Firm Name:		(1)	(2)	(3)	(4)	(5)	(6)	
			Check	Yes (Y)	Dollar (\$)	Number	Percent (%)	
			Box	No (N)	Amount	#	Amount	
					(in millions)	Amount	(one decimal)	Comments
8.1 a		Company type: (choose one)						
		Independent investment advisor *						
		Bank affiliated investment advisor						
		Broker affiliated investment advisor						
		Insurance affiliated investment advisor						
		Holding company subsidiary/affiliate **						
		Mutual fund company						
		Other (describe separately in comments section)						
		* Choose only if your firm is not in any way affiliated with banks,						
		brokerage houses, insurance or mutual fund companies, or any other						
		company. Answer in comments section.						
		If you answer is "other", or if your answer needs explanation please						
		provide one in comments section.						
b		Is firm registered under the Investment Advisory Act of 1940 ? (Yor N)						
		Is firm registered with other regulatory agencies ? (Y or N)						
		If you answer "yes", please list the agencies and jurisidictions in						
		comments section.						

Firm Name:		(1)	(2)	(3)	(4)	(5)	(6)
		Check	Yes (Y)	Dollar (\$)	Number	Percent (%)	
		Box	No (N)	Amount	#	Amount	
				(in millions)	Amount	(one decimal)	Comments
8.1 c.	Ownership type:						
	Publicly owned						
	Employee owned						
	Subsidiary						
	Division						
	Other (please list the legal owners and percentages owned under						
	column 5 in comments section)						
d.	Ownership structure:						
	Corporation						
	Partnership						
	LLC						
	LLP						
	Other (please specify in comment section)						
e.	Percent employee owned:						
	Number of employee equity owners						
	If firm is subsidiary of a parent organization please provide in comment						
	section the full legal name of that entity:						
	Percent of your firm that is minority-owned						
	Percent of your firm that is female-owned						

Firm	Firm Name:		(1)	(2)	(3)	(4)	(5)	(6)
			Check	Yes (Y)	Dollar (\$)	Number	Percent (%)	
			Box	No (N)	Amount	#	Amount	
					(in millions)	Amount	(one decimal)	Comments
8.2 a	a	Litigation or legal proceedings over past 5 years:						
		Over the past five (5) years has your organization or any officer or						
		principal been involved in any business litigation or other legal						
		proceedings related to your investment activities? (Y or N) If yes,						
		provide a brief explanation and indicate current status in comments						
		section.						
ŀ	).	Is there any past, current or pending litigation against your firm						
		(including parent company) or any of its principals? (Y or N) If yes,						
		provide brief explanation in comments section.						
	c	Are there any past, current or pending regulatory issues/findings against						
		your firm (including parent company) or any of its principals? (Y or N)						
		(include any and all fines in the comment section)						
	d	Have any of your firm's professionals who have CFA designation ever						
		been disciplined by the CFAI ? (Y or N)						
		If answer yes to any of the above please provide a detailed explanation						
		in the comments section.						

Firm Name:		(1)	(2)	(3)	(4)	(5)	(6)	
			Check	Yes (Y)	Dollar (\$) Amount	Number #	Percent (%) Amount	
			Box	No (N)				
	1				(in millions)	Amount	(one decimal)	Comments
8.3	a.	Breakdown by total assets and accounts currently under management by						
		client type in millions as of 12/31/17						
		Corporate- total assets and # of clients						
		Public- total assets and # of clients						
		Endowment/foundation- total assets and # of clients						
		High net-worth/retail- total assets and # of clients						
		Non-US clients- total assets and # of clients						
		Other (please specify in comment section)						
		Total			\$ -	0		
		For firms listed above, please include total dollars and number of						
		non-profit clients.						
	b.	Breakdown by type of investment vehicle with benchmarks used in assets						
		Total separately managed assets and # of clients						
		Total commingled assets and # of clients*						
		*include all mutual funds, ETFs, group trusts, limited partnerships and						
		other commingled						
		All other assets and # of clients**						
		** describe assets in comment section (i.e. subadvisory, etc.)						
		Total			\$ -	0		

Firm Name:		(1)	(2)	(3)	(4)	(5)	(6)
	L		Yes (Y)	Dollar (\$)	Number	Percent (%)	
		Box	No (N)	Amount	#	Amount	
				(in millions)	Amount	(one decimal)	Comments
8.3 c	Provide the account gain and loss history for period of 2013 thru 2017 for						
	all assets. Exclude contributions, withdrawals and appreciation of existing						
	accounts' assets.						
	Calendar 2013- Gain \$ and # of clients						
	Calendar 2013- Loss \$ and # of clients						
	Calendar 2014- Gain \$ and # of clients						
	Calendar 2014- Loss \$ and # of clients						
	Calendar 2015- Gain \$ and # of clients						
	Calendar 2015- Loss \$ and # of clients						
	Calendar 2016- Gain \$ and # of clients						
	Calendar 2016- Loss \$ and # of clients						
	Calendar 2017- Gain \$ and # of clients						
	Calendar 2017- Loss \$ and # of clients						

Fir	Firm Name:		(1)	(2)	(3)	(4)	(5)	(6)
			Check	Yes (Y)	Dollar (\$)	Number	Percent (%)	
			Box	No (N)	Amount	#	Amount	
					(in millions)	Amount	(one decimal)	Comments
8.4	a.	Provide a breakdown of your firm wide staff into the following categories.						
		Investment Staff						
		Portfolio manager						
		Economists						
		Analysts						
		Traders						
		Other professionals						
		Total Investment Staff				0		
		Non-Investment Staff						
		Administration						
		Marketing/client services						
		Legal						
		Systems						
		Other staff						
		Total Non-Investment staff				0		
	b.	How did you learn of this RFP?						
		Grand total of staff				0		