Actuarial Status Certification as of January 1, 2010 under IRC Section 432 for the PACE Industry Union-Management Pension Fund

EIN 11-6166763/ PN 001

EXHIBIT V

Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the January 1, 2009 actuarial valuation certificate, dated November 10, 2009, 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 the Pension Protection Act of 2006 and IRC Section 432.

Plan of Benefits:

Adopted in June 2005, effective with contract renewal on or after January 1, 2006, contribution rates must be increased by 10% in order to maintain the corresponding accrual rate. If not increased by 10%, future accruals will be reduced by 25%.

Contracts negotiated to date with dates of changes effective on or after January 1, 2009 have been reflected.

Contribution Rates:

The average contribution rate as of January 1, 2009 was \$1.1524 per hour for Programs A through F and \$1.1606 per hour for Program G.

Changes to contribution rates on and after January 1, 2009 were based on formal commitments by the collective bargaining parties as provided by the plan sponsor with the data provided for the January 1, 2009 actuarial valuation. Based on that information, the average ultimate negotiated contribution rate is \$1.1783 per hour for Programs A through F and \$1.1802 for Program G.

Asset Information:

The financial information as of December 31, 2009 was based on an unaudited financial statement provided by the Fund Administrator.

For projections after that date, the assumed administrative expenses were increased by 3% per year and the benefit payments were projected based on the January 1, 2009 actuarial valuation. The projected net investment return was assumed to be 7.5% of the average market value of assets for the 2010-2016 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.

Actuarial Status Certification as of January 1, 2010 under IRC Section 432 for the PACE Industry Union-Management Pension Fund

EIN 11-6166763/ PN 001

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 is assumed to decline by 3% per year for five years then remain level and, on the average, contributions will be made for each active in programs A through F for 2,200 hours and for each active in Program G for 1,950 hours each year.

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 regarding withdrawn employers making withdrawal liability payments:

Plan year ending	
<u>December 31,</u>	<u>Amount</u>
2010	\$3,388,657
2011	\$3,217,592
2012	\$3,208,909
2013	\$3,073,757
2014	\$2,872,998
2015	\$2,872,998
2016	\$2,770,127

Future Normal Costs:

Based on the assumed industry activity and the assumption that replacement employees will have the same entry age as employees leaving the work force, the Entry Age Normal Cost method used in the valuation results in level Normal Costs per active. Therefore, we have assumed that the normal cost in future years will decline by 3% per year for five years.

7256284v1/00288.515

**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

2010This Form Is Open to Public
Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ Round off amounts to nearest dollar.

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

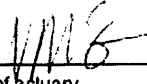
A Name of plan PACE INDUSTRY UNION-MANAGEMENT PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES PACE INDUSTRY UNION-MANAGEMENT PF	D Employer Identification Number (EIN) 11-6166763

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

1a Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>	
b Assets	
(1) Current value of assets	1b(1) 1527829697
(2) Actuarial value of assets for funding standard account	1b(2) 1783348822
c (1) Accrued liability for plan using immediate gain methods	1c(1) 2545641398
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 2391227326
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 3649399182
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 61070250
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 165701324
(3) Expected plan disbursements for the plan year	1d(3) 171701324

Statement by Enrolled Actuary

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

SIGN HERE VIRGINIA M. MCGINLEY 	09/26/2011
Signature of actuary	Date
VIRGINIA M. MCGINLEY, FCA, MAAA	1103985
Type or print name of actuary	Most recent enrollment number
THE SEGAL COMPANY	212-251-5000
Firm name	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 and OMB Control Numbers, see the instructions for Form 5500 or Form 5500-SF.

Schedule MB (Form 5500) 2010
v.092308.1

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)	2a	1529401978
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	27191	1648539158
(2) For terminated vested participants	28071	785853859
(3) For active participants:		
(a) Non-vested benefits		68897942
(b) Vested benefits		1146108223
(c) Total active	20622	1215006165
(4) Total	75884	3649399182
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	41.90%

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
07/15/2010	65073554	0			
Totals ▶			3(b)	65073554	3(c)
					0

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to Item 5	4a	C
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4b	74.6%
c Is the plan making the scheduled progress with any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status, were any adjustable benefits reduced?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date	4e	

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

a <input type="checkbox"/> Attained age normal	b <input checked="" type="checkbox"/> Entry age normal	c <input type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Reorganization	j <input type="checkbox"/> Other (specify):		
k If box h is checked, enter period of use of shortfall method			
			5k
l Has a change been made in funding method for this plan year?			
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
m If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40?			
			<input type="checkbox"/> Yes <input type="checkbox"/> No
n If line l is "Yes," and line m is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method			
			5n

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	4.58%
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
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.50%
e Expense loading	6e	38.8%
f Salary scale	6f	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	11.5%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	15.8%

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-58581082	-6173478
3	5274837	555881

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 Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d)(1) of the Code?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d) of the Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If line (1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) If line (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 (3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line (3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	20645984
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	1324206188
(2) Funding waivers.....	9c(2)	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	13699859
e Total charges. Add lines 9a through 9d.....	9e	196364642

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	228345990
g Employer contributions. Total from column (b) of line 3.....	9g	65073554
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	333567622
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	23752906
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	1361813950
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	1601073665
(3) FFL credit.....	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits.....	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	375706492
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	179341850
n Funding deficiency: If line 9e is greater than 9l, enter the difference.....	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2010 plan year.....	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.).....	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



THE SEGAL COMPANY

March 31, 2010

*Internal Revenue Service
Employee Plans Compliance Unit
Group 7602 (SE:TEGE:EP)
Room 1700 - 17th Floor
230 S. Dearborn Street
Chicago, IL 60604*

To Whom It May Concern:

As required by the Pension Protection Act of 2006, we have completed the actuarial status certification under Internal Revenue Code Section 432 as of January 1, 2010 for the following plan:

*Name of Plan: PACE Industry Union-Management Pension Fund
Plan number: EIN 11-6166763/ PN 001
Plan sponsor: Board of Trustees, PACE Industry Union-Management Pension Fund
Address: 3320 Perimeter Hill Drive, Nashville, TN 37211
Phone number: 1.800.4PIUMPF*

As of January 1, 2010, the Plan is in critical status under the Pension Protection Act of 2006.

If you have any questions on the attached certification, you may contact me at the following:

*The Segal Company
333 West 34th Street
New York, NY 10001
Phone number: 212.251.5000*

Sincerely,

*Virginia M. McGinley, FCA, MAAA
Senior Vice President and Actuary
Enrolled Actuary No. 08-03985*

SECTION 4: Certificate of Actuarial Valuation for the PACE Industry Union-Management Pension Fund

EIN 11-6166763/ PN 001

Current Liability Assumptions:

Interest 4.58%

Mortality Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1, using the static tables with separate tables for annuitants and nonannuitants (RP-2000 tables projected forward to the valuation year plus seven years for annuitants and 15 years for nonannuitants).

Justification for Change in Actuarial Assumptions (Schedule MB, line 11):

For purposes of determining current liability, the current liability interest rate was changed 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 Regulation 1.431(c)(6)-1 and 1.430(h)(3)-1.

Estimated Rate of Investment Return:

On actuarial value of assets
(Schedule MB, line 6g): 11.5%, for the Plan Year ending December 31, 2009

On current (market) value of assets
(Schedule MB, line 6h): 15.8%, for the Plan Year ending December 31, 2009

Funding Standard Account Contribution Timing (Schedule MB, line 3):

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

**PACE INDUSTRY UNION-MANAGEMENT
PENSION FUND**

**Consolidated Financial Statements and
Supplemental Schedules**

December 31, 2010 and 2009

(With Independent Auditors' Report Thereon)



LATTIMORE BLACK MORGAN & CAIN, PC
CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

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LATTIMORE BLACK MORGAN & CAIN, PC
CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

Independent Auditors' Report

The Board of Trustees
PACE Industry Union-Management Pension Fund:

We have audited the accompanying consolidated statements of net assets available for benefits of PACE Industry Union-Management Pension Fund (the "Fund") as of December 31, 2010 and 2009, the related consolidated statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2010. These consolidated financial statements are the responsibility of the Fund's management. Our responsibility is to express an opinion on these consolidated financial statements based upon our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing 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 over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall consolidated financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial status of the PACE Industry Union-Management Pension Fund as of December 31, 2010 and 2009 and the changes in its financial status for the years then ended in conformity with accounting principles generally accepted in the United States of America.

As discussed in Note 3 to the Fund's financial statements, the 2010 and 2009 financial statements include investments valued at \$663,525,329 (approximately 41% of net assets) and \$638,607,987 (approximately 42% of net assets), respectively, whose estimated values have been determined by the Fund and its investment managers in the absence of readily ascertainable market values. We have examined the procedures used by the Fund in arriving at its estimate of the value of such investments and have inspected underlying documentation, and in the circumstances, we believe that such procedures are reasonable and the documentation appropriate. However, because of the uncertainty of valuation, those estimated values may differ significantly from the values that would have been used had a ready market for the investments existed, and the differences could be material.

Our audits were performed for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the basic consolidated financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Fund's management. Such information has been subjected to the auditing procedures applied in the audits of the basic consolidated financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic consolidated financial statements taken as a whole.

Lattimore Black Morgan & Cain, PC

Brentwood, Tennessee
October 11, 2011

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

Consolidated Statements of Net Assets Available for Benefits

December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Assets:		
Investments, at fair value:		
Money market funds	\$ 1,542,364	\$ 12,658,100
U.S. government securities	113,169,079	157,103,466
State and local government securities	492,795	1,664,238
Corporate debt instruments	103,913,992	111,982,084
Corporate stocks	554,577,430	474,556,858
Collective trust funds	212,378,225	191,903,582
Fund interest in limited liability company ("LLC")	87,905,529	96,709,505
Fund interests in limited partnerships ("LPs")	249,780,562	231,181,838
Fund interests in trust funds ("TFs")	153,689,246	138,504,807
Private placement debt instruments	-	3,087,772
Real estate	151,767,000	147,065,000
Collateral invested for securities on loan	<u>7,991,053</u>	<u>56,856,595</u>
Total investments, at fair value	<u>1,637,207,275</u>	<u>1,623,273,845</u>
Receivables:		
Employer contributions (net of allowance for uncollectible accounts of \$1,284,338 in 2010 and \$1,243,009 in 2009)	4,112,478	4,938,358
Rents (net of allowance for uncollectible accounts of \$483,052 in 2010 and \$578,087 in 2009)	4,723,828	4,189,324
Receivable from USW Industry 401(k) Fund	1,003,027	360,911
Receivable from USW HRA Fund	315,662	57,338
Due from brokers for securities sold	37,006	907,655
Accrued investment income	2,652,090	3,096,492
Commission recaptures and other	<u>10,482</u>	<u>5,635</u>
Total receivables	<u>12,854,573</u>	<u>13,555,713</u>
Building, furniture and equipment, net	792,313	947,892
Other assets	562,025	577,310
Cash	<u>13,963,438</u>	<u>2,071,583</u>
Total assets	<u>1,665,379,624</u>	<u>1,640,426,343</u>
Liabilities:		
Due to brokers for securities purchased	795,495	2,337,020
Postretirement benefit obligations	6,728,676	6,072,337
Accounts payable and accrued expenses	7,562,857	4,099,764
Payable due under securities lending agreement	16,466,235	66,324,732
Mortgage notes payable	<u>33,683,338</u>	<u>33,762,793</u>
Total liabilities	<u>65,236,601</u>	<u>112,596,646</u>
Net assets available for benefits	<u>\$ 1,600,143,023</u>	<u>\$ 1,527,829,697</u>

See accompanying notes to the consolidated financial statements.

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

Consolidated Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Additions to net assets attributed to:		
Net change resulting from investment activity:		
Net appreciation in fair value of investments	\$ 99,809,156	\$ 99,484,418
Interest and dividend income	21,943,539	23,842,690
Rental income, net of related expenses	<u>7,575,902</u>	<u>9,145,054</u>
Total investment income	129,328,597	132,472,162
Less investment expenses	<u>3,853,439</u>	<u>3,570,924</u>
	125,475,158	128,901,238
Fund interest in limited liability company – increase in net assets resulting from operations	12,907,181	24,963,618
Fund interests in trust funds – increase in net assets from operations	15,184,439	26,446,294
Fund interest in limited partnerships – increase in partners' capital resulting from operations	<u>18,574,724</u>	<u>34,348,701</u>
Net change resulting from investment activity	<u>172,141,502</u>	<u>214,659,851</u>
Contributions:		
Participating employers	55,336,164	52,408,302
Withdrawal liability payments	<u>9,737,390</u>	<u>10,706,706</u>
Total contributions	<u>65,073,554</u>	<u>63,115,008</u>
Securities litigation recoveries	711,538	1,157,933
Other income	<u>145,686</u>	<u>95,788</u>
Total additions	<u>238,072,280</u>	<u>279,028,580</u>
Deductions from net assets attributed to:		
Benefits paid	156,757,793	149,939,927
Professional services	1,888,269	1,467,342
Salaries and other employee benefits	5,137,367	1,924,895
Other general and administrative expenses	<u>1,975,525</u>	<u>2,287,941</u>
Total deductions	<u>165,758,954</u>	<u>155,620,105</u>
Net increase	72,313,326	123,408,475
Net assets available for benefits at beginning of year	<u>1,527,829,697</u>	<u>1,404,421,222</u>
Net assets available for benefits at end of year	<u>\$ 1,600,143,023</u>	<u>\$ 1,527,829,697</u>

See accompanying notes to the consolidated financial statements.

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

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(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.

(a) General description of Fund

The Fund consists of a multiemployer defined benefit program and the Fund’s wholly-owned subsidiaries. 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”).

Clover Weston, LLC (“Weston”) was formed on May 1, 2003 to hold title to investments in real estate. Effective May 8, 2003, Weston purchased a retail shopping complex in Weston, Florida for \$23,085,000 to hold for investment purposes under the management of American Realty Advisors (“ARA”), an institutional real estate investment management firm. Weston 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 Weston have been eliminated. Weston is exempt from federal income taxes under the provisions of Section 501(c)(2) of the IRC.

Clover Von Karman Corporation (“Von Karman”) was formed on January 23, 2004 to hold title to investments in real estate. Effective March 5, 2004, Von Karman purchased an office building in Irvine, California for \$28,300,000 to hold for investment purposes under the management of ARA. Von Karman 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 Von Karman have been eliminated. Von Karman is exempt from federal income taxes under the provisions of Section 501(c)(25) of the IRC.

Clover Industrial Properties East, LLC (“Industrial”) was acquired by the Fund on August 5, 2005 for \$14,740,000 to hold for investment purposes under the management of ARA. Industrial holds title to real estate investments in two industrial buildings in Landover, Maryland. Industrial 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 Industrial have been eliminated. Industrial is exempt from federal income taxes under the provisions of Section 501(c)(2) of the IRC.

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Clover Columbia Park, LLC ("Park") was formed on May 3, 2005 to hold title to investments in real estate. Effective August 23, 2005, Park purchased an industrial building in Landover, Maryland for \$7,302,650 to hold for investment purposes under the management of ARA. Park is a 99% owned subsidiary of the Fund and 1% owned subsidiary of Industrial. Park's net assets and changes in net assets are included in the accompanying consolidated financial statements. All significant transactions between the Fund, Industrial and Park have been eliminated. Park is exempt from federal income taxes under the provisions of Section 501(c)(2) of the IRC.

