

|   |  |  |
|---|--|--|
| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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), 6047(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>u Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210 - 0110<br>1210 - 0089<br><br><div style="font-size: 24pt; font-weight: bold; text-align: center;">2015</div> |
|   |  | This Form is Open to Public Inspection   |

**Part I Annual Report Identification Information**

For calendar plan year 2015 or fiscal plan year beginning **09/01/2015** and ending **08/31/2016**

**A** This return/report is for:  a multiemployer plan;  a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or

**B** This return/report is:  a single-employer plan:  a DFE (specify) \_\_\_\_\_  
 the first return/report;  the final return/report;  
 an amended return/report;  a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here  **u**

**D** Check box if filing under:  Form 5558;  automatic extension;  the DFVC program;  special extension (enter description)

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

|   |  |   |
|---|--|---|
| <b>1a</b> Name of plan<br><b>MICHIGAN LABORERS' PENSION PLAN</b>  |  | <b>1b</b> Three-digit plan number (PN) <b>u</b> <b>001</b>          |
|   |  | <b>1c</b> Effective date of plan<br><b>07/01/1964</b>               |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><b>BOARD OF TRUSTEES MICHIGAN LABORERS' PENSION FUND</b><br><br><b>6525 CENTURION DRIVE</b><br><br><b>LANSING MI 48917</b> |  | <b>2b</b> Employer Identification Number (EIN)<br><b>**-***3976</b> |
|   |  | <b>2c</b> Plan Sponsor's telephone number<br><b>517-321-7502</b>    |
|   |  | <b>2d</b> Business code (see instructions)<br><b>237310</b>         |

**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<br>HERE  |   | <b>06/12/2017</b> | <b>Michael Nystrom</b>                                       |
|   | <b>Signature of plan administrator</b>    | Date              | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE  |   |                   | <b>Alex Zurek</b>  |
|   | <b>Signature of employer/plan sponsor</b> | Date              | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE  |   |                   | Enter name of individual signing as DFE                      |
|   | <b>Signature of DFE</b>                   | Date              | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) |   |                   | Preparer's telephone number                                  |
|   |   |                   |  |

|   |  |       |
|---|--|-------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |       |
|   | <b>3c</b> Administrator's telephone number |       |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name | <b>4b</b> EIN                              |       |
|   | <b>4c</b> PN                               |       |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 22452 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                  |  |       |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....   | <b>6a(1)</b>                               | 7993  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....   | <b>6a(2)</b>                               | 8082  |
| <b>b</b> Retired or separated participants receiving benefits .....   | <b>6b</b>                                  | 4386  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....  | <b>6c</b>                                  | 9109  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....   | <b>6d</b>                                  | 21577 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....  | <b>6e</b>                                  | 1017  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....   | <b>6f</b>                                  | 22594 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....   | <b>6g</b>                                  |       |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....   | <b>6h</b>                                  |       |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)  | <b>7</b>                                   | 514   |

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

**1B**

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

**u Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).**

OMB No. 1210-0110

**2015**

**This Form is Open to Public Inspection**

For calendar plan year 2015 or fiscal plan year beginning **09/01/2015** and ending **08/31/2016**

|   |   |
|---|---|
| <b>A</b> Name of plan<br><b>MICHIGAN LABORERS' PENSION PLAN</b> | <b>B</b> Three-digit plan number (PN) <b>u</b> <b>001</b> |
|---|---|

|  |   |
|--|---|
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES MICHIGAN</b> | <b>D</b> Employer Identification Number (EIN)<br><b>** - *** 3976</b> |
|--|---|

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

**1** Coverage Information:

**(a)** Name of insurance carrier

**Principal Life Insurance Company**

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|---------|---------------|---------------------------------------|---|-------------------------|------------|
|         |               |                                       |   | (f) From                | (g) To     |
|         |               |                                       | 0   | 09/01/2015              | 08/31/2016 |

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

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
| 0   | 0                                    |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|          |   |          |  |
|----------|---|----------|--|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates **u**

**b** Premiums paid to carrier .....

**c** Premiums due but unpaid at the end of the year .....

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

Specify nature of costs **u**

|           |   |
|-----------|---|
| <b>6b</b> |   |
| <b>6c</b> | 0 |
| <b>6d</b> |   |

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) **u**

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

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

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other **u**

|                            |  |              |   |
|----------------------------|--|--------------|---|
| <b>b</b>                   | Balance at the end of the previous year .....  | <b>7b</b>    |   |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |   |
|                            | (2) Dividends and credits .....  | <b>7c(2)</b> |   |
|                            | (3) Interest credited during the year .....  | <b>7c(3)</b> |   |
|                            | (4) Transferred from separate account .....  | <b>7c(4)</b> |   |
|                            | (5) Other (specify below) .....  | <b>7c(5)</b> |   |
| <b>u</b>                   |  |              |   |
| (6) Total additions .....  | <b>7c(6)</b>   |              |   |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    |   |
| <b>e</b>                   | Deductions:  |              |   |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                | <b>7e(1)</b> |   |
|                            | (2) Administration charge made by carrier .....  | <b>7e(2)</b> |   |
|                            | (3) Transferred to separate account .....  | <b>7e(3)</b> |   |
|                            | (4) Other (specify below) .....  | <b>7e(4)</b> |   |
| <b>u</b>                   |  |              |   |
| (5) Total deductions ..... | <b>7e(5)</b>   |              |   |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 0 |

