

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: _____