Clover Quadrangle Corporation ("Quadrangle") was formed on December 12, 2005 to hold title to investments in real estate. Effective February 1, 2006, Quadrangle purchased a retail/office building in Dallas, Texas for \$29,900,000 to hold for investment purposes under the management of ARA. Quadrangle 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 Quadrangle have been eliminated. Quadrangle is exempt from federal income taxes under the provisions of Section 501(c)(25) of the IRC.

Clover North Point, LLC ("North Point") was formed on April 13, 2006 to hold title to investments in real estate. Effective June 1, 2006, North Point purchased a 264 unit apartment community in Alpharetta, Georgia for \$32,354,235 to hold for investment purposes under the management of ARA. North Point 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 North Point have been eliminated. North Point is exempt from federal income taxes under the provisions of Section 501(c)(2) of the IRC.

Clover Rancho Cucamonga Corporation ("Rancho") was formed on June 13, 2007 to hold title to investments in real estate. Effective July 30, 2007, Rancho purchased two class A warehouse/distribution centers in Rancho Cucamonga, California for \$39,500,000 to hold for investment purposes under the management of ARA. Rancho 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 Rancho have been eliminated. Rancho is exempt from federal income taxes under the provisions of Section 501(c)(25) of the IRC.

(b) General description of Plan

The multiemployer defined benefit program was established in 1963. The Plan was restated in January 2002 and January 2009. 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.

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

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- (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 & F: Participants receive one full year of future service credit for each calendar year in which they have at least 1,760 hours 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.

Program G: Participants receive one full year of future service credit for each calendar year in which they have at least 1,800 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.

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 & 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.

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

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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.

Program H: The Plan previously provided benefits to eligible collectively bargained employees of the Fund hired on or after May 1, 2009 and non-collectively bargained employees of the Fund hired on or after March 5, 2009. Program H was eliminated effective February 1, 2011. No employees are entitled to vested benefits under Program H.

Participants are vested after earning five years of vesting credit.

The Trustees have the right to increase the benefits paid and to pay special benefits to participants. No special benefits were approved in 2010 or 2009.

(c) Amendments

Certain provisions of the Plan have been amended by the Trustees. Participants should refer to the Summary Plan Description, Summaries of Material Modifications ("SMM") and the Notice of Reduction in Adjustable Benefits under Section 432(e) of the Internal Revenue Code and Notice of Reduction in Future Benefit Accruals under Section 204(h) of ERISA 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, 2010 have not been included in the actuarial studies disclosed in Note 7.

(d) 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, 2010 and 2009

(2) Summary of significant accounting policies

(a) 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.

(b) Investment valuation and income recognition

Investments are stated at fair value. 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.

Money market funds and collective trust funds held in short term investments are valued at the net asset value of shares held by the Fund at year end.

Investments in corporate stocks and collective trust funds held in an index investment are stated at fair value based on quoted market prices.

U.S. government securities, state and local government securities, corporate debt instruments, private placement debt instruments and collateral invested for securities on loan are valued, whenever possible, at fair market value, which is the most recent bid-price or mid-price for the security. However, when the security is not traded on an exchange, the Fund's custodian, Bank of New York Mellon ("BNYM"), determines the value by using either multiple, manually collected fair market values or by invoking its clearly defined pricing policies.

The Fund's interest in the limited liability company, which represents the Fund's interest in the Western Asset US Core Plus, LLC ("Western Asset LLC"), is valued at fair value by multiplying the Western Asset LLC's net asset value per unit times the number of units owned by the Fund at the valuation date.

The Fund's interest in the limited partnerships represents the Fund's interest in the Grosvenor Institutional U.S. Hedged Equity Specialists Fund LP ("Grosvenor Institutional LP") and the PIMCO Distressed Senior Credit Opportunities Fund Offshore Feeder I, L.P. ("PIMCO"). Grosvenor Institutional LP and PIMCO are valued at fair value 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 Fund's interests in trust funds represents the Fund's interests in the GMO International Core Equity Fund ("GMO") and the GlobeFlex International All Cap Commingled Trust ("GlobeFlex"). GMO is valued at fair value by multiplying GMO's net asset value per share times the number of shares owned by the Fund at the valuation date. GlobeFlex is valued at fair value by multiplying GlobeFlex's net asset value per unit times the number of units owned by the Fund at the valuation date.

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

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Real estate is valued at its estimated fair market value as established by ARA, and it is the Fund's policy that independent appraisals for individual properties be obtained at least once every three years.

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. Rental income is recorded on the accrual basis in accordance with the Financial Accounting Standards Board's guidance on *Accounting for Leases* and *Accounting for Operating Leases with Scheduled Rent Increases*. Rental expenses are recognized as incurred. Rental income and expenses are included in rental income, net of related expenses.

(c) Money market funds

When interest rates are favorable, the Fund's excess operating cash with US Bank ("USB") is transferred at the end of each day into an overnight, interest bearing money market account. These investments mature the following day and are then transferred to the Fund's operating account with USB, including interest earned thereon. The interest bearing money market account includes investments in commercial paper, bank obligations, certificates of deposit/bank notes, funding agreements, corporate notes, repurchase agreements, euro time deposits, agency notes and weekly variable rate demand notes.

(d) Employer contributions and other receivables

Employer contributions receivable are recorded as they become due. Rental income is recorded in accordance with the standards described in Note 2(b). 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 and ARA's knowledge of the financial status of lessees. As discussed in Note 2(m), any withdrawal liabilities due to the Fund are recognized as income when received due to the uncertainties surrounding ultimate collection.

(e) 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.

(f) Mergers

The investments received from merged employer plans are recorded at fair value at the date of merger.

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

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(g) Payment of benefits

Benefits are recorded when paid.

(h) 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 employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated vested employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees 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 employees or their beneficiaries are based on employees' benefit levels at the time of retirement or termination. The accumulated plan benefits for active employees 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 employee service rendered as of the valuation date.

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 (the RP-2000 Combined Healthy Blue Collar Mortality Table was used), (b) retirement age assumptions (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.

(i) Postretirement benefits other than pensions for Fund employees

Employees of the Fund that were hired on or before December 31, 2010 and who have rendered at least 10 years of service to the Fund and reached age 50 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.

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

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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.

(j) 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 \$421,918 and \$223,355 of expenses to the HRA during 2010 and 2009, respectively. The Fund allocated \$1,145,665 and \$489,492 of expenses to the USW 401(k) during 2010 and 2009, 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.

(k) Use of estimates

The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

(l) Securities lending

The Fund is a party to an agreement with BNYM that authorizes BNYM to lend securities held by the Fund to third parties. BNYM must obtain collateral from the borrowers in the form of cash, government securities or irrevocable letters of credit drawn on domestic and foreign banks. Both the collateral and the securities loaned are marked-to-market on a daily basis so that all loaned securities are fully collateralized at all times. In the event that the loaned securities are not returned by the borrower, the bank will, at its own expense, either replace the securities, or if unable to purchase those securities on the open market, credit the Fund's account with cash equal to the fair value of the loaned securities and credit the account with any accrued income on the outstanding loans.

The Fund and BNYM each receive a percentage of the net revenue derived from securities lending activities. These transactions generated investment income for the Fund of \$17,587 in 2010 and \$353,536 in 2009, which is included in interest and dividend income in the accompanying consolidated statements of changes in net assets available for benefits.

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Although the Fund's securities lending activities are collateralized as described above, they involve both market and credit risk. In this context, market risk refers to the possibility that a borrower(s) of the securities will be unable to collateralize the loan upon a sudden material change in the fair value of the loaned securities or the collateral. Credit risk refers to the possibility that counterparties involved in the securities lending program may fail to perform in accordance with the terms of their contracts.

The estimated fair values of the securities loaned by the Fund as of December 31, 2010 and 2009 were \$22,461,916 and \$65,326,075, respectively. In accordance with the accounting standards pertaining to *Accounting for Transfers and Servicing of Financial Assets and Extinguishment of Liabilities*, the value of the collateral held and a corresponding liability to return the collateral have been reported in the accompanying consolidated statements of net assets available for benefits.

(m) 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 due to uncertainty of receipt and inability to estimate likelihood of receipt.

(n) Date of management's review

Subsequent events were evaluated through October 11, 2011, which was the date the consolidated financial statements were available to be issued. Subsequent events did not have any material impact on the Fund's financial statements.

(3) Fair value measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework 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 under FASB ASC 820 are described below:

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.
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PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

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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.

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, 2010 and 2009.

Money market funds, collective trust funds held in short term investments, fund interest in LLC, and fund interest in TFs: Valued at the net asset value of shares/units held by the Fund at year end.

Corporate stocks and collective trust funds held in an index investment: Valued at the closing price reported on the active market on which the securities are traded.

U.S. government securities, state and local government securities, corporate debt instruments, private placement debt instruments and collateral invested for securities on loan: Valued, whenever possible, at fair market value, which is the most recent bid-price or mid-price for the security. However, when the security is not traded on an exchange BNYM determines the value by using either multiple, manually collected fair market values or by invoking its clearly defined pricing policies.

Fund interests in LPs: Valued at fair value 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.

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Real estate: Valued based upon an independent appraisal obtained every three years, or more frequently if ARA or the Fund has determined that there has been a significant change in the economic circumstances of the investment. An independent appraisal was last obtained on all real estate investments as of December 31, 2008. Internal valuations are conducted quarterly by ARA and are used on an interim basis. Appraisals are performed by members of the Appraisal Institute who use the cost approach, sales comparison approach and income approach to arrive at a concluded value. Internal valuations are determined primarily based on the income approach, although sale and lease comparables are considered in the analysis.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Fund believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Fund's assets at fair value at December 31, 2010 and 2009.

<u>Assets at Fair Value at December 31, 2010</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ -	\$ 1,542,364	\$ -	\$ 1,542,364
U.S. government securities:				
Agencies	-	104,938,576	-	104,938,576
Treasuries	8,230,503	-	-	8,230,503
Total U.S. government securities	8,230,503	104,938,576	-	113,169,079
State and local government securities (A+ credit rating)	-	492,795	-	492,795
Corporate debt instruments:				
AAA credit rating	-	3,226,603	-	3,226,603
AA+ credit rating	-	2,396,191	-	2,396,191
AA credit rating	-	4,323,675	-	4,323,675
AA- credit rating	-	2,754,852	-	2,754,852
A+ credit rating	-	11,175,351	-	11,175,351
A credit rating	-	23,867,723	-	23,867,723
A- credit rating	-	15,776,690	-	15,776,690
BBB+ credit rating	-	11,647,962	-	11,647,962
BBB credit rating	-	14,855,125	-	14,855,125
BBB- credit rating	-	9,849,050	-	9,849,050
BB+ credit rating	-	18,732	-	18,732
B+ credit rating	-	994,598	-	994,598
B- credit rating	-	50,216	-	50,216
CCC credit rating	-	649,891	-	649,891
No credit rating	-	2,327,333	-	2,327,333
Total corporate debt instruments	-	103,913,992	-	103,913,992

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Corporate stocks:				
Basic materials	59,286,587	-	-	59,286,587
Consumer goods	87,200,470	-	-	87,200,470
Consumer services	50,862,379	-	-	50,862,379
Financials	81,113,406	-	-	81,113,406
Health care	55,945,781	-	-	55,945,781
Industrials	58,105,625	-	-	58,105,625
Oil & gas	52,092,664	-	-	52,092,664
Technology	94,796,297	-	-	94,796,297
Telecommunications	13,681,365	-	-	13,681,365
Utilities	1,492,856	-	-	1,492,856
Total corporate stocks	554,577,430	-	-	554,577,430
Collective trust funds:				
Short term investment fund	-	-	20,382,992	20,382,992
Stock index fund	191,995,233	-	-	191,995,233
Total collective trust funds	191,995,233	-	20,382,992	212,378,225
Fund interest in LLC	-	-	87,905,529	87,905,529
Fund interest in LPs	-	-	249,780,562	249,780,562
Fund interest in TFs	-	-	153,689,246	153,689,246
Real estate (see Note 10)	-	-	151,767,000	151,767,000
Collateral invested for securities on loan:				
Overnight repos	3,739,931	-	-	3,739,931
Certificates of deposit	303,003	-	-	303,003
Corporate debt instruments:				
AA credit rating	-	199,980	-	199,980
AA- credit rating	-	176,091	-	176,091
A+ credit rating	-	200,043	-	200,043
A- credit rating	-	297,954	-	297,954
B- credit rating	-	305,759	-	305,759
CCC credit rating	-	481,158	-	481,158
No credit rating	-	2,287,134	-	2,287,134
Total collateral invested for securities on loan	4,042,934	3,948,119	-	7,991,053
Total assets at fair value	\$ 758,846,100	\$ 214,835,846	\$ 663,525,329	\$ 1,637,207,275

Assets at Fair Value at December 31, 2009

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ -	\$ 12,658,100	\$ -	\$ 12,658,100
U.S. government securities:				
Agencies	-	147,129,756	-	147,129,756
Treasuries	9,973,710	-	-	9,973,710
Total U.S. government securities	9,973,710	147,129,756	-	157,103,466

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

Notes to the Consolidated Financial Statements

December 31, 2010 and 2009

State and local government securities:

AA credit rating	-	605,274	-	605,274
AA- credit rating	-	531,971	-	531,971
A+ credit rating	-	526,993	-	526,993

Total state and local government securities	-	1,664,238	-	1,664,238
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Corporate debt instruments:

AAA credit rating	-	4,942,345	-	4,942,345
AA+ credit rating	-	4,627,180	-	4,627,180
AA credit rating	-	6,059,957	-	6,059,957
AA- credit rating	-	2,780,196	-	2,780,196
A+ credit rating	-	11,399,861	-	11,399,861
A credit rating	-	33,278,078	-	33,278,078
A- credit rating	-	13,074,987	-	13,074,987
BBB+ credit rating	-	10,842,441	-	10,842,441
BBB credit rating	-	15,266,209	-	15,266,209
BBB- credit rating	-	6,508,856	-	6,508,856
BB+ credit rating	-	499,765	-	499,765
BB credit rating	-	1,060,012	-	1,060,012
B- credit rating	-	69,372	-	69,372
CCC credit rating	-	17,305	-	17,305
No credit rating	-	1,555,520	-	1,555,520

Total corporate debt instruments	-	111,982,084	-	111,982,084
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Corporate stocks:

Capital goods	21,207,422	-	-	21,207,422
Consumer durables	15,189,014	-	-	15,189,014
Consumer non-durables	114,984,911	-	-	114,984,911
Energy	36,694,659	-	-	36,694,659
Financial	64,876,625	-	-	64,876,625
Basic materials	97,129,277	-	-	97,129,277
Technology	76,631,656	-	-	76,631,656
Transportation	4,885,132	-	-	4,885,132
Utilities	42,958,162	-	-	42,958,162

Total corporate stocks	474,556,858	-	-	474,556,858
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Collective trust funds:

Short term investment fund	-	-	25,146,837	25,146,837
Stock index fund	166,756,745	-	-	166,756,745
Total collective trust funds	166,756,745	-	25,146,837	191,903,582

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

Notes to the Consolidated Financial Statements

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Fund interest in LLC	-	-	96,709,505	96,709,505
Fund interest in LPs	-	-	231,181,838	231,181,838
Fund interest in TFs	-	-	138,504,807	138,504,807
Private placement debt instruments				
A+ credit rating	-	599,474	-	599,474
A credit rating	-	629,374	-	629,374
A- credit rating	-	673,837	-	673,837
BBB+ credit rating	-	679,149	-	679,149
BBB credit rating	-	505,938	-	505,938
Total private placement debt instruments	-	3,087,772	-	3,087,772
Real estate (see Note 10)	-	-	147,065,000	147,065,000
Collateral invested for securities on loan:				
Overnight repos	6,872,000	-	-	6,872,000
Certificates of deposit	20,966,100	-	-	20,966,100
Corporate debt instruments:				
AAA credit rating	-	15,363,488	-	15,363,488
AA+ credit rating	-	10,000,000	-	10,000,000
BBB credit rating	-	1,246,442	-	1,246,442
B credit rating	-	458,565	-	458,565
No credit rating	-	1,950,000	-	1,950,000
Total collateral invested for securities on loan	27,838,100	29,018,495	-	56,856,595
Total assets at fair value	<u>\$ 679,125,413</u>	<u>\$ 305,540,445</u>	<u>\$ 638,607,987</u>	<u>\$ 1,623,273,845</u>

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

The tables below set forth a summary of changes in the fair value of the Fund's level 3 assets for the year ended December 31, 2010 and 2009.