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

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

|   |  |                 |                 |
|---|--|-----------------|-----------------|
| <b>9</b> Experience-rated contracts:  |  |                 |                 |
| <b>a</b> Premiums: (1) Amount received  | .....  | <b>9a(1)</b>    |                 |
|   | (2) Increase (decrease) in amount due but unpaid   | <b>9a(2)</b>    |                 |
|   | (3) Increase (decrease) in unearned premium reserve  | <b>9a(3)</b>    |                 |
|   | (4) Earned ((1) + (2) - (3))   |                 | <b>9a(4)</b>    |
| <b>b</b> Benefit charges (1) Claims paid  | .....  | <b>9b(1)</b>    |                 |
|   | (2) Increase (decrease) in claim reserves  | <b>9b(2)</b>    |                 |
|   | (3) Incurred claims (add (1) and (2))  |                 | <b>9b(3)</b>    |
|   | (4) Claims charged   |                 | <b>9b(4)</b>    |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --   | (A) Commissions  | <b>9c(1)(A)</b> |                 |
|   | (B) Administrative service or other fees   | <b>9c(1)(B)</b> |                 |
|   | (C) Other specific acquisition costs   | <b>9c(1)(C)</b> |                 |
|   | (D) Other expenses   | <b>9c(1)(D)</b> |                 |
|   | (E) Taxes  | <b>9c(1)(E)</b> |                 |
|   | (F) Charges for risks or other contingencies   | <b>9c(1)(F)</b> |                 |
|   | (G) Other retention charges  | <b>9c(1)(G)</b> |                 |
|   | (H) Total retention  |                 | <b>9c(1)(H)</b> |
|   | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) |                 | <b>9c(2)</b>    |
|   | <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement                                | .....           | <b>9d(1)</b>    |
| (2) Claim reserves  | .....  | <b>9d(2)</b>    |                 |
| (3) Other reserves  | .....  | <b>9d(3)</b>    |                 |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)  | .....  | <b>9e</b>       |                 |
| <b>10</b> Nonexperience-rated contracts:  |  |                 |                 |
| <b>a</b> Total premiums or subscription charges paid to carrier   | .....  | <b>10a</b>      |                 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount | .....  | <b>10b</b>      |                 |
| Specify nature of costs <b>u</b>  |  |                 |                 |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. **u**

|   |  |  |
|---|--|--|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>u File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|--|

For calendar plan year 2015 or fiscal plan year beginning **09/01/2015** and ending **08/31/2016**

|  |   |  |            |
|--|---|--|------------|
| <b>A</b> Name of plan<br><br><b>MICHIGAN LABORERS' PENSION PLAN</b>                                    | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>B</b> Three-digit plan number (PN) <b>u</b></td> <td style="width:30%; text-align: center;"><b>001</b></td> </tr> </table> | <b>B</b> Three-digit plan number (PN) <b>u</b> | <b>001</b> |
| <b>B</b> Three-digit plan number (PN) <b>u</b>   | <b>001</b>  |  |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><br><b>BOARD OF TRUSTEES MICHIGAN</b> | <b>D</b> Employer Identification Number (EIN)<br><br><b>**-***3976</b>  |  |            |

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

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

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

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
**ALINDA CAPITAL PARTNERS, LLC**  
**100 WEST PUTNAM AVENUE**  
  
**GREENWICH CT 06830**

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
**AMERISERV TRUST & FINANCIAL**  
**216 FRANKLIN STREET**  
  
**JOHNSTOWN PA 15901**

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
**ASB REAL ESTATE INVESTMENTS**  
**7501 WISCONSIN AVE, STE 1300W**  
  
**BETHESDA MD 20814**

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

AUDAX GROUP  
101 HUNTINGTON AVENUE  
  
BOSTON MA 02199

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

BAIRD CAPITAL  
227 WEST MONROE STREET, STE 1900  
  
CHICAGO IL 60606

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

CAPITAL INTERNATIONAL, INC.  
6455 IRVINE CENTER DRIVE  
CATALINA 3-A  
IRVINE CA 96218

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

CHEQUERS CAPITAL

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

COPPER ROCK CAPITAL PARTNERS, LLC  
200 CLARENDON STREET, 51ST FLOOR  
  
BOSTON MA 02116

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

DELAWARE INVESTMENTS  
ONE COMMERCE SQUARE  
  
PHILADELPHIA PA 19103

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

DIMENSIONAL  
P.O. BOX 8946  
  
BOSTON MA 02266-8946

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

DIVCOWEST SERVICES, LLC  
575 MARKET STREET, 35TH FLOOR  
  
SAN FRANCISCO CA 94105

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

DRA CAPITAL LLP

.

