

Instructions On How To Fill Out The Disclosure **Schedule Certification**

Section II (Questions 1, 2, and 3): If your firm does not track the information that is being asked, please input zeros (0). The Fund cannot accept disclosures that state “NA,” “Does Not Track” or sections that are left blank.

ATTACHMENT C

DISCLOSURE SCHEDULE CERTIFICATION

I. _____, by its General Partner and pursuant to Section 1-113.14(c)(5) of the Illinois Pension Code, 40 ILCS 1-113.14(c)(5) provides the following:

A complete list of the names and addresses of (i) your firm; (ii) each entity that is a parent of, or owns a controlling interest in your firm; (iii) each entity that is a subsidiary of, or in which a controlling interest is owned by, your firm; (iv) all persons who have an ownership or distributive income share in your firm that is in excess of 7.5%; and (v) each person who serves as an executive officer of your firm:

(i)

(ii)

(iii)

(iv)

(v)

II. _____, by its General Partner, and pursuant to Section 1-113.21(a) of the Illinois Pension Code, 40 ILCS 1-113.21(a) provides the following

1. The number and percentage of your investment and senior staff who are (i) minority persons; (ii) females; (iii) persons with a disability:

(i) _____ (ii) _____ (iii) _____

2. The number of oral or written contracts for investment services, consulting services and professional and artistic services that you have with (i) a minority owned business; (ii) a female owned business; and (iii) a business owned by a person with a disability:

(i) _____ (ii) _____ (iii) _____

3. The number of oral or written contracts for investment services, consulting services and professional and artistic services that you have with a business other than a minority owned business, a female owned business, or a business owned by a person with a disability, if more than 50% of the services performed pursuant to the contract are performed by a (i) minority person; (ii) female; (iii) person with a disability.

(i)_____ (ii)_____ (iii)_____

By:_____

Name:

Title:

Date:_____