	Level 3 Assets					
	Collective Trust Funds	Interest in Limited Liability Co.	Interest in Limited Partnerships	Interest in Trust Funds	Real Estate	Total
<u>December 31, 2010</u>						
Balance, beginning of year	\$ 25,146,837	\$ 96,709,505	\$ 231,181,838	\$ 138,504,807	\$ 147,065,000	\$ 638,607,987
Realized gains	-	4,395,983	-	-	-	4,395,983
Unrealized gains relating to assets still held at the reporting date	-	8,800,041	19,335,652	15,542,704	2,883,872	46,562,269
Capital expenditures in real estate	-	-	-	-	1,818,128	1,818,128
Purchases, sales, issuances and settlements (net)	<u>(4,763,845)</u>	<u>(22,000,000)</u>	<u>(736,928)</u>	<u>(358,265)</u>	<u>-</u>	<u>(27,859,038)</u>
Balance, end of year	<u>\$ 20,382,992</u>	<u>\$ 87,905,529</u>	<u>\$ 249,780,562</u>	<u>\$ 153,689,246</u>	<u>\$ 151,767,000</u>	<u>\$ 663,525,329</u>

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

Notes to the Consolidated Financial Statements

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The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date

\$	-	\$	8,800,041	\$	19,335,652	\$	15,542,704	\$	2,883,872	\$	46,562,269
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December 31, 2009

Beginning balance	\$	18,040,478	\$	83,716,966	\$	185,635,249	\$	112,058,513	\$	196,150,000	\$	595,601,206
Total realized and unrealized gains (losses) included in changes in net assets available for benefits		-		25,192,540		34,935,508		26,758,195		(51,427,735)		35,458,508
Capital expenditures in real estate		-		-		-		-		2,342,735		2,342,735
Purchases, sales, issuances and settlements (net)		<u>7,106,359</u>		<u>(12,200,001)</u>		<u>10,611,081</u>		<u>(311,901)</u>		<u>-</u>		<u>5,205,538</u>
Ending balance	\$	<u>25,146,837</u>	\$	<u>96,709,505</u>	\$	<u>231,181,838</u>	\$	<u>138,504,807</u>	\$	<u>147,065,000</u>	\$	<u>638,607,987</u>

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the consolidated statement of changes in net assets available for benefits.

Changes in fair value levels

The availability of observable market data is monitored by the Fund's custodian to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported on the actual date of the event or change in circumstances that caused the transfer.

The Fund has evaluated the transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2010, there were no significant transfers in or out of levels 1, 2 or 3.

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

Notes to the Consolidated Financial Statements

December 31, 2010 and 2009

(4) Investments and investment income

The fair value of individual investments that represent 5% or more of the Fund's net assets as of December 31, 2010 and 2009 are as follows:

	<u>2010</u>	<u>2009</u>
Bank of New York Mellon Daily Valued Stock Index Fund *	\$ <u>191,995,233</u>	\$ <u>166,756,745</u>
Western Asset US Core Plus, L.L.C. *	\$ <u>87,905,529</u>	\$ <u>96,709,505</u>
Grosvenor Institutional U.S. Hedged Equity Specialists Fund LP *	\$ <u>182,645,543</u>	\$ <u>172,555,207</u>
GMO International Core Equity Fund *	\$ <u>99,503,733</u>	\$ <u>90,217,088</u>

* Represents investment sponsored by a party-in-interest to the Fund.

During 2010 and 2009, the Fund's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	<u>2010</u>	<u>2009</u>
U.S. government securities	\$ 1,356,852	\$ (313,975)
State and local government securities	9,706	(2,864)
Corporate debt instruments	4,353,780	13,254,874
Corporate stocks	65,966,458	102,482,450
Collective trust funds	25,238,488	35,121,534
Private placement debt instruments	-	370,134
Real estate	<u>2,883,872</u>	<u>(51,427,735)</u>
	\$ <u>99,809,156</u>	\$ <u>99,484,418</u>

(5) Net asset value per share

The following table summarizes the Fund's investments in non-publically traded assets that are valued either at net asset value ("NAV") or a similar method as of December 31, 2010 and 2009.

	<u>2010</u>	<u>2009</u>
BNYM Short Term Investment Fund	\$ 20,382,992	\$ 25,146,837
BNYM Daily Valued Stock Index Fund	191,995,233	166,756,745
Western Asset LLC	87,905,529	96,709,505
PIMCO	67,135,019	58,626,631
Grosvenor Institutional LP	182,645,543	172,555,207
GMO	99,503,733	90,217,088
GlobeFlex	<u>54,185,513</u>	<u>48,287,719</u>
	\$ <u>703,753,562</u>	\$ <u>658,299,732</u>

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

Notes to the Consolidated Financial Statements

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BNYM Short Term Investment Fund – The investment objective is to produce as high a level of current income as is consistent with preserving capital and maintaining daily liquidity. To pursue this objective, the fund invests in repurchase agreements, commercial paper, certificates of deposit, floating rate notes, Treasuries, agencies, corporate debt instruments, bank deposits, and asset-backed securities. Redemption of shares is permitted daily.

BNYM Daily Valued Stock Index Fund – The investment objective is to track the performance of the S&P 500 Index. In meeting this objective, the assets of the fund may be invested in securities and a combination of other collective funds that together are designed to track the performance of the S&P 500 Index. Redemption of units is permitted daily.

Western Asset LLC – The investment objective is to maximize long term total return. To achieve this objective, the LLC invests in, among other things, notes and debentures, other limited liability companies, preferred stocks, options, swaptions, repurchase agreements, and money market funds. Redemption of units is permitted daily.

PIMCO – The investment objective is to provide investors enhanced returns principally through long biased opportunistic investments in undervalued senior and super senior structured credit securities that are expected to produce attractive levels of current income and that may also appreciate in value over the long term. Except as provided in the LP agreement, withdrawals may not be made until the LP has terminated.

Grosvenor Institutional LP – 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 LP invests primarily in offshore investment funds, investment partnerships, and pooled investment vehicles. The LP 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.

GMO – The investment objective is to seek high total returns by outperforming its benchmark, the MSCI EAFE Index. The TF typically makes equity investments in companies tied economically to countries other than the U.S. Redemption of shares is permitted daily.

GlobeFlex – The investment objective is to achieve superior total returns on investing activities, primarily through capital appreciation of securities positions. The TF pursues its goal by principally buying and selling common stocks of non-U.S. companies whose securities have the potential for significant appreciation, sometimes on a short term basis, and, to a lesser extent, buying, selling, and holding other securities, such as preferred stocks. Redemption of units is permitted daily.

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

Notes to the Consolidated Financial Statements

December 31, 2010 and 2009

(6) Building, furniture and equipment

A summary of buildings, furniture and equipment owned by the Fund as of December 31, 2010 and 2009 is as follows:

	<u>2010</u>	<u>2009</u>
Building	\$ 2,246,783	\$ 2,246,783
Vehicles	67,702	67,702
Furniture, fixtures and equipment	<u>61,731</u>	<u>127,184</u>
	2,376,216	2,441,669
Accumulated depreciation and amortization	<u>(1,583,903)</u>	<u>(1,493,777)</u>
	<u><u>\$ 792,313</u></u>	<u><u>\$ 947,892</u></u>

The Fund recognized depreciation expense of \$155,580 and \$168,300 in 2010 and 2009, respectively, which is included in other general and administrative expenses.

(7) Accumulated plan benefits

A summary of accumulated plan benefit information obtained from actuarial studies as of January 1, 2010 and 2009, is as follows:

	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated plan benefits:		
Participants currently receiving payments	\$ 1,203,928,463	\$ 1,162,163,405
Other vested participants	<u>1,153,416,824</u>	<u>1,127,314,224</u>
	2,357,345,287	2,289,477,629
Actuarial present value of nonvested accrued benefits	<u>33,882,039</u>	<u>34,559,260</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 2,391,227,326</u></u>	<u><u>\$ 2,324,036,889</u></u>

The changes in the actuarial present value of accumulated plan benefits obtained from actuarial studies as of January 1, 2010 and 2009, respectively, are as follows:

	<u>2010</u>	<u>2009</u>
Accumulated plan benefits at beginning of year	<u>\$ 2,324,036,889</u>	<u>\$ 2,236,368,000</u>
Benefits paid	(149,939,927)	(143,583,868)
Interest	168,211,457	161,894,505
Benefits accumulated and other	41,719,584	56,531,445
Plan amendments	7,199,323	-
Changes in negotiated benefit levels	<u>-</u>	<u>12,826,807</u>
Net increase	<u>67,190,437</u>	<u>87,668,889</u>
Accumulated plan benefits at end of year	<u><u>\$ 2,391,227,326</u></u>	<u><u>\$ 2,324,036,889</u></u>

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

Notes to the Consolidated Financial Statements

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As of January 1, 2010 and 2009, the Fund's actuarially determined Minimum Funding Standard Account exceeded the minimum funding requirements of ERISA.

The Fund's actuary certified that, for the plan years beginning January 1, 2010 and January 1, 2011, the Fund is in "critical status," as defined in the Pension Protection Act of 2006 ("PPA"). 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 that calls for contribution rate increases, reductions in future benefit accruals and the reduction or elimination of specified benefits. A copy of the rehabilitation plan was sent to the contributing employers and unions representing plan participants.

(8) 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 in. 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, 2010 and 2009 is as follows:

	<u>2010</u>	<u>2009</u>
Change in benefit obligation:		
Benefit obligation at beginning of year	\$ 6,072,337	\$ 5,842,079
Service cost	214,070	206,388
Interest cost	354,743	346,905
Amendments	-	(298,608)
Actuarial loss	236,187	138,019
Benefits paid	(148,661)	(166,751)
Subsidies paid	-	4,305
Benefit obligation at end of year	<u>\$ 6,728,676</u>	<u>\$ 6,072,337</u>
Change in plan assets:		
Employer contributions	\$ 148,661	\$ 162,446
Benefits paid	(148,661)	(166,751)
Subsidies paid	-	4,305
Fair value of plan assets and end of year	<u>\$ -</u>	<u>\$ -</u>
Funded status at end of year	<u>\$ (6,728,676)</u>	<u>\$ (6,072,337)</u>

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

Notes to the Consolidated Financial Statements

December 31, 2010 and 2009

A summary of net periodic benefit cost related to postretirement benefits for 2010 and 2009 is as follows:

	<u>2010</u>	<u>2009</u>
Service cost	\$ 214,070	\$ 206,388
Interest cost	354,743	346,905
Amortization of prior service credit	(21,017)	(21,017)
Immediate recognition of net (gain) loss	<u>-</u>	<u>(39,525)</u>
Net periodic benefit cost	<u>\$ 547,796</u>	<u>\$ 492,751</u>

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

	<u>2010</u>	<u>2009</u>
Discount rate	5.52%	6.25%
Rate of compensation increase	2.25%	2.25%

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

	<u>2010</u>	<u>2009</u>
Discount rate	6.25%	6.25%
Expected return on plan assets	N/A	N/A
Rate of compensation increase	2.25%	2.25%

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

	<u>Benefit Payments</u>
2011	\$ 187,148
2012	204,659
2013	229,627
2014	250,837
2015	271,100
2016 through 2020	<u>1,792,588</u>
Total	<u>\$ 2,935,959</u>

The disclosures above were determined through actuarial valuation. For measurement purposes at December 31, 2010, 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 8.5% to 5% were assumed in 2010, and such rates were assumed to decrease in various increments annually until reaching an ultimate level of 5% in 2017.

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 \$251,578 and \$1,039,364 at December 31, 2010 and 2009, respectively, and would increase the net periodic postretirement benefit cost by \$29,489 in 2010 and \$117,843 in 2009.

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

Notes to the Consolidated Financial Statements

December 31, 2010 and 2009

(9) Mortgage notes payable

On November 12, 2003, Weston entered into a mortgage backed, promissory note payable to Metropolitan Life Insurance Company for \$11,500,000. The proceeds were used to finance the related real estate investment. The note is secured by the related real estate, bears interest at a fixed rate of 4.96%, and requires monthly interest payments over a term of seven years. Principal is due upon expiration of the term on December 1, 2017.

On June 17, 2004, Von Karman entered into a mortgage backed, promissory note payable to Mass Mutual Life Insurance Company for \$14,150,000. The proceeds were used to finance the related real estate investment. The note is secured by the related real estate, bears interest at a fixed rate of 4.74%, and requires monthly interest payments over a term of seven years. Principal is due upon expiration of the term on June 1, 2011.

In conjunction with the acquisition of Industrial on August 5, 2005, two mortgage-backed, promissory notes payable to General Electric Capital Life Assurance Company of New York totaling \$4,150,000 were assumed. The notes are secured by the real estate investments, bear interest at a fixed rate of 6.60%, and require monthly interest payments over the remaining term. Principal is due upon expiration of the term on June 30, 2012.

In conjunction with the purchase of the related real estate investment on August 23, 2005, Park assumed a mortgage-backed, promissory note payable to Principal Commercial Funding, LLC with an original principal amount of \$4,250,000. The note is secured by the related real estate, bears interest at a fixed rate of 5.43%, and requires monthly principal and interest payments of \$24,636 until October 1, 2013. The total remaining balance due as of December 31, 2010 and 2009 was \$3,883,338 and \$3,962,793, respectively.