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

ENCAP INVESTMENTS, LP  
1100 LOUISIANA STREET, STE 3150  
HUSTON TX 77002

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

ENERGY & MINERALS GROUP  
1401 MCKINNEY, STE 1025  
HUSTON TX 77010

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

ENERGY CAPITAL PARTNERS  
51 JFK PARKWAY, STE 200  
SHORT HILLS NJ 07078

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

ENERGY INVESTORS FUNDS  
591 REDWOOD HIGHWAY, ST 3100  
MILL VALLEY CA 94941

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

ENERGY VENTURES

.

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

EXETER PROPERTY GROUP  
140 W. GERMANTOWN PIKE, STE 150  
PLYMOUTH MEETING PA 19462

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

FOWLER PROPERTY ACQUISITIONS  
100 BUSH STREET, STE 1625  
SAN FRANCISCO CA 94104

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

GAMUT INVESTMENT FUND I, LP  
250 WEST 55TH STREET, 25TH FLOOR  
  
NEW YORK NY 10019

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

GEM REALTY CAPITAL, INC,  
900 NORTH MADISON AVENUE, STE 1450  
  
CHICAGO IL 60611

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

GLOBAL FOREST PARTNERS  
67 ETNA ROAD, STE 500  
  
LEBANON NH 03766

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

GLOBAL INFRASTRUCTURE MANAGEMENT,  
12 EAST 49TH STREET  
  
NEW YORK NY 10017

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

GSO CAPITAL PARTNERS  
345 PARK AVENUE  
  
NEW YORK NY 10154

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

GTIS PARTNERS  
45 TOCKEFELLAR PLAZA, 31ST FLOOR  
  
NEW YORK NY 10111

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

HARRISON STREET REAL ESTATE PARTNER  
71 S. WACKER DRIVE, STE. 3575  
  
CHICAGO IL 60606

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

HITECVISION

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

HOMESTEAD CAPITAL USA FARMLAND  
315 MONTGOMERY STREET, 9TH FLOOR  
  
SAN FRANCISCO CA 94104

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

INFRACAPITAL PARTNERS, LP

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

INSIGHT VENTURES PARTNERS IX, LP  
1114 AVENUE OF THE AMERICAS, 36TH F  
  
NEW YORK NY 10036

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

INTERMEDIATE CAPITAL GROUP PLC  
250 PARK AVENUE, STE 810  
  
NEW YORK NY 10177

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

INTERNATIONAL FARMING CORPORATION  
1291 US HIGHWAY 258 N  
  
KNINSTON NC 28504

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

ISQ GLOBAL INFRASTRUCTURE FUND, LP  
410 PARK AVENUE, SUITE 830  
  
NEW YORK NY 10022

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

KHOLSA VENTURES  
2128 SAND HILL ROAD  
  
MENLO PARK CA 94025

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

KPS CAPITAL PARTNERS, LP  
485 LEXINGTON AVENUE, 31ST FLOOR  
  
NEW YORK NY 10017

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

KSL CAPITAL PARTNERS IV, LP  
485 LEXINGTON AVENUE, 31ST FLOOR  
  
NEW YORK NY 10017

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

LEXINGTON CAPITAL PARTNERS  
660 MADISON AVENUE, 22ND FLOOR  
  
NEW YORK NY 10065

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

LINDEN CAPITAL PARTNERS III, LP  
111 S. WACKER DRIVE, STE 3350  
  
CHICAGO IL 60606

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

LONDON BUTLER & COMPANY  
700 THIRTEENTH STREET, N.W.  
  
