

**FINANCIAL DISCLOSURE FORM  
COVER PAGE**

The Financial Disclosure Form ("Form") must be accurately completed and submitted by each Disclosing Entity. The requirement of disclosure of financial interests is a continuing obligation. If circumstances change and the disclosure is no longer accurate, Disclosing Entities must provide an updated form within thirty (30) business days of the change. The Form must also be updated annually by July 1. Upon review of the Form, CMS and IOC may request additional information to clarify and/or complete the submission.

Separate forms are required for the QP and Sub-Participant; additional disclosures may be required for parent entities, upon request of CMS or IOC.

This disclosure is submitted for (check one):

- Qualified Purchaser  
 Sub Participant

Qualified Purchaser Name: VAP RRT Master Trust 2016

Doing Business As (DBA): N/A

Disclosing Entity Name: VAP RRT Master Trust 2016

Dates and Jurisdiction of business formation or incorporation, if applicable: 8/30/2016 Delaware Trust

Instrument of Ownership or Beneficial Interest (check one):

- Sole Proprietorship  
 Corporate Stock (C-Corporation, S-Corporation, Professional Corporation, Service Corporation)  
 Limited Liability Company Membership Agreement (Series LLC, Low-Profit Limited Liability Partnership)  
 Partnership Agreement (General Partnership, Limited Partnership, Limited Liability Partnership, Limited Liability Limited Partnership)

Trust Agreement (Beneficiary) associated with Qualified Purchaser: VAP RRT Master Trust 2016

Other

If you selected Other, please describe: \_\_\_\_\_.

**STEP 1**  
**SUPPORTING DOCUMENTATION SUBMITTAL**

- All Disclosing Entities must provide a current organizational chart showing its ownership structure and composition.

Disclosing Entities must select one of the options below and select the documentation you are submitting. You must provide the documentation the applicable section requires with this form.

- Option 1 – Publicly Traded Entities
- 1.A.  Complete Step 2, Option A for each qualifying individual or entity holding any direct or indirect financial interest in the Disclosing Entity.
- OR
- 1.B.  Provide a copy of the federal 10-K (attached or electronically) and skip to Step 3.
- Option 2 – Privately Held Entities with more than 200 Shareholders
- 2.A.  Complete Step 2, Tables 1 and 2 for each qualifying individual or entity holding any direct or indirect financial interest in the Disclosing Entity.
- OR
- 2.B.  Complete Step 2, Tables 1 and 2 for each qualifying individual or entity holding any direct or indirect financial interest in the Disclosing Entity and attach the information federal 10-K reporting companies are required to report under 17 CFR 229.401.
- Option 3 – All other Privately Held Entities
- 3.A.  Complete Step 2, Tables 1 and 2 (and Table 3 if a TRUST) for each qualifying individual or entity holding any direct or indirect financial interest in the Disclosing Entity.

**STEP 2**  
**DISCLOSURE OF FINANCIAL INTEREST OR BOARD OF DIRECTORS**

Complete for all entities. Additional rows may be inserted into the tables or an attachment if needed.

**Ownership Share and Distributive Income** – Provide the name and address of each person, director, owner, officer, association, financial backer, partnership, other entity, corporation or trust with an indirect or direct financial interest in each qualified purchaser, or entity. If you are a completing this form as a **TRUST** and checked **3.A.**, you **must also** complete **TABLE 3**. Earnings should reflect gross revenues by QP or Sub-participant or indirect earnings of a parent entity originally derived through the VPP. All owners, down to the individual, should be provided.

Check here if including an attachment with requested information in a format substantially similar to the format below.

TABLE – 1					
Name (first, middle, last, maiden, aliases)	Mailing Address	Percentage of Ownership/Interest	Type of Ownership	Class of Stock	Gross Revenues

**Distributive Income** – If you selected Option 1.A., 2.A, 2.B. or 3.A. in Step 1, provide the name and address of each individual or entity and their percentage of the Disclosing Entity’s total distributive income. Distributive income refers to income derived by virtue of ownership in an entity (e.g. QP, Sub-participant).