A summary of future maturities of mortgage notes payable as of December 31, 2010 is as follows:

<u>Year</u>	<u>Amount</u>
2011	\$ 14,233,941
2012	4,238,086
2013	3,711,311
2014	-
2015	-
2016 and later years	<u>11,500,000</u>
	<u>\$ 33,683,338</u>

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

Notes to the Consolidated Financial Statements

December 31, 2010 and 2009

(10) Real estate and lease agreements

The Fund's portfolio of investment real estate is diversified by property type and by geographic regions established by the National Council of Real Estate Investment Fiduciaries ("NCREIF") within the forty-eight contiguous United States. A summary of the approximate fair values of investment real estate by property type and NCREIF region at December 31, 2010 and 2009 is as follows:

<u>Property Type</u>	<u>2010</u>	<u>2009</u>
Retail	\$ 21,900,000	\$ 20,200,000
Office	54,742,000	53,545,000
Industrial	47,075,000	47,670,000
Multi-Family	<u>28,050,000</u>	<u>25,650,000</u>
	<u>\$ 151,767,000</u>	<u>\$ 147,065,000</u>
<u>NCREIF Region</u>	<u>2010</u>	<u>2009</u>
West	\$ 49,100,000	\$ 51,000,000
East	23,675,000	22,770,000
South	78,992,000	73,295,000
Mid-West	<u>-</u>	<u>-</u>
	<u>\$ 151,767,000</u>	<u>\$ 147,065,000</u>

The following is a schedule of estimated future rents expected to be received by the Fund under non-cancelable leases in existence at December 31, 2010:

	<u>For the years ending December 31,</u>					
	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>Thereafter</u>
Weston	\$ 1,622,063	\$ 1,420,097	\$ 1,429,060	\$ 1,089,524	\$ 924,559	\$ 1,420,969
Von Karman	2,481,522	2,515,673	2,029,221	1,790,413	1,377,458	3,219,861
Industrial	1,458,844	1,497,588	1,536,950	1,577,791	1,530,631	3,772,735
Park	572,520	578,154	490,268	256,081	265,164	1,571,417
Rancho	1,202,180	537,566	537,566	575,196	575,196	287,598
Quadrangle	<u>3,390,590</u>	<u>3,017,892</u>	<u>2,529,146</u>	<u>1,408,787</u>	<u>659,435</u>	<u>832,737</u>
Total	<u>\$ 10,727,719</u>	<u>\$ 9,566,970</u>	<u>\$ 8,552,211</u>	<u>\$ 6,697,792</u>	<u>\$ 5,332,443</u>	<u>\$ 11,105,317</u>

All North Point leases are cancelable. To cancel a lease before its scheduled termination date, the tenant(s) must give 60 days notice in which the full contract rent rate is due, pay a cancellation fee equal to one month's rent and repay any rent concessions taken through the early termination date.

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

Notes to the Consolidated Financial Statements

December 31, 2010 and 2009

(11) 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 that such changes could materially affect the amounts reported in the statements of net assets available for plan benefits.

The Fund's credit risks primarily relate to collective trust funds, marketable securities and private placement debt securities. Collective trust funds are held in a short-term investment fund and an index fund. Marketable securities include corporate stocks and bonds, state and local government securities, and U.S. government securities. Private placement debt instruments consist of debt instruments that are offered or sold pursuant to Rule 144(A) of the Securities Act of 1933 and which are considered, by each respective investment manager, to be sufficiently creditworthy. The market values of these assets will fluctuate considerably based on investors' determinations of the performance of the underlying companies and interest rate changes. The risk of loss would increase due to poor performances by the financial markets or underlying companies and due to failures by financial institutions in which funds are held or invested.

Certain investments held by the Fund have exposure to investments in non-U.S. (foreign) assets. Such investments are subject to concentration risks by holding positions in issuers located in a particular geographic area or issuers engaged in a particular industry. Other risks may involve adverse political and economic developments, including expropriation and the possible imposition of capital controls or other foreign governmental laws or restrictions. In addition, the securities of some foreign companies and securities markets are less liquid and at times may be more volatile than securities of comparable U.S. companies and U.S. securities markets.

At various times during the year, the Fund and certain wholly owned subsidiaries have cash deposits at banks in excess of the federally insured limit. Neither the Fund nor its wholly owned subsidiaries have experienced any losses in such accounts, and the Trustees and ARA 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, health care 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 financial statements.

(12) Income tax status

The Fund obtained a favorable determination letter on April 20, 2004, 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, with the exceptions noted below, is currently being operated in compliance with the applicable provisions of the IRC.

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

Notes to the Consolidated Financial Statements

December 31, 2010 and 2009

The Fund intends to correct certain operational errors related to age 70.5 required distributions, post normal retirement age benefit calculations and suspension of benefit issues under the IRS's Voluntary Compliance Program.

Accounting principles generally accepted in the United States of America require the Fund to evaluate tax positions taken by the Fund and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Fund has analyzed its tax positions and concluded that as of December 31, 2010, 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 various taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Fund believes it is no longer subject to income tax examinations for years prior to 2007.

(13) Related party transactions

Certain fund investments are managed by BNYM, a fiduciary for the plan, and, therefore, these investment transactions qualify as party in interest transactions. Fees of \$180,097 and \$238,377 in 2010 and 2009, respectively, were incurred by the Fund and paid to BNYM. At December 31, 2010 and 2009, accounts payable and accrued expenses include \$75,673 and \$165,713, respectively, payable to BNYM.

The Western Asset LLC's managing principal, Western Asset Management Company ("Managing Principal"), receives from the Fund a quarterly management fee. Management fees of \$288,843 and 228,922 in 2010 and 2009, respectively, were incurred by the Fund and paid to the Managing Principal. There were no accounts payable or accrued expenses to Western Asset LLC as of December 31, 2010. At December 31, 2009, accounts payable and accrued expenses included \$116,370 payable to Western Asset LLC.

The Grosvenor Institutional LP's general partner, Grosvenor Capital Management, L.P. ("GCM"), receives a quarterly management fee from the Fund. During 2010 and 2009, the Fund paid the GCM \$1,405,869 and \$1,332,948, respectively.

PIMCO's general partner, Distressed Senior Credit Opportunities Fund Offshore Feeder GP I, Ltd. ("DSCO"), receives a quarterly management fee from the Fund. During 2010 and 2009, the Fund paid DSCO \$760,927 and \$586,807, respectively.

Investment managers for the Fund's interests in trust funds receive asset management fees, as defined in each respective agreement, directly from each respective trust fund. Such fees are included in fund interests in trust funds – increase (decrease) in net assets from operations in the consolidated statements of changes in net assets available for benefits.

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

Notes to the Consolidated Financial Statements

December 31, 2010 and 2009

(14) Reconciliation to the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2010 and 2009:

	<u>2010</u>	<u>2009</u>
Net assets available for benefits per the financial statements	\$ 1,600,143,023	\$ 1,527,829,697
Cost to fair market value adjustment for building used in Fund operation	<u>1,657,284</u>	<u>1,572,281</u>
Net assets available for benefits per Form 5500	<u>\$ 1,601,800,307</u>	<u>\$ 1,529,401,978</u>

The following is a reconciliation of the change in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31, 2010 and 2009:

	<u>2010</u>	<u>2009</u>
Change in net assets available for benefits per financial statements	\$ 72,313,326	\$ 123,408,475
Cost to fair market value adjustment for building used in Fund operation	<u>85,003</u>	<u>(115,500)</u>
Change in net assets available for benefits per Form 5500	<u>\$ 72,398,329</u>	<u>\$ 123,292,975</u>

PACE INDUSTRY UNION - MANAGEMENT PENSION FUND

EIN 11-6166763, PLAN No. 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrow, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral par or maturity value	Cost	Current value
MONEY MARKET FUNDS:				
	CNI CHARTER FUNDS	PRIME MONEY MARKET FUND	1,542,364	1,542,364
	TOTAL MONEY MARKET FUNDS		<u><u>1,542,364</u></u>	<u><u>1,542,364</u></u>
U. S. GOVERNMENT SECURITIES:				
		<u>Rate of Interest</u>		
		<u>Maturity</u>		
	FEDERAL AGRIC MTG CORP NT	6.15%	1,100,756	1,112,143
	FEDERAL AGRIC MTG CORP NT	6.68%	1,420,641	1,438,087
	FEDERAL FARM CR BK CONS BD	4.63%	161,297	167,283
	FEDERAL HOME LN BK CONS BD	5.38%	995,063	1,032,534
		\$1,037,530 on loan under securities lending agreement		
	FEDERAL NATL MTG ASSN	8.20%	1,194,625	1,222,470
	FHLMC POOL #31-0001	VAR RT	1,354	1,335
	FHLMC POOL #A1-3822	5.00%	692,831	710,388
	FHLMC POOL #A1-3973	5.50%	587,826	600,188
	FHLMC POOL #A1-4756	6.00%	350,188	360,097
	FHLMC POOL #A1-5024	6.00%	40,308	41,449
	FHLMC POOL #A1-5683	5.00%	466,001	477,810
	FHLMC POOL #A1-5709	5.00%	154,922	158,848
	FHLMC POOL #A1-5829	5.50%	8,681	8,863
	FHLMC POOL #A1-7670	6.00%	299,323	306,838
	FHLMC POOL #A2-3606	5.00%	1,145,806	1,174,511
	FHLMC POOL #A2-3982	5.50%	1,364,866	1,391,943
	FHLMC POOL #A2-4720	5.50%	532,572	543,730
	FHLMC POOL #A2-9616	5.50%	207,280	211,335
	FHLMC POOL #A2-9805	5.50%	89,384	91,133
	FHLMC POOL #A2-9814	5.50%	60,371	61,642
	FHLMC POOL #A3-0047	5.50%	92,371	94,204
	FHLMC POOL #A3-0124	5.50%	9,765	9,959
	FHLMC POOL #A3-1234	5.50%	365,527	372,779
	FHLMC POOL #A3-1249	5.50%	192,318	196,080
	FHLMC POOL #A3-1252	5.50%	103,588	105,615
	FHLMC POOL #A3-3033	5.50%	289,157	294,888
	FHLMC POOL #A3-3144	5.50%	302,365	308,280
	FHLMC POOL #A3-5753	5.50%	368,543	378,600
	FHLMC POOL #A4-4667	6.00%	850,204	871,428
	FHLMC POOL #A4-4725	5.50%	781,876	798,393
	FHLMC POOL #A4-5093	5.50%	567,912	579,023
	FHLMC POOL #A4-7040	5.00%	1,594,218	1,635,167
	FHLMC POOL #A4-7273	5.50%	404,024	411,987
	FHLMC POOL #A4-9348	6.00%	73,672	75,313
	FHLMC POOL #A4-9727	5.50%	805,290	820,106
	FHLMC POOL #A5-1967	6.00%	574,986	587,787
	FHLMC POOL #A5-5611	6.00%	17,390	17,777
	FHLMC POOL #A6-0323	6.00%	68,240	69,821
	FHLMC POOL #A6-0355	6.00%	1,907,735	1,947,445
	FHLMC POOL #A6-0379	5.50%	798,943	812,823
	FHLMC POOL #A6-0585	5.50%	733,297	746,037
	FHLMC POOL #A6-0696	5.50%	982,675	999,748
	FHLMC POOL #A6-0697	5.50%	273,703	278,458
	FHLMC POOL #A6-1105	5.50%	347,341	353,732
	FHLMC POOL #A6-1466	6.00%	816,672	833,672
	FHLMC POOL #A8-8357	4.50%	1,067,513	1,046,848
	FHLMC POOL #A8-8839	5.00%	751,463	770,765
	FHLMC POOL #B1-2123	5.00%	533,857	540,209
	FHLMC POOL #C0-0689	6.50%	5,793	6,018

PACE INDUSTRY UNION - MANAGEMENT PENSION FUND

EIN 11-6166763, PLAN No. 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrow, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral par or maturity value	Cost	Current value
	FHLMC POOL #C0-1005	8.00% 6/1/2030	8,836	9,016
	FHLMC POOL #C0-1095	7.00% 11/1/2030	58,925	60,770
	FHLMC POOL #C0-1184	6.50% 6/1/2031	62,349	64,820
	FHLMC POOL #C0-1329	7.00% 3/1/2032	175,366	181,513
	FHLMC POOL #C0-1345	7.00% 4/1/2032	97,296	100,805
	FHLMC POOL #C0-1351	6.50% 5/1/2032	19,428	20,227
	FHLMC POOL #C0-1385	6.50% 8/1/2032	1,085,299	1,129,937
	FHLMC POOL #C0-1403	6.00% 9/1/2032	168,056	172,408
	FHLMC POOL #C0-1404	6.50% 10/1/2032	73,972	77,015
	FHLMC POOL #C0-1428	5.50% 11/1/2032	120,787	123,181
	FHLMC POOL #C0-1435	6.00% 12/1/2032	73,363	75,263
	FHLMC POOL #C0-1444	6.00% 1/1/2033	111,986	114,886
	FHLMC POOL #C0-1450	6.50% 12/1/2032	274,988	286,298
	FHLMC POOL #C0-1501	5.50% 3/1/2033	59,122	60,365
	FHLMC POOL #C0-1571	6.00% 5/1/2033	185,233	190,474
	FHLMC POOL #C0-1573	5.50% 6/1/2033	452,010	461,516
	FHLMC POOL #C0-1623	5.50% 9/1/2033	200,547	204,764
	FHLMC POOL #C0-1754	5.50% 1/1/2034	1,822,569	1,860,898
	FHLMC POOL #C0-1797	5.50% 3/1/2034	923,553	941,875
	FHLMC POOL #C1-4717	6.50% 9/1/2028	477	495
	FHLMC POOL #C2-9166	7.00% 7/1/2029	79,388	81,785
	FHLMC POOL #C3-2377	7.00% 10/1/2029	96,238	99,143
	FHLMC POOL #C3-2974	7.50% 11/1/2029	9,405	9,586
	FHLMC POOL #C3-3007	7.00% 11/1/2029	117	121
	FHLMC POOL #C3-5345	7.00% 1/1/2030	5,245	5,404
	FHLMC POOL #C3-5362	7.00% 1/1/2030	13,974	14,396
	FHLMC POOL #C3-7463	8.00% 4/1/2030	11,994	12,239
	FHLMC POOL #C4-1732	7.50% 9/1/2030	19,036	19,431
	FHLMC POOL #C4-4019	7.50% 10/1/2030	66,744	68,029
	FHLMC POOL #C4-4282	7.50% 11/1/2030	6,131	6,258
	FHLMC POOL #C4-6328	7.50% 1/1/2031	83,785	85,527
	FHLMC POOL #C4-6812	7.50% 1/1/2031	14,598	14,901
	FHLMC POOL #C5-7933	6.50% 9/1/2031	9,017	9,374
	FHLMC POOL #C6-0567	7.00% 11/1/2031	34,695	35,911
	FHLMC POOL #C6-4886	5.50% 1/1/2032	109,786	111,918
	FHLMC POOL #C6-9127	6.50% 7/1/2032	5,102	5,312
	FHLMC POOL #C7-2811	6.00% 11/1/2032	104,231	106,930
	FHLMC POOL #C7-5536	6.00% 1/1/2033	400,801	411,180
	FHLMC POOL #C7-5905	6.50% 1/1/2033	21,193	22,103
	FHLMC POOL #C7-6970	5.50% 2/1/2033	584,008	596,290
	FHLMC POOL #C7-7416	6.00% 3/1/2033	94,868	97,325
	FHLMC POOL #C7-9715	5.50% 2/1/2033	254,825	259,876
	FHLMC POOL #C7-9751	5.50% 5/1/2033	11,503	11,744
	FHLMC POOL #C9-1149	6.00% 1/1/2028	695,044	704,069
	FHLMC POOL #D8-2838	7.00% 10/1/2027	9,215	9,464
	FHLMC POOL #D8-2929	7.00% 10/1/2027	38,151	39,184
	FHLMC POOL #D8-2999	6.50% 10/1/2027	42,919	44,587
	FHLMC POOL #E0-1139	6.00% 4/1/2017	9,337	9,458
	FHLMC POOL #E0-1378	5.00% 5/1/2018	24,874	25,134
	FHLMC POOL #E0-1386	5.00% 6/1/2018	2,073,415	2,095,386
	FHLMC POOL #E9-1318	5.50% 9/1/2017	5,219	5,264
	FHLMC POOL #E9-5734	5.00% 3/1/2018	22,845	23,117
	FHLMC POOL #G0-1131	7.50% 9/1/2030	19,389	19,792
	FHLMC POOL #G0-1444	6.50% 8/1/2032	259,728	270,021
	FHLMC POOL #G0-1616	6.00% 7/1/2033	722,762	741,478