WASHINGTON DC 20005

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

MERIT ENERGY PARTNERS I, LP  
13727 NOEL ROAD, TOWER 2, STE 1200  
  
DALLAS TX 75240

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

MESA WEST CAPITAL, LLC  
11775 WILSHIRE BOULEVARD, STE 2100  
  
LOS ANGELES CA 90025

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

MORGAN STANLEY REAL ESTATE ADVISORS  
1585 BROADWAY, 37TH FLOOR  
  
NEW YORK NY 10036

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

MSOUTH EQUITY PARTNERS III, LP  
TWO BUCKHEAD PLAZA  
3050 PEACHTREE ROAD NW, STE. 550  
ATLANTA GA 30305

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

OAKTREE CAPITAL MANAGEMENT, LP  
1301 AVENUE OF AMERICAS, 34TH FLOOR

NEW YORK NY 10019

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

ONCAP MANAGEMENT PARTNERS, LP

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

ORBIMED ROYALTY OPPORTUNITIES FUND  
601 LEXINGTON AVENUE, 54TH FLOOR

NEW YORK NY 10022

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

PACIFIC ROAD CAPITAL MANAGEMENT

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

PAG ASIA II, LP

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

PATRIA-BRAZILIAN PRIVATE EQUITY FUN

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

RESOURCE LAND HOLDINGS, LLC  
619 N. CASCADE AVENUE, SUTE 200

COLORADO SPRINGS CO 80903

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

RIALTO CAPITAL MANAGEMENT  
790 NW 107TH AVENUE, STE 400

MIAMI FL 33172

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

RIDGEMONT EQUITY PARTNERS  
150 NORTH COLLEGE STREET, STE 2500  
  
CHARLOTTE NC 28202

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

RIDGEWOOD ENERGY OIL & GAS, LP  
14 PHILIPS PARKWAY  
  
MONTVALE NJ 07645

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

ROCKPOINTE REAL ESTATE FUND V, LP  
500 BOYLSTON STREET, SUITE 1880  
  
BOSTON MA 02116

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

SENTINEL CAPITAL PARTNERS  
330 MADISON AVE, 27TH FLOOR  
  
NEW YORK NY 10017

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

SSARIS MULTI-MANAGER ABSOLUTE  
400 ATRIUM DRIVE  
  
SOMERSET NJ 06897

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

STENTIENT GROUP

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

STERLING GROUP PARTNERS IV, LP  
9 GREENWAY PLAZA, SUITE 2400  
  
HOUSTON TX 77046

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

THE BANK OF NEW YORK MELLON  
50 FREEMONT STREET, STE 3900  
  
SAN FRANCISCO CA 94105

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

THE RIVERSIDE COMPANY  
ROCKEFELLER CENTER  
630 FIFTH AVENUE, STE 400  
NEW YORK NY 10111

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

TOWERBROOK CAPITAL PARTNERS  
65 EAST 55TH STREET, 27TH FLOOR  
NEW YORK NY 10022

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

TURNBIDGE CAPITAL PARTNERS I, LP  
100 CRESCENT COURT, STE. 800  
DALLAS TX 75201

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

VERITAS CAPITAL FUND V, LP  
9 WEST GERMANTOWN PIKE, STE 300  
PLYMOUTH MEETING PA 19462

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

VISTA EQUITY PARTNERS  
150 CALIFORNIA STREET, 19TH FLOOR  
SAN FRANCISCO CA 94111

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

VITRUVIAN PARTNERS

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

VONTOBEL  
1540 BROAD WAY, 38TH FLOOR  
NEW YORK NY 10036

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

WAUD CAPITAL PARTNERS, LLC  
300 NORTH LASALLE STREET, STE 4900  
CHICAGO IL 60654

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

WHITE DEET MANAGEMENT, LLC  
667 MADISON AVENUE, 4TH FLOOR  
NEW YORK NY 10065

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

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

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

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total comp. (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 instr.).

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

**TIC INTERNATIONAL CORPORATION**

**\*\*-\*\*\*0875**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 50<br>15<br>13<br>10   | NONE  | 805743   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

**MAKETA INVESTMENT GROUP**

**\*\*-\*\*\*9023**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 50<br>27               | NONE  | 452466   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

**LEGGHIO & ISRAEL, P.C.**

**\*\*-\*\*\*1448**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 50<br>29               | NONE  | 406812   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total comp. (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 instr.).

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

**LAZARD ASSET MANAGEMENT**

**\*\* - \*\*\* 0199**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 50<br>29               | NONE  | 252208   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

**SEIZERT CAPITAL PARTNERS**

**\*\* - \*\*\* 3488**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 68<br>51<br>28         | NONE  | 244313   | 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)

**WILLIAM BLAIR**

**222 WEST ADAMS STREET**

**CHICAGO**

**IL 60606**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 50<br>28               | NONE  | 179297   | 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"/>                          |

**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 comp. (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 instr.).

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

**EAGLE ASSET MANAGEMENT**

**\*\*-\*\*\*5219**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 68<br>51<br>28         | NONE  | 157749   | 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)

**LOOMIS SAYLES & COMPANY**

**\*\*-\*\*\*0030**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 51<br>28               | NONE  | 138672   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

**WRIGHT INVESTORS SERVICE**

**\*\*-\*\*\*0978**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 51<br>28               | NONE  | 133998   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total comp. (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 instr.).

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

**LOOMIS SAYLES & COMPANY**

**\*\* - \*\*\* 8385**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 51<br>28               | NONE  | 124633   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

**ASB CAPITAL MANAGEMENT LLC**

**\*\* - \*\*\* 8452**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 51<br>28               | NONE  | 120642   | 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)

**CHEIRON, INC.**

**\*\* - \*\*\* 5617**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 50<br>10               | NONE  | 108952   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total comp. (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 instr.)

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

**TRADE SOLUTIONS**  
**P.O. BOX 1318**  
**CLARKSTON MI 48347**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 50<br>36               | NONE  | 108952   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

**WELLS FARGO** **\*\* - \*\*\* 7393**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 51<br>28               | NONE  | 97492  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

**MICHIGAN LABORERS FBF JDC** **\*\* - \*\*\* 3845**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 50<br>10               | NONE  | 91923  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |



**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total comp. (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 instr.).

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

STATE STREET GLOBAL ADVISORS

\*\*-\*\*\*5013

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 51<br>28               | NONE  | 52251  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STANDISH

\*\*-\*\*\*8093

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 51<br>28               | NONE  | 38671  | 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)

ABERDEEN ASSET MANAGEMENT INC  
1735 MARKET STREET, 32 FL  
PHILADELPHIA PA 19103

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 51<br>28               | NONE  | 31493  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total comp. (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 instr.).

