

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) E, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan BLUE ROCK PLUS FUND, L.P. - PARTNERSHIP SEGREGATED PORTFOLIO B
1b Three-digit plan number (PN) 005
1c Effective date of plan 04/01/2018
2a Plan sponsor's name (employer, if for a single-employer plan) BLUE ROCK ADVISORS, LLC
2b Employer Identification Number (EIN) 37-1797550
2c Plan Sponsor's telephone number 612-237-8156
2d Business code (see instructions) 523900

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include entries for plan administrator, employer/plan sponsor, and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="width:90%; text-align: right;">0</td> </tr> </table>	5	0																		
5	0																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6a(1)</td> <td style="width:90%;"></td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> </tr> </table>	6a(1)		6a(2)	0	6b		6c		6d	0	6e		6f	0	6g(1)		6g(2)		6h	
6a(1)																					
6a(2)	0																				
6b																					
6c																					
6d	0																				
6e																					
6f	0																				
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																			
7																					

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan BLUE ROCK PLUS FUND, L.P. - PARTNERSHIP SEGREGATED PORTFOLIO B	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 BLUE ROCK ADVISORS, LLC	D Employer Identification Number (EIN) 37-1797550	

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

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

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 compensation (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 instructions).

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

BLUE ROCK ADVISORS, LLC

37-1797550

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	42226	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)

COHNREZNICK LLP

22-1478099

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	7839	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)

KPMG LLP

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	14854	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 compensation (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 instructions).

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

INTERTRUST CORP & FUND SERVICES LLC

80 COTTONTAIL LANE, SUITE 430
SOMERSET, NJ 08873

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	39900	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) 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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) 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 fiduciary or provides contract administrator, consulting, custodial, investment 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 amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
 (complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>BLUE ROCK PLUS FUND, L.P. - PARTNERSHIP SEGREGATED PORTFOLIO B</u>	B Three-digit plan number (PN)	<u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BLUE ROCK ADVISORS, LLC</u>	D Employer Identification Number (EIN) <u>37-1797550</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>BLUE ROCK CAPITAL FUND, L.P.</u>		
b Name of sponsor of entity listed in (a):	<u>BLUE ROCK ADVISORS, LLC</u>		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
<u>37-1797550-002</u>	<u>E</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>BLUE ROCK LIQUID ALPHA FUND, L.P.</u>		
b Name of sponsor of entity listed in (a):	<u>BLUE ROCK ADVISORS, LLC</u>		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
<u>37-1797550-007</u>	<u>E</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e 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):			
c EIN-PN	d Entity code	e 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):			
c EIN-PN	d Entity code	e 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):			
c EIN-PN	d Entity code	e 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):			
c EIN-PN	d Entity code	e 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):

c EIN-PN

d Entity code

e 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):

c EIN-PN

d Entity code

e 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):

c EIN-PN

d Entity code

e 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):

c EIN-PN

d Entity code

e 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):

c EIN-PN

d Entity code

e 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):

c EIN-PN

d Entity code

e 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):

c EIN-PN

d Entity code

e 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):

c EIN-PN

d Entity code

e 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):

c EIN-PN

d Entity code

e 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):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan BLUE ROCK PLUS FUND, L.P. - PARTNERSHIP SEGREGATED PORTFOLIO B	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 BLUE ROCK ADVISORS, LLC	D Employer Identification Number (EIN) 37-1797550

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	795211	1880128
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1000000	18617927
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	18606891	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	207636	688427

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	20609738	21186482
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	220383	21186482
k Total liabilities (add all amounts in lines 1g through 1j)	1k	220383	21186482
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	20389355	

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.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	108501	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		108501
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	-823904	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	436386	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(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)		1111036
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		832019

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(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)		
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		4406
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	43050	
(3) Recordkeeping fees.....	2i(3)	50492	
(4) IQPA audit fees.....	2i(4)	25012	
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	36042	
(12) Total administrative expenses. Add lines 2i(1) through (11).....	2i(12)		154596
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		159002

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		673017
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		21062372

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) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

- (1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **COHN REZNICK LLP**

(2) EIN: **22-1478099**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

- (1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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.).....		X	
c 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	
d 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	
e Was this plan covered by a fidelity bond?.....			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g 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?			
h 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?.....			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j 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.).....			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n 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.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

***Blue Rock Plus Fund, L.P. -
Partnership Segregated Portfolio B***

*Financial Statements for the year ended December 31, 2023
With Independent Auditor's Report*



BLUE | ROCK
A D V I S O R S

**Blue Rock Plus Fund, L.P. -
Partnership Segregated Portfolio B**

**Financial Statements
For the year ended December 31, 2023**

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Audited Financial Statements for Blue Rock Liquid Alpha Fund, L.P.