PACE INDUSTRY UNION - MANAGEMENT PENSION FUND

EIN 11-6166763, PLAN No. 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrow, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral par or maturity value	Cost	Current value
	FHLMC POOL #G0-1846	5.50% 6/1/2035	183,406	187,044
	FHLMC POOL #G0-1959	5.00% 12/1/2035	750,709	769,992
	FHLMC POOL #G0-2031	5.50% 2/1/2036	1,448,664	1,477,008
	FHLMC POOL #G0-3715	5.50% 1/1/2038	1,350,416	1,373,878
	FHLMC POOL #G0-4719	5.50% 1/1/2038	1,307,512	1,331,569
	FHLMC POOL #G0-5695	4.50% 11/1/2039	2,309,887	2,372,693
	FHLMC POOL #G0-8036	5.50% 1/1/2035	105,992	108,095
	FHLMC POOL #G0-8080	5.50% 9/1/2035	106,281	108,360
	FHLMC POOL #G0-8087	6.00% 10/1/2035	1,888,887	1,933,666
	FHLMC POOL #G0-8155	5.50% 10/1/2036	390,875	398,067
	FHLMC POOL #G1-1736	5.00% 4/1/2020	33,040	33,591
	FHLMC POOL #G1-2745	5.00% 8/1/2022	722,719	729,215
	FHLMC POOL #G1-8114	5.50% 5/1/2021	259,210	262,040
	FHLMC POOL #J0-0740	5.50% 12/1/2020	284,057	289,818
	FHLMC POOL #J0-2698	5.50% 11/1/2020	319,995	323,103
	FHLMC POOL #J0-8616	5.50% 9/1/2023	13,019	13,191
	FHLMC POOL #J0-9173	5.50% 1/1/2024	293,533	297,413
	FHLMC POOL #J0-9226	5.50% 1/1/2024	253,046	256,391
	FHLMC MULTICLASS CTFS 2931 DC	4.00% 6/15/2018	208,565	209,950
	FHLMC MULTICLASS CTFS 3117 AE	4.50% 2/15/2034	54,698	57,543
	FHLMC MULTICLASS CTFS K001 A3	VAR RT 1/25/2012	108,564	105,946
	FHLMC MULTICLASS MTG	4.50% 5/15/2032	19,172	19,233
	FHLMC MULTICLASS MTG	5.13% 12/15/2013	122,921	121,266
	FHLMC MULTICLASS MTG	5.50% 12/15/2020	370,634	373,235
	FHLMC MULTICLASS MTG P/C 81-A	8.13% 11/15/2020	15,075	16,607
	FHLMC MULTICLASS MTG R003 AG	5.13% 10/15/2015	36,080	35,548
	FHLMC MULTICLASS MTG T-45 A5	VAR RT 10/27/2031	312,000	312,762
	FNMA POOL #0025394	6.00% 9/1/2016	115,255	117,072
	FNMA POOL #0246388	6.00% 12/1/2023	1,425	1,475
	FNMA POOL #0253841	6.50% 6/1/2031	86,643	90,102
	FNMA POOL #0253845	6.00% 6/1/2016	61,614	62,585
	FNMA POOL #0253846	6.50% 6/1/2016	127,077	127,718
	FNMA POOL #0254342	6.00% 6/1/2017	215,474	219,312
	FNMA POOL #0254442	5.50% 9/1/2017	70,665	71,551
	FNMA POOL #0254447	6.00% 9/1/2032	5,673	5,847
	FNMA POOL #0254548	5.50% 12/1/2032	14,633	14,974
	FNMA POOL #0254591	5.50% 1/1/2018	20,376	20,646
	FNMA POOL #0254665	6.00% 2/1/2018	347,346	353,533
	FNMA POOL #0254832	5.50% 8/1/2023	891,284	909,854
	FNMA POOL #0256485	5.50% 11/1/2036	224,750	229,802
	FNMA POOL #0303777	7.00% 3/1/2011	1	1
	FNMA POOL #0322882	7.00% 11/1/2025	23,364	23,822
	FNMA POOL #0323439	6.00% 12/1/2028	11,207	11,517
	FNMA POOL #0323702	6.00% 5/1/2029	14,606	15,020
	FNMA POOL #0323862	6.50% 8/1/2029	9,260	9,616
	FNMA POOL #0327752	7.50% 11/1/2025	2,792	2,832
	FNMA POOL #0340687	6.00% 3/1/2011	43	44
	FNMA POOL #0370203	7.50% 1/1/2027	1,376	1,396
	FNMA POOL #0377532	7.00% 4/1/2027	6,190	6,341
	FNMA POOL #0406723	6.50% 3/1/2013	3,871	3,919
	FNMA POOL #0488715	6.00% 3/1/2014	942	954
	FNMA POOL #0489017	6.50% 3/1/2029	10,653	11,062
	FNMA POOL #0499946	6.50% 7/1/2029	36,183	37,573
	FNMA POOL #0527268	7.00% 11/1/2014	44,563	44,753
	FNMA POOL #0529275	7.50% 7/1/2030	21,448	21,812

PACE INDUSTRY UNION - MANAGEMENT PENSION FUND

EIN 11-6166763, PLAN No. 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2010

(a)	(b)	(c)	(d)	(e)
—	Identity of issue borrow, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral par or maturity value	Cost	Current value
	FNMA POOL #0530660	7.50% 3/1/2030	67,065	64,121
	FNMA POOL #0538922	7.50% 6/1/2030	3,812	3,877
	FNMA POOL #0539930	6.50% 5/1/2030	98,388	102,257
	FNMA POOL #0540045	7.50% 5/1/2030	9,076	9,230
	FNMA POOL #0545302	5.50% 11/1/2016	15,747	15,951
	FNMA POOL #0545894	5.50% 1/1/2017	77,141	78,141
	FNMA POOL #0545994	7.00% 10/1/2032	193,346	199,678
	FNMA POOL #0547140	7.00% 10/1/2015	4,458	4,487
	FNMA POOL #0555032	5.50% 11/1/2017	66,981	67,828
	FNMA POOL #0555384	5.50% 4/1/2018	439,098	444,261
	FNMA POOL #0555918	5.50% 10/1/2018	3,325	3,367
	FNMA POOL #0556785	8.00% 9/1/2030	20,213	20,389
	FNMA POOL #0556869	7.00% 10/1/2015	16,507	16,615
	FNMA POOL #0577526	6.50% 5/1/2016	26,999	27,135
	FNMA POOL #0582609	6.00% 6/1/2016	15,040	15,277
	FNMA POOL #0585964	6.50% 5/1/2016	20,035	20,147
	FNMA POOL #0589191	6.00% 7/1/2016	18,514	18,806
	FNMA POOL #0609067	6.00% 9/1/2016	4,491	4,562
	FNMA POOL #0609072	6.00% 9/1/2016	59,491	60,429
	FNMA POOL #0615857	5.50% 2/1/2017	15,369	15,568
	FNMA POOL #0620950	5.50% 12/1/2016	69,975	70,881
	FNMA POOL #0623068	5.50% 12/1/2016	38,492	38,991
	FNMA POOL #0631328	5.50% 2/1/2017	12,959	13,123
	FNMA POOL #0636589	7.00% 4/1/2017	84,917	85,472
	FNMA POOL #0637106	5.50% 3/1/2017	52,952	53,622
	FNMA POOL #0647307	6.00% 6/1/2017	4,878	4,965
	FNMA POOL #0647532	5.50% 5/1/2017	193,130	195,573
	FNMA POOL #0667487	5.50% 12/1/2017	110,934	112,337
	FNMA POOL #0670372	6.00% 9/1/2017	7,204	7,332
	FNMA POOL #0670551	6.50% 8/1/2032	4,333	4,508
	FNMA POOL #0671037	5.50% 1/1/2018	1,971	1,996
	FNMA POOL #0675859	6.00% 1/1/2033	25,279	26,056
	FNMA POOL #0678002	5.50% 12/1/2017	2,155	2,182
	FNMA POOL #0678973	5.50% 1/1/2018	22,592	22,860
	FNMA POOL #0681119	5.50% 2/1/2018	1,703	1,723
	FNMA POOL #0683347	5.00% 2/1/2018	149,180	151,618
	FNMA POOL #0686337	5.50% 3/1/2018	4,434	4,486
	FNMA POOL #0688699	5.50% 3/1/2018	6,840	6,920
	FNMA POOL #0689451	5.50% 1/1/2018	3,150	3,190
	FNMA POOL #0697329	5.50% 1/1/2034	97,272	100,336
	FNMA POOL #0712060	5.50% 7/1/2033	23,626	24,230
	FNMA POOL #0725027	5.00% 11/1/2033	3,141,141	3,204,207
	FNMA POOL #0727432	4.50% 7/1/2018	467,862	475,524
	FNMA POOL #0729731	5.50% 7/1/2018	7,001	7,083
	FNMA POOL #0729776	6.00% 7/1/2033	5,865	6,049
	FNMA POOL #0730770	5.00% 8/1/2018	4,895	4,975
	FNMA POOL #0730969	5.00% 8/1/2033	569,993	585,084
	FNMA POOL #0731056	6.00% 7/1/2033	307,231	316,304
	FNMA POOL #0735358	5.50% 2/1/2035	496,432	508,382
	FNMA POOL #0735370	5.50% 1/1/2020	2,621	2,654
	FNMA POOL #0735893	5.00% 10/1/2035	1,767,344	1,814,785
	FNMA POOL #0735925	5.00% 10/1/2035	1,326,489	1,362,096
	FNMA POOL #0736581	6.50% 7/1/2031	167,929	174,532
	FNMA POOL #0741893	6.00% 10/1/2033	13,111	13,522
	FNMA POOL #0745148	5.00% 1/1/2036	737,641	757,442

PACE INDUSTRY UNION - MANAGEMENT PENSION FUND

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2010

(a)	(b)	(c)	(d)	(e)
—	Identity of issue borrow, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral par or maturity value	Cost	Current value
	FNMA POOL #0745407	6.00% 4/1/2024	1,775,665	1,813,256
	FNMA POOL #0745643	6.50% 7/1/2036	7,798	8,102
	FNMA POOL #0745748	5.50% 7/1/2036	1,292,950	1,322,010
	FNMA POOL #0748726	5.00% 10/1/2018	82,528	83,877
	FNMA POOL #0755733	4.50% 5/1/2019	1,044,740	1,063,147
	FNMA POOL #0767413	5.50% 1/1/2034	58,515	59,923
	FNMA POOL #0770080	5.00% 3/1/2034	32,293	33,198
	FNMA POOL #0770415	5.00% 4/1/2034	26,691	27,391
	FNMA POOL #0793180	5.50% 7/1/2019	8,263	8,367
	FNMA POOL #0801593	5.00% 3/1/2020	5,207	5,296
	FNMA POOL #0806690	5.00% 12/1/2034	26,226	26,913
	FNMA POOL #0835464	4.50% 9/1/2020	5,730	5,845
	FNMA POOL #0835760	4.50% 9/1/2035	2,181,777	2,245,234
	FNMA POOL #0845088	5.50% 12/1/2035	899,359	920,746
	FNMA POOL #0845211	5.00% 11/1/2035	18,069	18,554
	FNMA POOL #0846528	5.50% 12/1/2035	508,483	520,576
	FNMA POOL #0871010	5.00% 12/1/2036	325,297	333,243
	FNMA POOL #0883003	5.00% 7/1/2036	42,631	43,672
	FNMA POOL #0889961	5.50% 8/1/2037	344,694	352,891
	FNMA POOL #0897640	5.50% 5/1/2037	2,156,462	2,203,360
	FNMA POOL #0898308	6.00% 11/1/2036	453,141	465,504
	FNMA POOL #0899661	4.50% 8/1/2037	19,998	20,567
	FNMA POOL #0903233	5.50% 10/1/2036	92,235	94,308
	FNMA POOL #0938578	6.00% 9/1/2036	373,075	384,079
	FNMA POOL #0941056	6.00% 8/1/2037	75,009	76,946
	FNMA POOL #0941320	6.00% 7/1/2037	48,363	49,611
	FNMA POOL #0942198	6.00% 7/1/2037	396,319	406,552
	FNMA POOL #0944636	5.50% 7/1/2037	306,300	312,962
	FNMA POOL #0948230	6.00% 8/1/2037	94,324	96,759
	FNMA POOL #0952188	5.50% 10/1/2037	476,525	486,888
	FNMA POOL #0961655	5.00% 2/1/2038	1,416,641	1,450,825
	FNMA POOL #0964847	4.50% 8/1/2038	763,544	785,038
	FNMA POOL #0967491	5.50% 1/1/2038	8,109	8,285
	FNMA POOL #0967944	5.50% 1/1/2038	11,161	11,403
	FNMA POOL #0970813	5.00% 11/1/2038	2,864,115	2,933,227
	FNMA POOL #0991861	5.50% 10/1/2038	752,822	769,079
	FNMA POOL #0992714	4.50% 2/1/2039	847,726	871,813
	FNMA POOL #0992727	5.50% 11/1/2038	279,555	285,591
	FNMA POOL #0995472	5.00% 11/1/2023	1,647,078	1,671,087
	FNMA POOL #0995672	4.50% 4/1/2039	1,944,636	1,923,109
	FNMA POOL #0AA0570	4.50% 2/1/2039	446,297	458,978
	FNMA POOL #0AA0584	4.50% 2/1/2039	386,315	397,292
	FNMA POOL #0AA0626	4.50% 3/1/2039	408,410	419,907
	FNMA POOL #0AA0641	4.50% 3/1/2039	355,052	365,140
	FNMA POOL #0AA1681	4.50% 3/1/2039	395,938	407,188
	FNMA POOL #0AC6693	4.50% 1/1/2040	2,276,990	2,243,014
	FNMA GTD REMIC P/T	4.00% 11/25/2022	481,243	485,413
	FNMA GTD REMIC P/T	4.50% 7/25/2033	304,490	317,373
	FNMA GTD REMIC P/T	4.50% 8/25/2029	87,667	87,108
	FNMA GTD REMIC P/T	5.25% 10/25/2030	82,256	80,956
	FNMA GTD REMIC P/T 03-68 QT	4.00% 7/25/2022	38,892	38,987
	FNMA GTD REMIC P/T 05-118 AB	6.00% 1/25/2032	21,816	21,330
	FNMA GTD REMIC P/T 05-118 C A	6.00% 10/25/2033	165,071	167,180
	GNMA POOL #0159790	9.00% 9/15/2016	16,076	16,242
	GNMA POOL #0177793	9.50% 5/15/2019	2,051	2,075