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

**BENDA, GRACE, STULZ & COMPANY, P.C. \*\*-\*\*\*4921**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 50<br>10               | NONE  | 31000  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

**JPMORGAN CHASE BANK, N.A.  
P.O. BOX 659754  
SAN ANTONIO TX 78265-9754**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 65<br>50<br>49         | NONE  | 26247  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <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 & CO., INC.  
300 PARK ST., SUITE 240  
BIRMINGHAM MI 48009**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 50<br>28               | NONE  | 23845  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total comp. (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 instr.).

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

**CITATION GROUP**  
**120 BROAD WAY**  
**NEW YORK NY 10271**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 71<br>22               | NONE  | 22057  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

**MELLON CAPITAL** **\*\* - \*\*\*8093**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 52<br>28               | NONE  | 12722  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

**DBI BUSINESS INTERIORS**  
**912 W. MICHIGNA AVENUE**  
**LANSING MI 48912**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 50<br>49               | NONE  | 11839  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total comp. (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 instr.).

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

**EVALUATION PLUS**

**\*\*-\*\*\*8087**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 50<br>49               | NONE  | 11265  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

**STEPHENS, INC.**  
**65 EAST 55TH STREET**  
**NEW YORK NY 10022**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 71<br>33               | NONE  | 9997   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

**NEEDHAM & COMPANY, LLC**  
**445 PARK AVENUE**  
**NEW YORK NY 10022**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 71<br>33               | NONE  | 9778   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total comp. (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 instr.)

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

**BNY BROKERAGE**  
**225 LIBERTY STREET**  
**NEW YORK NY 10286**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 71<br>33               | NONE  | 8939   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

**LIQUIDNET, INC.**  
**198 SEVENTH AVE, 15TH FLR**  
**NEW YORK NY 10018**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 71<br>33               | NONE  | 8388   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

**PROXYVOTE PLUS, INC.** **\*\* - \*\*\*9976**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 50<br>27               | NONE  | 7500   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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 comp. (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 instr.)

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

**CITIGROUP GLOBAL MARKETS**  
**100 CITIBANK**  
**SAN ANTONIO TX 78245**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 71<br>33               | NONE  | 6768   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

**ERMAN, TEICHER, MILLER, ZUCKER**      **\*\*-\*\*\*8534**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 50<br>29               | NONE  | 6730   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <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 LE**  
**200 PARK AVENUE**  
**NEW YORK NY 10166**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 71<br>33               | NONE  | 6572   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total comp. (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 instr.)

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

CONVERGEX LLC  
 1633 BORADWAY, 48TH FLOOR  
 NEW YORK NY 10019

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 71<br>33               | NONE  | 5148   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>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 fid. or provides contract administrator, consulting, custodial, invest. 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 amt. of the indirect compensation. Complete as many entries as needed to report the required information for each source.

|  |   |  |
|--|---|--|
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |

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

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

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

|                 |   |
|-----------------|---|
| <b>Part III</b> | <b>Termination Information on Accountants and Enrolled Actuaries (see instructions)</b><br>(complete as many entries as needed) |
|-----------------|---|

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|   |  |  |
|---|--|--|
| <b>SCHEDULE D<br/>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>u File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|--|

For calendar plan year 2015 or fiscal plan year beginning **09/01/2015** and ending **08/31/2016**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan                  | <b>B</b> Three-digit plan number (PN) <b>u</b> | <b>001</b> |
| <b>MICHIGAN LABORERS' PENSION PLAN</b> |  |            |

|  |   |
|--|---|
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 | <b>D</b> Employer Identification Number (EIN) |
| <b>BOARD OF TRUSTEES MICHIGAN</b>                                    | <b>** - ***3976</b>                           |

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

|  |                               |   |
|--|-------------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SHORT TERM INVESTMENT FUND</b> |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>COMERICA BANK</b>           |                               |   |
| <b>c</b> EIN-PN <b>** - ***7511 001</b>  | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>14665719</b> |

|  |                               |   |
|--|-------------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BUILD FUND OF AMERICA</b>            |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>AMERISERV TRUST AND FINANCIAL</b> |                               |   |
| <b>c</b> EIN-PN <b>** - ***9052 001</b>  | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>656766</b> |

|  |                               |   |
|--|-------------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>S&amp;P 500(R) FLAGSHIP NL FUND</b>          |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET BANK &amp; TRUST COMPANY</b> |                               |   |
| <b>c</b> EIN-PN <b>** - ***5081 004</b>  | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>351639</b> |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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 H  
(Form 5500)**

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

**Financial Information**

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

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

OMB No. 1210-0110

**2015**

**This Form is Open to Public Inspection**

For calendar plan year 2015 or fiscal plan year beginning **09/01/2015** and ending **08/31/2016**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><br><b>MICHIGAN LABORERS' PENSION PLAN</b>                                    | <b>B</b> Three-digit plan number (PN) ▶                                  | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><br><b>BOARD OF TRUSTEES MICHIGAN</b> | <b>D</b> Employer Identification Number (EIN)<br><br><b>** - ***3976</b> |            |