Audited Financial Statements for Blue Rock Capital Fund, L.P.

**Blue Rock Plus Fund, L.P. -
Partnership Segregated Portfolio B**

Schedule of Investments
(Stated in United States Dollars)

As of December 31, 2023

<u>Derivatives contracts, at fair value</u>	<u>Percent of Net Assets</u>	<u>December 31, 2023 Notional Value</u>	<u>Unrealized Appreciation (Depreciation)</u>
<u>Swap Agreements</u>			
Bloomberg Barclays US Government Inflation Linked Bond Total Return Index	0 %	\$ 20,936,910	\$ 639,983
Total Swap Agreements (cost \$0)	0 %	\$ 20,936,910	\$ 639,983

The accompanying notes are an integral part of these financial statements.

**Blue Rock Plus Fund, L.P. -
Partnership Segregated Portfolio B**

Statement of Assets, Liabilities and Partners' Capital
(Stated in United States Dollars)

As of December 31, 2023

ASSETS

Derivative contracts, at fair value (cost \$0)	\$	639,983
Cash equivalents		1,880,128
Receivable for investment in Blue Rock Liquid Alpha Fund, L.P. and Blue Rock Capital Fund, L.P. ("Alpha Funds") redeemed		18,617,927
Other assets		48,444
		48,444
Total Assets		21,186,482

LIABILITIES

Redemption payable		20,482,372
Due to broker		640,174
Fund administration fees payable		8,400
Management fee payable		4,268
Other liabilities		51,268
		51,268
Total Liabilities		21,186,482

NET ASSETS

\$ -

PARTNERS' CAPITAL

General Partner	\$	-
Limited Partners		-
		-
Total Partners' Capital	\$	-

The accompanying notes are an integral part of these financial statements.

**Blue Rock Plus Fund, L.P. -
Partnership Segregated Portfolio B**

Statement of Operations
(Stated in United States Dollars)

For the year ended December 31, 2023

INVESTMENT INCOME	
Interest income	\$ 108,501
	<hr/>
Total Investment Income	108,501
	<hr/>
OPERATING EXPENSES	
Management fee	50,492
Fund administration fees	43,050
Professional fees	25,012
Interest expense	4,406
Other expenses	36,042
	<hr/>
Total Operating Expenses	159,002
	<hr/>
Net Investment Loss	(50,501)
	<hr/>
REALIZED AND UNREALIZED GAIN (LOSS) ON INVESTMENTS IN THE ALPHA FUNDS AND DERIVATIVE CONTRACTS	
Net realized gain (loss) on:	
Investment in the Alpha Funds	2,096,755
Investments in derivative contracts	(823,904)
Net change in unrealized appreciation (depreciation) on:	
Investment in the Alpha Funds	(985,719)
Investments in derivative contracts	436,386
	<hr/>
Net Realized and Unrealized Gain on Investments in the Alpha Funds and Derivative Contracts	723,518
	<hr/>
NET INCREASE IN PARTNERS' CAPITAL RESULTING FROM OPERATIONS	\$ 673,017
	<hr/> <hr/>

The accompanying notes are an integral part of these financial statements.

**Blue Rock Plus Fund, L.P. -
Partnership Segregated Portfolio B**

Statement of Changes in Partners' Capital
(Stated in United States Dollars)

For the year ended December 31, 2023

	General Partner	Limited Partners	Total
Balance, beginning of year	\$ 1,104	\$ 20,388,251	\$ 20,389,355
Withdrawals	(1,143)	(21,061,229)	(21,062,372)
Net increase in partners' capital resulting from operations	39	672,978	673,017
Balance, end of year	\$ -	\$ -	\$ -

The accompanying notes are an integral part of these financial statements.