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	GNMA POOL #0188860	8.50% 1/15/2017	576	520
	GNMA POOL #0290313	9.50% 5/15/2020	3,767	3,873
	GNMA POOL #0385942	8.50% 10/15/2024	3,713	3,843
	GNMA POOL #0395619	7.00% 8/15/2028	34,034	35,046
	GNMA POOL #0421780	7.50% 3/15/2026	2,155	2,211
	GNMA POOL #0434504	7.00% 8/15/2029	7,516	7,740
	GNMA POOL #0434556	7.50% 10/15/2029	2,903	2,980
	GNMA POOL #0434979	7.50% 12/15/2030	15,618	16,036
	GNMA POOL #0451456	8.00% 9/15/2027	2,284	2,349
	GNMA POOL #0462109	7.00% 3/15/2029	5,429	5,591
	GNMA POOL #0470239	6.50% 4/15/2029	136,589	143,549
	GNMA POOL #0474659	6.00% 5/15/2029	310,233	320,638
	GNMA POOL #0480543	6.50% 4/15/2029	126,808	133,270
	GNMA POOL #0481434	6.00% 12/15/2028	22,622	23,380
	GNMA POOL #0485393	7.00% 4/15/2031	10,740	11,063
	GNMA POOL #0486630	6.50% 10/15/2028	36,112	37,952
	GNMA POOL #0491643	7.00% 8/15/2029	17,568	18,091
	GNMA POOL #0494046	7.00% 8/15/2029	21,391	22,027
	GNMA POOL #0494875	7.50% 8/15/2029	972	998
	GNMA POOL #0505068	7.00% 6/15/2029	30,936	31,856
	GNMA POOL #0506690	6.00% 4/15/2029	48,460	50,086
	GNMA POOL #0509728	7.00% 8/15/2029	23,111	23,799
	GNMA POOL #0513367	7.00% 8/15/2029	23,869	24,579
	GNMA POOL #0518463	7.00% 9/15/2029	28,844	29,702
	GNMA POOL #0518488	7.50% 9/15/2029	496	509
	GNMA POOL #0543435	7.50% 11/15/2030	303	311
	GNMA POOL #0544540	6.50% 5/15/2031	21,699	22,812
	GNMA POOL #0544546	6.50% 5/15/2031	64,193	67,484
	GNMA POOL #0550475	7.00% 5/15/2031	14,713	15,155
	GNMA POOL #0565165	6.00% 10/15/2033	66,248	69,035
	GNMA POOL #0570458	6.00% 11/15/2031	308,425	318,769
	GNMA POOL #0780429	7.50% 9/15/2026	7,031	7,210
	GNMA POOL #0781043	6.00% 5/15/2029	21,394	22,180
	GNMA POOL #0781159	7.50% 4/15/2030	879	903
	GNMA POOL #0781336	6.00% 10/15/2031	278,645	288,199
	GNMA POOL #0781598	5.00% 5/15/2033	79,353	81,887
	GNMA POOL #0781952	6.00% 7/15/2035	1,839,884	1,906,038
	GNMA GTD REMIC P/T 05-76 CL A	3.96% 5/16/2030	433,918	437,357
	GNMA GTD REMIC P/T 2008-52 A	3.44% 5/16/2022	1,043,684	1,042,587
	GNMA II POOL #0000964	9.50% 4/20/2018	17,011	17,537
	GNMA II POOL #0004309	5.50% 12/20/2038	577,785	578,205
	GNMA II POOL #0080186	VAR RT 4/20/2028	32,801	32,902
	GNMA II POOL #0080259	VAR RT 2/20/2029	14,462	14,468
	GNMA II POOL #0080291	VAR RT 6/20/2029	34,330	34,458
	GNMA II POOL #0080585	VAR RT 3/20/2032	146,883	147,981
	GNMA II POOL #0080678	VAR RT 3/20/2033	48,672	48,837
	GNMA II POOL #0080776	VAR RT 11/20/2033	1,133,597	1,143,179
	GNMA II POOL #0080785	VAR RT 12/20/2033	76,687	77,213
	GNMA II POOL #0080846	VAR RT 3/20/2034	211,616	212,593
	GNMA II POOL #0080891	VAR RT 4/20/2034	606,677	610,519
	GNMA II POOL #0832482	VAR RT 6/20/2035	504,690	508,277
	NATIONAL ARCHIVES FAC TR CTF	8.50% 9/1/2019	353,004	360,956
	U S TREASURY BOND	5.25% 2/15/2029	895,302	854,426
		\$848,695 on loan under securities lending agreement		
	U S TREASURY BOND	4.25% 5/15/2039	649,278	586,170

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		\$537,071 on loan under securities lending agreement		
U S TREASURY BOND	6.25%	8/15/2023	1,318,246	1,256,880
		\$1,271,250 on loan under securities lending agreement		
U S TREASURY NOTE	2.50%	6/30/2017	1,654,841	1,643,812
U S TREASURY NOTE	2.75%	2/15/2019	1,162,599	1,095,691
		\$992,423 on loan under securities lending agreement		
U S TREASURY NOTE	3.38%	11/30/2012	1,587,954	1,580,970
U S TREASURY NOTE	3.50%	5/15/2020	127,427	128,048
U S TREASURY NOTE	3.50%	5/31/2013	57,961	58,644
U S TREASURY NOTE	4.00%	8/15/2018	163,413	173,387
VESSEL MGMT SERVICES INC	4.96%	11/15/2027	476,441	491,519
TOTAL U.S. GOVERNMENT SECURITIES			111,365,985	113,169,079
STATE AND LOCAL GOVERNMENT SECURITIES:	Rate of Interest	Maturity		
ILLINOIS STFOR ISSUES	4.950%	6/1/2023	526,993	492,795
TOTAL STATE AND LOCAL GOVERNMENT SECURITIES			526,993	492,795
CORPORATE DEBT INSTRUMENTS:	Rate of Interest	Maturity		
ABBOTT LABORATORIES	5.30%	5/27/2040	555,677	575,198
ACE INA HOLDINGS INC	5.88%	6/15/2014	314,531	325,160
AFLAC INC	8.50%	5/15/2019	1,215,349	1,304,497
ALABAMA POWER CO	5.50%	10/15/2017	862,966	909,395
ALBEMARLE CORP	4.50%	12/15/2020	495,505	492,110
ALCOA INC	6.00%	7/15/2013	179,083	187,070
		\$99,558 on loan under securities lending agreement		
ALLERGAN INC/UNITED STATES	3.38%	9/15/2020	797,576	754,575
AMEREN ENERGY GENERATING CO	7.00%	4/15/2018	492,500	492,865
		\$498,404 on loan under securities lending agreement		
AMERICAN EXPRESS CREDIT CORP	2.75%	9/15/2015	497,225	491,845
AMERICAN HOME MORTGAGE AS 2 A1	VAR RT	3/25/2047	773,787	816,231
AMERIPRISE FINANCIAL INC	7.30%	6/28/2019	837,020	797,600
AT&T INC	2.50%	8/15/2015	1,213,344	1,195,787
AT&T INC	5.10%	9/15/2014	1,138,048	1,157,558
AT&T INC	5.60%	5/15/2018	73,357	78,102
AT&T INC	5.80%	2/15/2019	532,980	562,790
AUTOZONE INC	4.00%	11/15/2020	677,008	642,240
AUTOZONE INC	4.38%	6/1/2013	762,578	783,023
BAKER HUGHES INC	7.50%	11/15/2018	895,260	940,463
BANC AMER COML MTG 06-4 A3A	VAR RT	8/10/2013	1,178,169	1,217,745
BANK OF AMERICA CORP	5.65%	5/1/2018	782,020	786,763
BANK OF AMERICA CORP	6.25%	4/15/2012	1,623,050	1,595,795
BB&T CORP	3.85%	7/27/2012	1,258,884	1,248,348
BEAR STEARNS ALT-A TRUST I3 A1	VAR RT	11/25/2034	252,503	249,791
BEAR STEARNS COMMERCIAL PW10 A4	5.41%	12/11/2040	391,999	427,368
BEAR STEARNS COMMERCIAL T18 A4	4.93%	2/13/2042	159,342	173,957
BEST BUY CO INC	6.75%	7/15/2013	2,197,188	2,212,360
BLACKROCK INC	6.25%	9/15/2017	1,182,742	1,238,258
BLACK FINANCIAL LLC	7.88%	1/15/2013	315,273	296,683
BURLINGTON NORTHERN SANTA FE L	6.75%	7/15/2011	642,921	617,208
BURLINGTON NORTHERN SER 99-2	7.57%	1/2/2021	254,317	252,797
CANADIAN NATIONAL RAILWAY CO	5.55%	5/15/2018	410,310	433,602
CANADIAN NATURAL RESOURCES LTD	5.70%	5/15/2017	243,595	259,956
CARGILL INC NT 144A	6.00%	11/27/2017	532,915	565,785
CAROLINA POWER & LIGHT CO	5.13%	9/15/2013	845,561	866,543
CATERPILLAR FINANCIAL SERVICES	6.20%	9/30/2013	1,114,340	1,122,680

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	CCCIT 2009-A3 A3	2.70% 6/23/2013	1,018,490	1,010,850
	CELLCO PARTNERSHIP / VERIZON W	7.38% 11/15/2013	1,148,670	1,158,560
	CHASE MORTGAGE FINANCE C S5 A4	5.50% 6/25/2033	2,350	2,340
	CISCO SYSTEMS INC	5.50% 1/15/2040	1,410,410	1,540,888
	CITIGROUP INC	5.85% 7/2/2013	680,624	706,942
	CITIGROUP INC	6.00% 8/15/2017	1,474,440	1,599,933
	CITIGROUP INC	6.00% 10/31/2033	60,229	65,531
	CITIGROUP/DEUTSCHE BANK CD4 A3	5.29% 12/11/2049	130,017	138,076
	COCA-COLA REFRESHMENTS USA INC	5.00% 8/15/2013	301,286	307,037
	COMCAST CABLE HOLDINGS LLC	9.80% 2/1/2012	1,018,620	979,587
	COMCAST CORP	5.85% 11/15/2015	712,042	728,404
	CONAGRA FOODS INC	7.00% 10/1/2028	1,928,952	2,017,836
	CONOCOPHILLIPS	4.75% 2/1/2014	1,073,690	1,086,260
	CONOCOPHILLIPS	5.20% 5/15/2018	351,405	370,564
	CONSOLIDATED EDISON CO OF NEW	4.88% 2/1/2013	756,594	760,289
	CONSOLIDATED EDISON CO OF NEW	6.65% 4/1/2019	736,574	774,722
	CONSOLIDATED RAIL SER 1995-A	6.76% 5/25/2015	44,008	43,855
	CONSUMERS ENERGY CO	6.13% 3/15/2019	541,270	573,465
	CORNING INC	5.75% 8/15/2040	602,646	601,656
	COUNTRYWIDE ASSET-BACKE IM1 A2	VAR RT 7/25/2035	56,563	59,043
	CREDIT SUISSE FIRST BOS 28 2A1	VAR RT 11/25/2031	546,436	559,216
	CREDIT SUISSE FIRST BOST 4 3A3	5.50% 6/25/2035	37,500	40,244
	CVS PASS-THROUGH TRUST	6.04% 12/10/2028	213,127	230,975
	DEVON FINANCING CORP ULC	6.88% 9/30/2011	1,086,320	1,044,710
	DOMINION RESOURCES INC/VA	5.25% 8/1/2033	869,987	919,151
	DOMINION RESOURCES INC/VA	6.40% 6/15/2018	174,771	186,154
	DOW CHEMICAL CO/THE	8.85% 9/15/2021	711,328	763,988
	DTE ENERGY CO	7.05% 6/1/2011	381,416	369,061
	DUKE ENERGY CAROLINAS LLC	5.10% 4/15/2018	398,286	422,880
	DUKE REALTY LP	5.88% 8/15/2012	401,170	411,271
	EBAY INC	3.25% 10/15/2020	447,390	418,577
	EI DU PONT DE NEMOURS & CO	5.25% 12/15/2016	606,684	642,025
	ENTERGY LOUISIANA LLC	6.50% 9/1/2018	539,730	572,720
	ENTERPRISE PRODUCTS OPERATING	6.50% 1/31/2019	210,354	221,413
	EXELON CORP	4.90% 6/15/2015	411,608	425,506
	FEDERAL EXPRESS CORP 97-1-A	7.50% 1/15/2018	1,034,851	1,047,496
	FIRSTENERGY CORP	6.45% 11/15/2011	19,301	18,732
*	GATX CORP	8.75% 5/15/2014	674,712	696,144
	GENERAL DYNAMICS CORP	4.25% 5/15/2013	306,790	312,764
	GENERAL ELECTRIC CAPITAL CORP	5.72% 8/22/2011	50,846	51,391
	GENERAL ELECTRIC CAPITAL CORP	6.00% 6/15/2012	1,705,254	1,691,174
	GENERAL MILLS INC	5.70% 2/15/2017	378,508	393,624
	GENWORTH FINANCIAL INC	8.63% 12/15/2016	1,300,975	1,383,270
	GOLDMAN SACHS GROUP INC/THE	3.63% 8/1/2012	1,339,406	1,341,612
	GOLDMAN SACHS GROUP INC/THE	5.63% 1/15/2017	1,298,149	1,344,006
	GOLDMAN SACHS GROUP INC/THE	6.75% 10/1/2037	287,809	286,272
	GOLDMAN SACHS GROUP INC/THE	VAR RT 2/6/2012	893,286	898,865
	GOODRICH CORP	4.88% 3/1/2020	370,924	394,050
	HARLEY-DAVIDSON 08-1 CL A-3A	4.25% 2/15/2013	83,395	82,259
	HEALTH CARE REIT INC	6.00% 11/15/2013	1,469,538	1,532,803
	ING BANK NV	3.00% 9/1/2015	498,660	487,630
	INGERSOLL-RAND CO	6.39% 11/15/2027	449,285	459,638
	INGERSOLL-RAND GLOBAL HOLDING	9.50% 4/15/2014	1,672,916	1,686,593
	INGRAM MICRO INC	5.25% 9/1/2017	749,985	758,993
	INTERNATIONAL BUSINESS MACHINE	7.50% 6/15/2013	1,098,599	1,089,868