**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.

| <b>Assets</b>  |                 | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
|--|-----------------|------------------------------|------------------------|
| <b>a</b> Total noninterest-bearing cash  | <b>1a</b>       | <b>8,529,082</b>             | <b>11,219,333</b>      |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                 |                 |                              |                        |
| <b>(1)</b> Employer contributions  | <b>1b(1)</b>    | <b>6,088,593</b>             | <b>5,981,035</b>       |
| <b>(2)</b> Participant contributions   | <b>1b(2)</b>    |                              |                        |
| <b>(3)</b> Other   | <b>1b(3)</b>    | <b>6,013,174</b>             | <b>3,477,894</b>       |
| <b>c</b> General investments:  |                 |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit)   | <b>1c(1)</b>    | <b>0</b>                     | <b>0</b>               |
| <b>(2)</b> U.S. Government securities  | <b>1c(2)</b>    | <b>63,277,327</b>            | <b>61,367,305</b>      |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                      |                 |                              |                        |
| <b>(A)</b> Preferred   | <b>1c(3)(A)</b> |                              |                        |
| <b>(B)</b> All other   | <b>1c(3)(B)</b> | <b>50,338,561</b>            | <b>50,140,292</b>      |
| <b>(4)</b> Corporate stocks (other than employer securities):                                |                 |                              |                        |
| <b>(A)</b> Preferred   | <b>1c(4)(A)</b> |                              |                        |
| <b>(B)</b> Common  | <b>1c(4)(B)</b> | <b>151,714,477</b>           | <b>149,635,514</b>     |
| <b>(5)</b> Partnership/joint venture interests   | <b>1c(5)</b>    | <b>86,289,878</b>            | <b>104,025,781</b>     |
| <b>(6)</b> Real estate (other than employer real property)                                   | <b>1c(6)</b>    |                              |                        |
| <b>(7)</b> Loans (other than to participants)  | <b>1c(7)</b>    |                              |                        |
| <b>(8)</b> Participant loans   | <b>1c(8)</b>    |                              |                        |
| <b>(9)</b> Value of interest in common/collective trusts                                     | <b>1c(9)</b>    | <b>9,804,321</b>             | <b>15,674,124</b>      |
| <b>(10)</b> Value of interest in pooled separate accounts                                    | <b>1c(10)</b>   |                              |                        |
| <b>(11)</b> Value of interest in master trust investment accounts                            | <b>1c(11)</b>   |                              |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities                                  | <b>1c(12)</b>   |                              |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds)        | <b>1c(13)</b>   | <b>351,169,548</b>           | <b>361,744,210</b>     |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) | <b>1c(14)</b>   |                              |                        |
| <b>(15)</b> Other <b>See Statement 1</b>   | <b>1c(15)</b>   | <b>2,167,212</b>             | <b>1,442,399</b>       |

|   | (a) Beginning of Year | (b) End of Year |
|---|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                             |                       |                 |
| <b>(1)</b> Employer securities                                      |                       |                 |
| <b>(2)</b> Employer real property                                   |                       |                 |
| <b>e</b> Buildings and other property used in plan operation        | 186,461               | 188,852         |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e)      | 735,578,634           | 764,896,739     |
| <b>Liabilities</b>  |                       |                 |
| <b>g</b> Benefit claims payable                                     |                       |                 |
| <b>h</b> Operating payables   | 672,275               | 728,906         |
| <b>i</b> Acquisition indebtedness                                   |                       |                 |
| <b>j</b> Other liabilities  | 5,444,448             | 1,604,999       |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) | 6,116,723             | 2,333,905       |
| <b>Net Assets</b>   |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f)                 | 729,461,911           | 762,562,834     |

**Part II Income and Expense Statement**

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

|  | (a) Amount  | (b) Total  |
|--|-------------|------------|
| <b>Income</b>  |             |            |
| <b>a Contributions:</b>  |             |            |
| <b>(1) Received or receivable in cash from:</b>  |             |            |
| <b>(A) Employers</b>   | 56,142,031  |            |
| <b>(B) Participants</b>  |             |            |
| <b>(C) Others (including rollovers)</b>  |             |            |
| <b>(2) Noncash contributions</b>   |             |            |
| <b>(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)</b>                   |             | 56,142,031 |
| <b>b Earnings on investments:</b>  |             |            |
| <b>(1) Interest:</b>   |             |            |
| <b>(A) Interest-bearing cash (including money market accounts and certificates of deposit)</b> |             |            |
| <b>(B) U.S. Government securities</b>  | 1,518,485   |            |
| <b>(C) Corporate debt instruments</b>  | 2,659,442   |            |
| <b>(D) Loans (other than to participants)</b>  |             |            |
| <b>(E) Participant loans</b>   |             |            |
| <b>(F) Other</b>   | 75,025      |            |
| <b>(G) Total interest. Add lines 2b(1)(A) through (F)</b>                                      |             | 4,252,952  |
| <b>(2) Dividends:</b>  |             |            |
| <b>(A) Preferred stock</b>   |             |            |
| <b>(B) Common stock</b>  | 2,339,788   |            |
| <b>(C) Registered investment company shares (e.g. mutual funds)</b>                            | 4,235,800   |            |
| <b>(D) Total dividends. Add lines 2b(2)(A), (B), and (C)</b>                                   |             | 6,575,588  |
| <b>(3) Rents</b>   |             |            |
| <b>(4) Net gain (loss) on sale of assets:</b>  |             |            |
| <b>(A) Aggregate proceeds</b>  | 215,555,248 |            |
| <b>(B) Aggregate carrying amount (see instructions)</b>  | 216,548,405 |            |
| <b>(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result</b>                          |             | -993,157   |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>                                   |             |            |
| <b>(A) Real estate</b>   |             |            |
| <b>(B) Other</b>   | 22,076,796  |            |
| <b>(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)</b>                 |             | 22,076,796 |