Check here if including an attachment with requested information in a format substantially similar to the format below.

TABLE – 2			
Name (first, middle, last, maiden, aliases)	Mailing Address	% of Distributive Income	\$ Value of Distributive Income (Direct and Indirect)

**Trusts:** Each Disclosing Entity that is a trust associated with each QP shall provide the name, address, date of birth, and percentage of interest of all beneficiaries whose interest in the trust is at least 7.5%.

Check here if including an attachment with requested information in a format substantially similar to the format below.

TABLE – 3			
Name (first, middle, last, maiden, aliases)	Date of Birth	Mailing Address	% Interest

Certify that the following statements are true.

I have disclosed all individuals or entities that hold an indirect or direct ownership interest in the Disclosing Entity.

Yes  No

I have disclosed distributive income for all individuals or entities that hold an indirect or direct ownership interest in the Disclosing Entity.

Yes  No

I have disclosed to the State all earnings associated with the Disclosing Entities participating with the VPP.

Yes  No

<b>STEP 3</b> <b>DISCLOSURE OF LOBBYIST OR AGENT</b>
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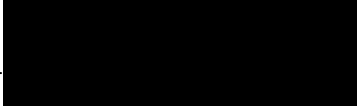
Yes  No. Have you previously or currently retained or contracted any registered lobbyist, lawyer, accountant, or other consultant to prepare the financial disclosure required under 30 ILCS 540/9?

**STEP 4**  
**SIGN THE DISCLOSURE**

This disclosure is signed, and made for all entities, by an authorized officer or employee on behalf of the Disclosing Entity. This disclosure information is submitted on behalf of:

Name of Disclosing Entity: VAP RRT Master Trust 2016

BY: U.S. Bank Trust National Association, not in its individual capacity but solely as Owner Trustee of VAP RRT Master Trust 2016

Signature:  \_\_\_\_\_

Date: July 10, 2020

Printed Name: Brian Kozack

Title: Vice President

Phone Number: 312-332-7821

Email Address: brian.kozack@usbank.com

**VAP RRT Master Trust 2016**  
**Table 1 and Table 2**  
**Ownership Share and Distributive Income**  
**07/01/19 - 06/30/2020**

TABLE – 1 and 2							
Name (first, middle, last, maiden, aliases)	Mailing Address	% of Ownership/Interest	Type of Ownership	Class of Stock	Gross Revenues (1)	% of Distributive Income	\$ Value of Distributive Income (Direct and Indirect) (2)
ASW Holdings, LLC	6 Calle Mariano Ramirez Bages #3B, San Juan, PR 00907	100%	Trust Certificate	N/A	\$ -	100%	\$ -

(1) Accrued certificate income from 7/1/2019 to 6/30/2020.

(2) Certificate income paid to the certificate holder from 7/1/2019 to 6/30/2020.

**Supplemental Schedule disclosing individuals with direct and indirect interest in ASW Holdings, LLC**

Name (first, middle, last, maiden, aliases)	Date of Birth	Mailing Address	% of Ownership/Interest	Type of Ownership	Class of Stock	Gross Revenues (1)	% of Distributive Income	\$ Value of Distributive Income (Direct and Indirect) (2)
Alan Wilson	██████	████████████████████ San Juan, PR 00907	100.00%	LLC membership interest	N/A	\$ -	100.00%	\$ -
<b>Totals</b>			<b>100.00%</b>			<b>\$ -</b>	<b>100.00%</b>	<b>\$ -</b>

(1) Accrued certificate income from 7/1/2019 to 6/30/2020.

(2) Certificate income paid to the certificate holder from 7/1/2019 to 6/30/2020.

**VAP RRT Master Trust 2016**  
**Table 3**  
**Additional information for Trusts**  
**07/01/19 - 06/30/2020**

TABLE – 3		VAP RRT Master Trust 2016 - Ownership	
Name (first, middle, last, maiden, aliases)	Certificate Holder	Closing Date	Mailing Address
ASW Holdings, LLC, see supplemental information above		8/30/2016	6 Calle Mariano Ramirez Bages #3B, San Juan, PR 00907