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*	INTERNATIONAL PAPER CO	5.85% 10/30/2012	53	54
	JEFFERIES GROUP INC	3.88% 11/9/2015	998,380	982,900
	JP MORGAN CHASE COMMER CB18 A4	5.44% 6/12/2047	130,675	157,190
	JP MORGAN MORTGAGE TRUS A8 2A6	VAR RT 11/25/2035	174,150	178,367
	JPMORGAN CHASE & CO	5.38% 10/1/2012	745,588	739,304
	JPMORGAN CHASE & CO	6.40% 5/15/2038	423,801	436,663
	KELLOGG CO	5.13% 12/3/2012	135,658	133,968
	KERN RIV FDG CORP SR NT 144A	4.89% 4/30/2018	610,429	631,413
	KEYBANK NA	7.00% 2/1/2011	1,221,768	1,204,907
	KRAFT FOODS INC	6.00% 2/11/2013	391,430	399,697
	KRAFT FOODS INC	6.13% 2/1/2018	399,585	434,074
*	KROGER CO/THE	6.15% 1/15/2020	775,931	821,541
	LB-UBS COMMERCIAL MORTGA C1 A4	VAR RT 2/15/2040	110,969	140,719
	MACK-CALI REALTY LP	5.25% 1/15/2012	199,588	200,072
	MARKEL CORP	7.13% 9/30/2019	1,301,026	1,368,246
	MASSMUTUAL GLOBAL FUNDING II	3.63% 7/16/2012	513,100	518,175
	MERRILL LYNCH & CO INC	5.77% 7/25/2011	1,585,710	1,542,150
	MERRILL LYNCH MORTGAGE LC1 A4	VAR RT 1/12/2044	340,000	375,925
	MICROSOFT CORP	4.50% 10/1/2040	717,105	678,715
	MORGAN STANLEY	5.30% 3/1/2013	380,435	375,098
	MORGAN STANLEY	5.75% 10/18/2016	197,136	202,631
	NATIONAL RURAL UTILITIES COOPE	10.38% 11/1/2018	993,810	1,034,565
	NATIONAL RURAL UTILITIES COOPE	10.38% 11/1/2018	1,669,601	1,738,069
	NEVADA POWER CO	6.50% 8/1/2018	310,758	334,843
	NEWS AMERICA HOLDINGS INC	9.25% 2/1/2013	415,359	410,286
	NEWS AMERICA INC	6.65% 11/15/2037	475,340	498,416
	NORTHERN TRUST CORP	5.50% 8/15/2013	355,514	359,765
	NYSE EURONEXT	4.80% 6/28/2013	293,756	300,535
	ORACLE CORP	5.38% 7/15/2040	1,186,092	1,215,131
	PACIFIC BELL TELEPHONE CO	7.38% 7/15/2043	998,980	1,024,030
	PACIFICORP	5.65% 7/15/2018	536,930	572,270
	PHARMACIA CORP	8.70% 10/15/2021	420,672	454,097
	PHILIP MORRIS INTERNATIONAL IN	5.65% 5/16/2018	536,306	574,984
	PRAXAIR INC	5.25% 11/15/2014	223,883	228,575
	PRIME MTG 06-DR1 CL 1A1 144A	5.50% 5/25/2035	216,394	221,768
	PRUDENTIAL FINANCIAL INC	5.50% 3/15/2016	258,348	276,137
	PRUDENTIAL HOLDINGS LLC 144A	8.70% 12/18/2023	599,474	667,218
	RAYMOND JAMES FINANCIAL INC	8.60% 8/15/2019	473,855	519,087
	RESIDENTIAL ACCREDIT LO QA5 A1	VAR RT 12/25/2034	53,183	50,216
	RESIDENTIAL ACCREDIT LO QS1 A1	5.00% 1/25/2033	67,437	66,668
	RESIDENTIAL ASSET SECU EMX4 A2	VAR RT 11/25/2035	126,369	135,451
	ROHM & HAAS CO AMORTIZING DEB	9.80% 4/15/2020	242,003	276,289
	SAFEWAY INC	6.35% 8/15/2017	273,615	279,173
	SEMPRA ENERGY	6.00% 2/1/2013	249,524	253,675
	SIERRA PACIFIC POWER CO	5.45% 9/1/2013	533,260	545,130
	STAPLES INC	7.75% 4/1/2011	537,305	508,050
	SUNOCO INC	5.75% 1/15/2017	758,273	783,158
	\$288,229 on loan under securities lending agreement			
	TELECOM ITALIA CAPITAL SA	5.25% 11/15/2013	389,162	385,470
	TELECOM ITALIA CAPITAL SA	7.72% 6/4/2038	178,456	153,590
	TELEFONICA EMISIONES SAU	5.86% 2/4/2013	318,738	314,969
	TIME WARNER CABLE INC	6.75% 7/1/2018	516,323	547,870
	TORCHMARK CORP	9.25% 6/15/2019	1,663,874	1,805,266
	TRANSOCEAN INC	6.00% 3/15/2018	202,719	199,555
	TUNISIA REP US AID AGY	9.38% 8/1/2016	497,657	501,051

PACE INDUSTRY UNION - MANAGEMENT PENSION FUND

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

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(a)	(b)	(c)	(d)	(e)
	Identity of issue borrow, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral par or maturity value	Cost	Current value
	UNION PACIFIC CORP	4.88% 1/15/2015	516,070	534,449
	UNITEDHEALTH GROUP INC	4.88% 2/15/2013	240,640	244,867
	UNITEDHEALTH GROUP INC	5.50% 11/15/2012	154,812	155,449
	VALERO ENERGY CORP	6.88% 4/15/2012	379,973	370,335
	VEOLIA ENVIRONNEMENT	5.25% 6/3/2013	401,884	410,506
	VERIZON COMMUNICATIONS INC	8.95% 3/1/2039	209,723	220,889
	VIRGINIA ELECTRIC AND POWER CO	5.40% 4/30/2018	414,019	440,291
	VODAFONE GROUP PLC	5.63% 2/27/2017	853,985	897,545
	WACHOVIA BANK COMMERCIAL C20 A6A	5.11% 7/15/2042	250,003	260,723
	WACHOVIA CORP	5.75% 2/1/2018	365,250	388,605
	WACHOVIA CORP	VAR RT 3/1/2012	889,569	899,838
	WACHOVIA MORTGAGE LOAN T A 3A1	VAR RT 5/20/2036	243,759	242,586
	WAL-MART STORES INC	6.20% 4/15/2038	2,045,675	2,111,768
	WAL-MART STORES INC	7.25% 6/1/2013	215,719	214,523
	WASTE MANAGEMENT INC	5.00% 3/15/2014	412,261	422,597
	WELLS FARGO & CO	5.63% 12/11/2017	499,275	531,446
	WELLS FARGO MORTGAGE BACKED SECURITIES AR9 A2	VAR RT 12/28/2037	429,280	428,123
	WILLIS TOWERS WATSON NORTH AMERICA INC	6.20% 3/28/2017	1,060,000	1,027,550
	WORLD FINANCIAL PARTNERSHIP 1996 WFP 144A	6.91% 9/1/2013	73,125	72,672
	WYETH	5.50% 2/1/2014	1,317,736	1,300,701
	XEROX CORP	5.50% 5/15/2012	84,546	84,497
	XEROX CORP	5.65% 5/15/2013	109,406	113,805
	TOTAL CORPORATE DEBT INSTRUMENTS		101,559,296	103,913,992
CORPORATE STOCKS:				
	ABBOTT LABORATORIES		4,521,694	4,043,604
	ACACIA RESEARCH - ACACIA TECHNOLOGIES INC		651,167	1,562,522
	ACCENTURE PLC IRELAND SHARE CLASS A		3,960,824	4,155,593
	AGILENT TECHNOLOGIES INC		3,540,174	4,673,304
	ALLERGAN INC/UNITED STATES		4,506,048	4,903,038
	ALLIANCE DATA SYSTEMS CORP	\$1,304,871 on loan under securities lending agreement	1,181,739	1,299,565
	ALLSTATE CORP/THE		5,600,001	5,926,492
	AMB PROPERTY CORP		265,694	329,752
	AMERICAN CAMPUS COMMUNITIES INC		524,534	552,783
	AMERICAN SUPERCONDUCTOR CORP		439,265	353,773
	AMGEN INC		5,861,850	5,748,030
	AMR CORP		7,554,194	7,817,265
	ANGLOGOLD ASHANTI LTD		4,023,223	4,929,400
	AON CORP		3,998,862	4,798,843
	APACHE CORP		2,674,874	2,730,367
	APACHE CORP		6,313,166	7,368,414
	APPLE INC		3,707,907	5,415,782
	AT&T INC		6,689,614	7,042,386
	ATHEROS COMMUNICATIONS INC		144,561	151,654
	BALCHEM CORP		414,458	518,950
	BANK OF THE OZARKS INC	\$139,009 on loan under securities lending agreement	111,035	136,336
	BARRICK GOLD CORP		5,078,801	6,900,105
	BARRICK GOLD CORP		5,702,224	7,700,464
	BIOSCRIP INC		377,647	405,958
	BLACKBOARD INC	\$914,581 on loan under securities lending agreement	1,001,757	911,491
	BOEING CO/THE		9,288,565	10,441,600
	BROADCOM CORP		2,613,984	3,309,800
	CA INC		7,039,947	7,708,376
	CALIFORNIA PIZZA KITCHEN INC		147,560	189,579
	CAMERON INTERNATIONAL CORP		3,087,372	3,733,728

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	CANADIAN NATURAL RESOURCES LTD		3,464,498	4,442,000
	CARNIVAL CORP		2,528,007	2,886,486
	CATERPILLAR INC		2,059,410	3,343,662
	CENTRAL EUROPEAN DISTRIBUTION		337,822	328,226
	CENTRAL EUROPEAN DISTRIBUTION		1,822,964	1,597,275
	CHEMTURA CORP/NEW		2,604,686	507,545
	CHESAPEAKE ENERGY CORP		10,898,784	11,767,027
	CHICO'S FAS INC		995,750	821,276
	CHUBB CORP		4,077,636	4,863,642
	CINEMARK HOLDINGS INC		221,903	222,068
	CISCO SYSTEMS INC		4,884,621	4,772,257
	CITIGROUP INC		2,783,680	3,948,604
	CLEAN HARBORS INC		146,879	207,173
	COBIZ FINANCIAL INC	\$24,425 on loan under securities lending agreement	250,370	307,855
	COCA-COLA CO/THE		9,997,800	11,536,058
	COCA-COLA CO/THE		5,189,179	6,050,840
	COLGATE-PALMOLIVE CO		1,388,200	1,358,253
	COMCAST CORP		6,755,495	8,803,379
	COMPASS MINERALS INTERNATIONAL		1,537,173	2,042,319
	CON-WAY INC		1,080,576	1,298,235
	COPART INC		8,548,526	8,716,556
	CORE LABORATORIES N V	\$2,137,586 on loan under securities lending agreement	1,408,522	2,123,753
	COSTCO WHOLESALE CORP		4,152,798	5,090,805
	COVANTA ENERGY CORP COM		-	55
	CROCS INC		381,533	537,431
	CVS CAREMARK CORP		1,336,715	1,442,955
	CYPRESS SEMICONDUCTOR CORP		358,911	474,329
	DEERE & CO		1,899,704	2,869,378
	DIAMOND FOODS INC	\$775,601 on loan under securities lending agreement	540,496	758,347
	DOW CHEMICAL CO/THE		6,465,224	8,468,427
	ELI LILLY & CO		8,718,650	8,598,816
	EMERSON ELECTRIC CO		2,754,494	3,555,974
	ENTERTAINMENT PROPERTIES TRUST	\$1,907,386 on loan under securities lending agreement	1,569,827	2,040,273
	ERESEARCHTECHNOLOGY INC		449,386	421,427
	FAIRPOINT COMMUNICATIONS INC	\$54 on loan under securities lending agreement	295	206
	FERRO CORP		379,497	543,891
	FIFTH STREET FINANCE CORP	\$178,119 on loan under securities lending agreement	382,236	412,335
	FINISAR CORP		381,916	1,193,152
	FIRST CASH FINANCIAL SERVICES		598,832	736,074
	FLUOR CORP		3,665,269	5,340,556
	FNB CORP/PA		171,196	247,592
	FORD MOTOR CO		4,098,390	6,729,482
	FRED'S INC		441,342	433,674
	FRONTIER COMMUNICATIONS CORP		479,238	516,507
	GARDNER DENVER INC		1,049,067	1,606,534
	GENERAL ELECTRIC CO		4,667,300	5,629,662
	GENERAL MILLS INC		1,494,091	1,501,898
	GENERAL MOTORS CO		2,196,650	2,395,900
	GENUINE PARTS CO		995,698	1,329,706
	GENWORTH FINANCIAL INC		3,593,133	4,148,298
	GEOEYE INC		207,424	203,981
	GOLDCORP INC		6,251,925	7,375,192
	GOLDMAN SACHS GROUP INC/THE		1,298,322	1,513,440
	GOOGLE INC		6,250,810	6,082,253
	GSI COMMERCE INC		601,579	600,751

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	GUESS? INC		1,516,836	1,696,848
	HAIN CELESTIAL GROUP INC/THE		366,256	383,738
	HALLIBURTON CO		1,934,057	1,931,259
	HALLIBURTON CO		1,110,321	1,506,627
	HARTFORD FINANCIAL SERVICES GR		4,181,892	4,711,247
	HARTFORD FINANCIAL SERVICES GR		2,135,268	2,431,782
	HENRY SCHEIN INC		572,972	668,721
	HERCULES TECHNOLOGY GROWTH CAP		330,739	342,098
	HERSHA HOSPITALITY TRUST		1,043,683	1,762,240
	HESS CORP		2,274,800	2,877,904
	HEWLETT-PACKARD CO		14,055,911	12,635,220
	HUGHES COMMUNICATIONS INC		157,534	244,803
	IDEARC INC	\$53 on loan under securities lending agreement	53	48
	INGERSOLL-RAND PUBLIC LIMITED	\$18,944 on loan under securities lending agreement	2,723,388	3,588,258
*	INTERNATIONAL PAPER CO		12,613,819	13,961,862
	INTERNET CAPITAL GROUP INC		471,740	938,876
	JOHNSON & JOHNSON		1,288,200	1,237,000
	JPMORGAN CHASE & CO		3,713,091	3,805,074
	JPMORGAN CHASE & CO		2,637,711	2,685,186
	JUNIPER NETWORKS INC		1,061,466	1,469,416
	KFORCE INC		726,868	851,537
	KIMBERLY-CLARK CORP		1,949,526	1,929,024
	KRAFT FOODS INC		2,936,863	3,056,470
	KRISPY KREME DOUGHNUTS INC WT		355	1,835
*	KROGER CO/THE		1,435,047	1,562,964
	LIFE TIME FITNESS INC	\$339,857 on loan under securities lending agreement	362,244	367,598
	LINCOLN NATIONAL CORP		3,262,418	3,593,052
	LINCOLN NATIONAL CORP		1,997,112	2,016,225
	LOCKHEED MARTIN CORP		4,294,950	3,984,870
	LOEWS CORP		4,354,003	4,660,640
	LOGMEIN INC		352,875	397,597
	LSB INDUSTRIES INC		330,645	568,897
	MASTEC INC		154,613	180,464
	MCDONALD'S CORP		4,297,502	5,250,384
	MEDIAMIND TECHNOLOGIES INC		120,512	143,549
	MERCK & CO INC		5,544,334	5,474,476
	MERCK & CO INC		2,267,849	2,263,312
	METLIFE INC		2,141,769	2,401,982
	METLIFE INC		3,782,450	4,755,080
	MICRON TECHNOLOGY INC	\$6,393,367 on loan under securities lending agreement	13,413,053	11,385,192
	MICROSOFT CORP		3,966,913	3,639,464
	MICROSOFT CORP		3,166,618	3,008,698
	MIDDLEBY CORP		303,076	475,031
	MIPS TECHNOLOGIES INC		480,938	492,841
	MONRO MUFFLER BRAKE INC		248,208	255,274
	MORGAN STANLEY ASIA PACIFIC		109,853	167,253
	MOTOROLA INC		4,652,180	5,425,674
	NATURAL GAS SERVICES GROUP INC		293,683	294,618
	NICE SYSTEMS LTD		1,044,465	1,174,350
	NIKE INC		3,213,961	4,134,328
	NOBLE ENERGY INC		2,628,018	3,176,352
	NRG ENERGY INC		1,803,804	1,492,856
	OCCIDENTAL PETROLEUM CORP		4,500,686	5,552,460
	OCCIDENTAL PETROLEUM CORP		2,833,924	3,335,400
	OLD DOMINION FREIGHT LINE INC		255,251	270,507