|   | (a) Amount | (b) Total   |
|---|------------|-------------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)      | 160,490     |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)      |             |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)      |             |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)      |             |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10)     | 17,996,288  |
| c Other income .....  | 2c         | 110,654     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d         | 106,321,642 |

**Expenses**

|  |       |            |
|--|-------|------------|
| e Benefit payment and payments to provide benefits:                                  |       |            |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 68,079,594 |
| (2) To insurance carriers for the provision of benefits .....                        | 2e(2) |            |
| (3) Other .....  | 2e(3) |            |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4) | 68,079,594 |
| f Corrective distributions (see instructions) .....                                  | 2f    |            |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |            |
| h Interest expense .....   | 2h    |            |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) | 952,188    |
| (2) Contract administrator fees .....  | 2i(2) | 428,516    |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 2,758,212  |
| (4) Other .....  | 2i(4) | 1,002,209  |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) | 5,141,125  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    | 73,220,719 |

**Net Income and Reconciliation**

|  |       |            |
|--|-------|------------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    | 33,100,923 |
| l Transfers of assets:                                   |       |            |
| (1) To this plan .....                                   | 2l(1) |            |
| (2) From this plan .....                                 | 2l(2) |            |

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: **BENDA, GRACE, STULZ & COMPANY, P.C.** (2) EIN: **\*\* - \*\*\* 4921**

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

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

**Part IV Compliance Questions**

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

During the plan year:

- a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)
- b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

|    | Yes | No | N/A | Amount |
|----|-----|----|-----|--------|
| 4a |     | X  |     |        |
| 4b |     | X  |     |        |

|   | Yes | No | N/A | Amount |
|---|-----|----|-----|--------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)  |     | X  |     |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                               |     | X  |     |        |
| <b>e</b> Was this plan covered by a fidelity bond?  | X   |    |     | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?   |     | X  |     |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?  |     | X  |     |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?  |     | X  |     |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)  | X   |    |     |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | X   |    |     |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?   |     | X  |     |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?  |     | X  |     |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  |     | X  |     |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                     |     |    |     |        |
| <b>o</b> Did the plan trust incur unrelated business taxable income?  |     |    |     |        |
| <b>p</b> Were in-service distributions made during the plan year?   |     |    |     |        |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year  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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?  Yes  No  Not determined

**Part V Trust Information**

|  |   |
|--|---|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|   |  |  |
|---|--|--|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br><b>u File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|--|

For calendar plan year 2015 or fiscal plan year beginning **09/01/2015** and ending **08/31/2016**

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan   | <b>B</b> Three-digit plan number (PN) <b>u</b> | <b>001</b> |
| <b>MICHIGAN LABORERS' PENSION PLAN</b>                        |  |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 | <b>D</b> Employer Identification Number (EIN)  |            |
| <b>BOARD OF TRUSTEES MICHIGAN</b>                             | <b>** - *** 3976</b>                           |            |

**Part I Distributions**

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

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

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): \_\_\_\_\_  
**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 3 217

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

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

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

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

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

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

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

**Part III Amendments**

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

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

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

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

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

|           |   |            |                          |
|-----------|---|------------|--------------------------|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:   |            |                          |
| <b>a</b>  | The current year .....  | <b>14a</b> | <b>57</b>                |
| <b>b</b>  | The plan year immediately preceding the current plan year .....   | <b>14b</b> | <b>58</b>                |
| <b>c</b>  | The second preceding plan year .....  | <b>14c</b> | <b>58</b>                |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:  |            |                          |
| <b>a</b>  | The corresponding number for the plan year immediately preceding the current plan year .....  | <b>15a</b> | <b>0.98</b>              |
| <b>b</b>  | The corresponding number for the second preceding plan year .....   | <b>15b</b> | <b>0.98</b>              |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:  |            |                          |
| <b>a</b>  | Enter the number of employers who withdrew during the preceding plan year .....   | <b>16a</b> | <b>0</b>                 |
| <b>b</b>  | If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....   | <b>16b</b> |                          |
| <b>17</b> | 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. .... |            | <input type="checkbox"/> |