Blue Rock Plus Fund, L.P. - Partnership Segregated Portfolio B

Notes to Financial Statements (Stated in United States Dollars)

December 31, 2023

(1) Organization

Blue Rock Plus Fund, L.P. (the “Partnership”), a Delaware series limited partnership, organized in May 2017, commenced operations on October 1, 2017 to operate as a private investment partnership. The Partnership pursues alpha overlay investment strategies whereby the Partnership will create a separate segregated portfolio (each, a “Partnership Segregated Portfolio”) corresponding to each overlay strategy it offers to investors. Each Partnership Segregated Portfolio obtains its alpha exposure through its investment in one or both of Blue Rock Capital Fund, L.P., a Minnesota limited partnership, and Blue Rock Liquid Alpha Fund, L.P., a Delaware limited partnership (together, the “Alpha Funds”) that, respectively, operate as a private investment partnership. Each Partnership Segregated Portfolio’s beta exposure may be obtained through total return swaps, futures contracts and/or other derivative instruments seeking to replicate a particular index (each, an “Index”, together the “Beta Exposure”). The Beta Exposure of each Partnership Segregated Portfolio is managed by any person or company selected by the General Partner (the “Beta Manager”) to provide investment advisory services to each Partnership Segregated Portfolio.

Blue Rock Advisors, LLC, a Delaware limited liability company (the “General Partner”), is the general partner of the Partnership and provides investment management services to the Partnership and to the Alpha Funds. The General Partner has overall responsibility for the management and operations of the Partnership. The General Partner also serves as the Beta Manager of the Partnership Segregated Portfolio B (as defined below) and is a Securities and Exchange Commission registered investment adviser.

The Partnership has offered interests in several Partnership Segregated Portfolios, and subject to the discretion of the General Partner, the Partnership may add additional Partnership Segregated Portfolios or discontinue existing Partnership Segregated Portfolios. Blue Rock Plus Fund, L.P. – Partnership Segregated Portfolio A and Blue Rock Plus Fund, L.P. – Partnership Segregated Portfolio B ceased operations effective August 23, 2023.

Blue Rock Plus Fund, L.P. – Partnership Segregated Portfolio B (the “Partnership Segregated Portfolio B”) commenced operations on April 1, 2018 and sought to replicate the Bloomberg Barclays U.S. Government Inflation-Linked Bond Index (the “TIPS”).

The financial statements have been prepared in conformity with U.S. generally accepted accounting principles (“U.S. GAAP”). The Partnership operates as a private investment partnership and is an investment company as defined in Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic 946, *Financial Services-Investment Companies*. The Partnership adheres to the accounting and reporting guidance in FASB ASC Topic 946.

Effective August 23, 2023, the General Partner decided to cease operations of the Partnership and return the capital balances of the Partnership to its Limited Partners. At December 31, 2023, the General Partner has substantially sold all of the Partnership’s investments and will be distributing the net proceeds to the Limited Partners (see Note 8).

Assets and liabilities are generally recognized in accordance with the measurement and recognition provisions of U.S. GAAP applicable for going concern entities. The financial statements at December 31, 2023, and for the year ended December 31, 2023 indicate that the Partnership has ceased operations and management has concluded that the effects of adopting the liquidation basis of accounting were not material.

Blue Rock Plus Fund, L.P. - Partnership Segregated Portfolio B

Notes to Financial Statements (continued) (Stated in United States Dollars)

December 31, 2023

(2) Significant Accounting Policies

(a) Valuation of Investments

The Partnership Segregated Portfolio B's investments in the Alpha Funds were valued at the Partnership Segregated Portfolio B's ownership percentage of partners' capital of the Alpha Funds as a practical expedient. The Alpha Funds' investments are valued as described in Note 2 and Note 6 of each Alpha Fund's financial statements. See Note 4 of the Alpha Funds' financial statements for Fair Value Measurements.

Securities held through the Beta Manager that are public stock, commodity or futures exchange (each, an "Exchange") are independently valued and priced using verifiable pricing sources, published by the Exchange in question, or by recognized and generally accepted data providers. See Note 6 for further discussion of valuation of derivatives.

(b) Security Transactions and Investment Income

Purchases and sales of investments in the Alpha Funds are recorded on the effective date as specified in the Alpha Funds' investment agreements. Purchases and sales of securities and derivatives are accounted for on a trade-date basis. Interest income is recorded on the accrual basis. The Partnership Segregated Portfolio B treats investments in each of the Alpha Funds as a single investment and records only realized gains (losses) and change in unrealized appreciation and depreciation.

(c) Cash Equivalents

The Partnership Segregated Portfolio B considers all highly liquid investments with original maturities of three months or less to be cash equivalents. At December 31, 2023, cash equivalents of the Partnership Segregated Portfolio B totaled \$1,880,128, where cash equivalents include money market funds of \$1,880,128. Cash equivalents are subject to credit risk to the extent those balances exceed applicable Federal Deposit Insurance Corporation or Securities Investor Protection Corporation limitations.