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	OPTIONSEXPRESS HOLDINGS INC		263,469	267,221
	ORACLE CORP		3,043,008	3,295,890
	OSI SYSTEMS INC		437,495	565,471
	PALL CORP		7,116,015	9,746,189
	PEPSICO INC/NC		1,219,040	1,309,867
	PEPSICO INC/NC		4,949,256	5,317,862
	PFIZER INC		4,470,052	4,448,643
	PFIZER INC		6,541,301	6,666,057
	PHILIP MORRIS INTERNATIONAL IN		2,399,862	2,914,794
	PHILLIPS-VAN HEUSEN CORP		307,581	476,419
	PINNACLE FINANCIAL PARTNERS IN		351,006	380,878
	PITNEY BOWES INC	\$2,754,388 on loan under securities lending agreement	2,565,052	2,725,086
	PROCTER & GAMBLE CO/THE		5,473,217	5,693,205
	PRUDENTIAL FINANCIAL INC		2,118,317	2,310,239
	QUALCOMM INC		5,310,179	5,671,554
	RAILAMERICA INC		49,105	52,124
	RAYTHEON CO		1,921,696	1,728,482
	REGAL ENTERTAINMENT GROUP		1,711,360	1,399,608
	RIVERBED TECHNOLOGY INC		339,906	748,277
	SANOFI-AVENTIS SA		5,701,017	5,147,131
	SBA COMMUNICATIONS CORP		1,698,913	2,036,110
	SCHLUMBERGER LTD		4,489,826	5,694,700
	SILGAN HOLDINGS INC		6,020	7,448
	SILICON GRAPHICS INC COM	\$515 on loan under securities lending agreement	-	636
	SONOCO PRODUCTS CO		340,880	392,390
	STILLWATER MINING CO		578,670	605,486
	STRYKER CORP		5,115,720	5,225,010
	SUCCESSFACTORS INC		80,944	141,383
	SXC HEALTH SOLUTIONS CORP		802,007	981,965
	TALISMAN ENERGY INC		2,324,408	2,767,093
	TARGACEPT INC		180,121	228,165
	TIME WARNER INC		3,069,264	3,110,839
	TJX COS INC		2,927,655	3,555,639
	TOWER BANCORP INC		317,283	309,155
	TRAVELERS COS INC/THE		4,977,197	5,545,931
	UNION PACIFIC CORP		1,865,880	2,705,672
	UNITED NATURAL FOODS INC		658,098	902,731
	UNITED PARCEL SERVICE INC		3,300,094	3,658,032
	UNIVERSAL HEALTH SERVICES INC		473,909	674,660
	UNUM GROUP		3,461,443	3,766,210
	VENTAS INC		617,128	740,440
	VERINT SYSTEMS INC		344,383	566,934
	VERIZON COMMUNICATIONS INC		5,716,427	6,638,979
	VIACOM INC		4,798,422	6,393,053
	WAL-MART STORES INC		1,231,081	1,256,569
	WALT DISNEY CO/THE		3,155,559	3,582,204
	WASTE CONNECTIONS INC		488,164	604,640
	WELLS FARGO & CO		3,503,302	4,022,501
	WESTAMERICA BANCORPORATION		477,654	476,653
	TOTAL CORPORATE STOCKS		492,541,859	554,577,430
COLLECTIVE TRUST FUNDS:				
* BANK OF NEW YORK MELLON		SHORT TERM INVESTMENT FUND	20,382,992	20,382,992
* BANK OF NEW YORK MELLON		DAILY VALUED STOCK INDEX FUND	200,924,600	191,995,233
TOTAL COLLECTIVE TRUST FUNDS			221,307,592	212,378,225

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FUND INTEREST IN LIMITED LIABILITY COMPANY:				
*	WESTERN ASSET US CORE PLUS, LLC		67,364,620	87,905,529
	TOTAL FUND INTEREST IN LIMITED LIABILITY COMPANY:		67,364,620	87,905,529
FUND INTERESTS IN LIMITED PARTNERSHIPS:				
*	GROSVENOR INST'NL US HEDGE EQTY SPEC FD		179,000,000	182,645,543
*	PIMCO DISTRESSED SENIOR CREDIT OPPORTUNITIES FUND		44,923,888	67,135,019
	TOTAL FUND INTEREST IN LIMITED PARTNERSHIPS		223,923,888	249,780,562
FUND INTERESTS IN TRUST FUNDS:				
*	GMO INTERNATIONAL CORE EQUITY FUND		125,000,000	99,503,733
*	GLOBEFLEX INTERNATIONAL ALL CAP COMMINGLED TRUST		75,000,000	54,185,513
			200,000,000	153,689,246
REAL ESTATE:				
	CLOVER WESTON, LLC	COMMERCIAL REAL ESTATE	23,085,000	21,900,000
	CLOVER VON KARMAN CORPORATION	COMMERCIAL REAL ESTATE	28,300,000	25,700,000
	CLOVER COLUMBIA PARK, LLC	COMMERCIAL REAL ESTATE	7,302,650	7,450,000
	CLOVER INDUSTRIAL PROPERTIES EAST, LLC	COMMERCIAL REAL ESTATE	14,740,000	16,225,000
	CLOVER QUADRANGLE CORPORATION	COMMERCIAL REAL ESTATE	29,900,000	29,042,000
	CLOVER NORTHPOINT, LLC	COMMERCIAL REAL ESTATE	32,354,235	28,050,000
	CLOVER RANCHO CUCAMONGA CORPORATION	COMMERCIAL REAL ESTATE	39,500,000	23,400,000
	TOTAL REAL ESTATE		175,181,885	151,767,000
COLLATERAL INVESTED FOR SECURITIES ON LOAN:				
	<u>REPOS:</u>	<u>Rate of Interest</u>	<u>Maturity</u>	
	BZW SECURITIES INC	0.20%	1/3/2011	153,487
	BANK OF AMERICA SECURITIES LLC	0.26%	1/3/2011	509,216
	BANK OF AMERICA SECURITIES LLC	0.15%	1/3/2011	34,674
	BNP PARIBAS SECURITIES CORP	0.20%	1/3/2011	643,728
	BNP PARIBAS SECURITIES CORP	0.15%	1/3/2011	97,451
	DEUTSCHE BANK SECURITIES INC	0.28%	1/3/2011	248,620
	DEUTSCHE BANK SECURITIES INC	0.18%	1/3/2011	30,160
	UBS SECURITIES LLC	0.25%	1/3/2011	16,550
	UBS SECURITIES LLC	0.20%	1/3/2011	58,570
	UBS SECURITIES LLC	0.30%	1/3/2011	164,019
	FIRST BOSTON	0.20%	1/3/2011	136,124
	RBS SECURITIES INC	0.20%	1/3/2011	61,021
	RBS SECURITIES INC	0.30%	1/3/2011	514,339
	JP MORGAN SECURITIES	0.18%	1/3/2011	35,855
	JP MORGAN SECURITIES	0.25%	1/3/2011	408,654
	CITIGROUP GLOBAL MARKETS INC	0.30%	1/3/2011	333,881
	HSBC SECURITIES USA INC	0.22%	1/3/2011	293,582
	<u>CERTIFICATES OF DEPOSIT:</u>			
	SOC GENERALE NY	0.33%	2/18/2011	159,021
	BARCLAYS BANK PLC NY	0.43%	6/1/2011	144,000
	<u>CORPORATE DEBT INSTRUMENTS:</u>			
	SAIL 2006-4 A3 ASSET BACKED	0.31%	1/25/2011	76,359
	GSAA 2005-15 2A1 ASSET BACKED	0.35%	3/25/2011	308,770
	ARSI 2006-M1 A2B ASSET BACKED	0.35%	4/25/2036	1,240,690
	AMERICAN HONDA FINANCE	0.34%	5/26/2011	200,000
	AUST & NZ BANKING GROUP	0.34%	6/17/2011	199,981
	BANK OF NOVA SCOTIA	0.34%	7/6/2011	99,982
	WINDMILL FUNDING COMMERCIAL PAPER	0.34%	1/20/2011	139,975
	WINDMILL FUNDING COMMERCIAL PAPER	0.34%	1/21/2011	157,970

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	LEHMAN BROTHERS BONDS	0.00% 11/24/2008	10,000,000	2,287,134
	TOTAL COLLATERAL INVESTED FOR SECURITIES ON LOAN		16,466,679	7,991,053
	TOTAL FUND INVESTMENTS		\$ 1,611,781,161	\$ 1,637,207,275

*Represents a party-in-interest.

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

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Schedule G, Part I - Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

December 31, 2010

(a)	(b)	(c)	(d)		(e)	(f)	(g)	(h)	(i)
	Identity and address of obligor	Original amount of loan	Amount received during reporting year			Unpaid balance at end of year	Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiations of the loan and the terms of the renegotiation and other material items	Principal	Interest
			Principal	Interest				Amount overdue	
	Lehman Brothers Holding Company	\$ 10,000,000	\$ -	\$ -		\$ 10,000,000	Various Coupon Rates Bankruptcy; Mature 1/1/2050	\$ 10,000,00	\$ -

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

EIN 11-6166763, PLAN No. 001

Schedule G, Part II - Schedule of Leases in Default or Classified as Uncollectible

December 31, 2010

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
	Identity of lessor or lessee	Relationship to plan, employer, employee organization or other party-in-interest	Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)	Original Cost	Current value at time of lease	Gross rental receipts during the plan year	Expenses paid during the plan year	Net receipts	Amount in arrears
	Zoila Hair Design	Tenant	Clover Weston (FL)	\$ 23,085,000	\$ 34,080,000	\$ 65,781	\$ 1,493	\$ 64,288	\$ 63,299
	For Better Eyes	Tenant	Clover Weston (FL)	\$ 23,085,000	\$ 31,050,000	\$ 90,977	\$ -	\$ 90,977	\$ 8,832
	La Toretta	Tenant	Clover Weston (FL)	\$ 23,085,000	\$ 31,050,000	\$ 212,460	\$ -	\$ 212,460	\$ 7,957
	Safeway Van Lines	Tenant	Clover Industrial (MD)	\$ 7,302,650	\$ 7,302,650	\$ -	\$ 1,485	\$ (1,485)	\$ 23,950
	East Wind Restaurant	Tenant	Clover Quadrangle (TX)	\$ 29,900,000	\$ 29,900,000	\$ 146,267	\$ -	\$ 146,267	\$ 1,803
	Lounge Fly	Tenant	Clover Quadrangle (TX)	\$ 29,900,000	\$ 27,520,000	\$ 20,539	\$ -	\$ 20,539	\$ 128,909
	Outdoor Products Corporation	Tenant	Clover Rancho (CA)	\$ 39,500,000	\$ 39,500,000	\$ 151,626	\$ 6,346	\$ 145,280	\$ 246,869
	Various Residential Leases	Tenants	Clover North Point (GA)	\$ 32,354,235	\$ 28,050,000	\$ 34,875	\$ 416	\$ 34,459	\$ 1,433

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

EIN 11-6166763, PLAN No. 001

Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)

Year ended December 31, 2010

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity, date, rate of interest, collateral, par or maturity value	Cost of acquisition	Proceeds of disposition
American Express Co	Common Stock	\$ 3,214,765	\$ 3,092,024
Ameriprise Financial Inc.	Bond; 5.35%; 11/15/2010	\$ 1,010,370	\$ 1,000,000
Baker Hughes Inc	Bond; 5.125%; 9/15/2040	\$ 547,635	\$ 572,369
BB&T Corp	Bond; 4.90%; 6/30/2017	\$ 2,014,800	\$ 2,042,380
Burlington North	Bond; 5.75%; 5/1/2040	\$ 747,473	\$ 796,035
Campus Crest Communities	Common Stock	\$ 78,088	\$ 80,095
Delphi Financial Group	Bond; 7.875; 1/31/2020	\$ 799,960	\$ 878,864
Health Care REIT Inc	Bond; 6.125%; 4/15/2020	\$ 1,740,663	\$ 1,807,869
Infinera Corp	Common Stock	\$ 416,340	\$ 282,832
Johnson Controls Inc	Bond; 5.00%; 3/30/2020	\$ 696,801	\$ 739,221
JPMorgan Chase Co	Bond; 4.40%; 7/22/2020	\$ 2,508,360	\$ 2,570,633
Kellogg Co	Common Stock	\$ 3,796,776	\$ 3,510,198
Power-One Inc	Common Stock	\$ 373,953	\$ 323,101
RF Micro Devices Inc	Common Stock	\$ 205,704	\$ 288,362
SS&C Technologies Holdings	Common Stock	\$ 23,742	\$ 25,817
Talbots Inc	Common Stock	\$ 476,091	\$ 292,285
TNS Inc	Common Stock	\$ 121,991	\$ 82,090
United MicroElectronics Corp	Common Stock	\$ 174,024	\$ 179,329

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND

EIN 11-6166763, PLAN No. 001
Schedule H, Line 4j - Schedule of Reportable Transactions

Year ended December 31, 2010

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Category (iii) - A series of transactions involving securities in excess of 5% of plan assets</u>								
US Bank	Overnight Repurchase Agreement	\$ 133,389,131	\$ -	\$ -	\$ -	\$ 133,389,131	\$ 133,389,131	\$ -
	Overnight Repurchase Agreement	\$ -	\$ 133,389,131	\$ -	\$ -	\$ 133,389,131	\$ 133,389,131	\$ -
Bank of New York Mellon	Collective Short term Investment Fund	\$ 263,237,453	\$ -	\$ -	\$ -	\$ 263,237,453	\$ 263,237,453	\$ -
	Collective Short term Investment Fund	\$ -	\$ 242,867,779	\$ -	\$ -	\$ 242,867,779	\$ 242,867,779	\$ -