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

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

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

**a** Enter the percentage of plan assets held as:  
 Stock: 53.0 % Investment-Grade Debt: \_\_\_\_\_ % High-Yield Debt: 27.9 % Real Estate: 7.5 % Other: 11.6 %

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

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

**Part VII IRS compliance Questions**

|            |   |   |  |
|------------|---|---|--|
| <b>20a</b> | Is the plan a 401(k) plan? .....  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                              |
| <b>20b</b> | If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? .....  | Design-based safe harbor <input type="checkbox"/> ADP/ACP test method |  |
| <b>20c</b> | If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii)? .....            | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                              |
| <b>21a</b> | Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): .....  | Ratio percentage test <input type="checkbox"/> Average benefit test   |  |
| <b>21b</b> | Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? .....   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                              |
| <b>22a</b> | Has the plan been timely amended for all required tax law changes? .....  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| <b>22b</b> | Date the last plan amendment/restatement for the required tax law changes was adopted _____ . Enter the applicable code _____ (See instructions for tax law changes and codes).   |   |  |
| <b>22c</b> | If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____ and the letter's serial number _____ . |   |  |
| <b>22d</b> | If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____ .   |   |  |
| <b>23</b>  | Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? .....                      | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                              |

**Federal Statements****MICHIGAN LABORERS' PENSION PLAN****Plan: 001****Statement 1 - Form 5500, Schedule H, Line 1c(15) - Other Investments**

| <u>Description</u>        | <u>BOY<br/>Amount</u> | <u>EOY<br/>Amount</u> |
|---------------------------|-----------------------|-----------------------|
| STATE AND MUNICIPAL BONDS | \$ 2,167,212          | \$ 1,442,399          |
| Total                     | <u>\$ 2,167,212</u>   | <u>\$ 1,442,399</u>   |

**Statement 2 - Form 5500, Schedule H, Line 1j - Other Liabilities**

| <u>Description</u>         | <u>BOY<br/>Amount</u> | <u>EOY<br/>Amount</u> |
|----------------------------|-----------------------|-----------------------|
| UNSETTLED INVESTMENT TRANS | \$ 5,444,448          | \$ 1,604,999          |
| Total                      | <u>\$ 5,444,448</u>   | <u>\$ 1,604,999</u>   |

**Statement 3 - Form 5500, Schedule H, Line 2c - Other Income**

| <u>Description</u>       | <u>Amount</u>     |
|--------------------------|-------------------|
| LIQUIDATED DAMAGES       | \$ 12,023         |
| SECURITIES LENDING       | 36,370            |
| LEGAL FEES REIMBURSEMENT | 3,208             |
| CLASS ACTION SETTLEMENT  | 59,053            |
| Total                    | <u>\$ 110,654</u> |

**Statement 4 - Form 5500, Schedule H, Line 2i(4) - Other Expenses**

| <u>Description</u>              | <u>Amount</u>       |
|---------------------------------|---------------------|
| PBGC PREMIUM                    | \$ 496,834          |
| TRUSTEE AND BOND INSURANCE      | 141,378             |
| SUMMARY PLAND DESCRIPTION COSTS | 87,410              |
| PRINTING AND MISCELLANEOUS      | 81,367              |
| PENSION BENEFIT CHECKS          | 56,151              |
| SUMMARY ANNUAL REPORT COSTS     | 35,878              |
| CONFERENCE EXPENSES             | 33,374              |
| BANK SERVICE CHARGES            | 28,544              |
| NOTICES TO PARTICIPANTS         | 13,713              |
| TRUSTEE MEETING EXPENSE         | 12,545              |
| MEDICAL EXAMS                   | 11,265              |
| CONTRACT MONITORING             | 3,750               |
| Total                           | <u>\$ 1,002,209</u> |

1365 BOARD OF TRUSTEES MICHIGAN

\*\*-\*\*\*3976

FYE: 8/31/2016

**Federal Statements**

**MICHIGAN LABORERS' PENSION PLAN**

**Plan: 001**

**Statement 5 - Schedule H, Line 4i - Schedule of Assets Held for Investment**

| <u>Party in Interest</u> | <u>Identity</u>                      | <u>Description</u> | <u>Cost</u> | <u>Current Value</u> |
|--------------------------|--------------------------------------|--------------------|-------------|----------------------|
|                          | SEE ATTACHED<br>FINANCIAL STATEMENTS |                    | \$          | \$                   |

1365 BOARD OF TRUSTEES MICHIGAN

\*\*-\*\*\*3976

FYE: 8/31/2016

**Federal Statements**  
**MICHIGAN LABORERS' PENSION PLAN**  
**Plan: 001**

**Statement 6 - Schedule H, Line 4j - Schedule of Reportable Transactions (5%)**

| Name                              |                |               |              |          |               |               |                  |    |
|-----------------------------------|----------------|---------------|--------------|----------|---------------|---------------|------------------|----|
| Description                       | Purchase Price | Selling Price | Lease Rental | Expenses | Cost of Asset | Current Value | Net Gain or Loss |    |
| SEE ATTACHED FINANCIAL STATEMENTS | \$             | \$            | \$           | \$       | \$            | \$            | \$               | \$ |