(d) Profit and Loss Allocations

Any net capital appreciation or net capital depreciation of the Partnership Segregated Portfolio B is allocated to the capital accounts of all partners (including the General Partner) in proportion to their respective opening capital accounts for such year.

(e) Contributions and Withdrawals

Limited partnership interests in the Partnership Segregated Portfolio B are offered on the first day of each month or at such other times as the General Partner, in its discretion, may allow to investors who generally qualify as "accredited investors" under Rule 501 of Regulation D of the Securities Act of 1933, as amended, and "qualified purchasers" under Section 2(a)(51) of the Investment Company Act of 1940, as amended. The minimum initial capital contribution by each Limited Partner is \$1,000,000, although the General Partner has discretionary authority to accept contributions of less than \$1,000,000. Upon giving 45 days' prior written notice, a Limited Partner may withdraw all or any portion of its capital account exceeding 10% as measured at the beginning of a calendar quarter, as of the last day of each calendar quarter. In addition, upon giving five days' prior written notice, a Limited Partner may withdraw part of its capital account, up to 10% in aggregate during a calendar quarter as measured as of the first day of a calendar quarter, as of the last day of each month.

Blue Rock Plus Fund, L.P. - Partnership Segregated Portfolio B

Notes to Financial Statements (continued) (Stated in United States Dollars)

December 31, 2023

(f) Distributions

All distributions are determined by the General Partner and, at the General Partner's discretion, may be in cash or marketable securities. At December 31, 2023, the Partnership Segregated Portfolio B had distributions payable of \$20,482,372.

(g) Income Taxes

The Partnership Segregated Portfolio B applies the authoritative guidance for uncertainty in income taxes included in FASB ASC 740-10, *Accounting for Uncertainty in Income Taxes*. This guidance requires the Partnership Segregated Portfolio B to determine whether a tax position of the Partnership Segregated Portfolio B is more likely than not to be sustained upon examination by the applicable taxing authority, including the resolution of any related appeals or litigation processes, based on the technical merits of the position. The tax benefit to be recognized is measured as the largest amount of benefit that is greater than 50% likely of being realized upon ultimate settlement, which could result in the Partnership Segregated Portfolio B recording a tax liability that would reduce net assets. The Partnership Segregated Portfolio B reviews and evaluates tax positions in its major jurisdictions and determines whether or not there are uncertain tax positions that require financial statement recognition.

Based on this review, the Partnership Segregated Portfolio B has determined the major tax jurisdictions where the Partnership Segregated Portfolio B is organized and where the Partnership Segregated Portfolio B makes investments. The following is the major tax jurisdiction for the Partnership Segregated Portfolio B and the earliest tax year subject to examination: United States-2020. The Partnership Segregated Portfolio B's policy is to recognize interest and penalties associated with tax matters, if applicable, as part of other expenses and would include accrued interest and penalties in accrued expenses and other payables in the statement of assets, liabilities and partners' capital. The Partnership Segregated Portfolio B did not recognize interest or penalties for the year ended December 31, 2023 and there are no uncertain tax positions at December 31, 2023.

Each Limited Partner is responsible for reporting income or loss, based upon his or her respective share of the Partnership Segregated Portfolio B's income and expenses as reported for income tax purposes, to the extent required by federal and state income tax laws and regulations.

(h) Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported results of operations during the reporting period. Actual results could differ from those estimates.

(3) Related Party Transactions and Expenses

(a) Management Fee to the General Partner

Each Limited Partner will bear a management fee (the "Management Fee") payable monthly, in arrears, equal to 0.0208% (0.25% annualized) of the balance of each capital account of such Limited Partner as of such time. The capital accounts of the General Partner and its affiliates are not debited for the Management Fee or the Incentive Fee (as defined below). In addition, the General Partner may waive or reduce all or a portion of the Management Fee and/or the Incentive Fee with respect to a Limited Partner (including affiliates of the General Partner). For the year ended December 31, 2023, the total Management Fee was \$50,492, of which \$4,268 was payable as of December 31, 2023.

Blue Rock Plus Fund, L.P. - Partnership Segregated Portfolio B

Notes to Financial Statements (continued) (Stated in United States Dollars)

December 31, 2023

(b) Incentive Fee to the General Partner

A Limited Partner will bear an incentive fee (the “Incentive Fee”) generally payable at the end of each calendar year, equal to 20% of the amount by which the balance of each capital account of a Limited Partner as of the end of a calendar year exceeds the hypothetical balance of a capital account as of the end of a calendar year, taking into account withdrawals from such capital account by such Limited Partner, assuming such capital account earned a return equal the relevant Index and rounded to the nearest 0.01% for such calendar year (or lesser period). The Incentive Fee will be debited as an expense against the capital account of a Limited Partner. An Incentive Fee will be determined and paid with respect to a complete withdrawal of a capital account on a date other than as of the end of a fiscal year. There was no Incentive Fee for the year ended December 31, 2023.

(c) Partnership Expenses

The Partnership Segregated Portfolio B bears its own operating expenses and its pro rata share of any operating expenses of the Partnership that are shared by multiple Partnership Segregated Portfolios, including, but not limited to, investment expenses (i.e., expenses which, in the General Partner's determination, are related to the investment of the Partnership Segregated Portfolio B's assets, including research related expenses), fees and costs of the administrator, legal expenses, external accounting, audit and tax preparation expenses, consulting fees, insurance premiums, the cost of any ERISA Section 412 bond, if applicable, regulatory expenses (including fees and expenses related to preparing and making regulatory and compliance filings associated with the Partnership Segregated Portfolio B and its investment activities, such as filing fees and costs of software and systems relating to such filings, including, but not limited to, Form PF and similar filings), organizational expenses, expenses relating to the offer and sale of interests and extraordinary expenses. Such expenses, as applicable (other than the Incentive Fee and the Management Fee) relating to the Partnership Segregated Portfolio B are shared by all of the partners of the Partnership Segregated Portfolio B, including the General Partner.

The Partnership Segregated Portfolio B also indirectly bears fees and expenses as an investor in each Alpha Fund as well as its share of the fees and expenses of the Portfolio Managers. However, the Alpha Funds have waived the Management Fee and performance-based allocation with respect to the Partnership Segregated Portfolio B's investment in the Alpha Funds.

The General Partner shall be entitled to prompt reimbursement out of the Partnership Segregated Portfolio B's assets for any such expenses it incurs on behalf of the Partnership Segregated Portfolio B.

(4) Due to Broker

Due to broker includes cash balances held with broker and margin borrowings. In the normal course of business, substantially all of the Partnership Segregated Portfolio B's securities transactions, money balances, and security positions are transacted with the Partnership Segregated Portfolio B's brokers. The Partnership Segregated Portfolio B is subject to credit risk to the extent any broker with which it conducts business is unable to fulfill contractual obligations on its behalf. The Partnership Segregated Portfolio B's management monitors the financial condition of such brokers and does not anticipate any losses from these counterparties.

Blue Rock Plus Fund, L.P. - Partnership Segregated Portfolio B

Notes to Financial Statements (continued) (Stated in United States Dollars)

December 31, 2023

(5) Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures* (“ASC 820”), establishes a fair value framework for valuing investments, discusses acceptable valuation techniques, discusses inputs to valuation techniques, establishes a fair value hierarchy that prioritizes the inputs, and requires extensive financial statement disclosures about the valuation. Under ASC 820, various inputs are used in determining the value of the Partnership Segregated Portfolio B’s investments.

These inputs are summarized into three broad levels and described below:

- Level 1 – quoted prices for active markets for identical securities. A quoted price in an active market provides the most reliable evidence of fair value.
- Level 2 – other significant observable inputs (including quoted prices for similar securities, interest rates, prepayment speeds, credit risk, etc.). Inputs that are derived principally from or corroborated by observable market data. An adjustment to any observable input that is significant to the fair value may render the measurement a Level 3 measurement.
- Level 3 – significant unobservable inputs, including the Partnership Segregated Portfolio B’s own assumptions in determining the fair value of investments.

The inputs or methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities. The following table presents information about the Partnership Segregated Portfolio B’s assets and liabilities measured at fair value as of December 31, 2023:

<u>Description</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets				
Derivative contracts:				
Swap Agreements*	\$ -	\$ 639,983	\$ -	\$ 639,983
Total derivative contracts	-	639,983	-	639,983
Cash equivalents:				
Investment in money market funds	1,880,128	-	-	1,880,128
Total Assets	\$ 1,880,128	\$ -	\$ -	\$ 1,880,128

*Swap agreements, as derivative instruments, are valued at the change in unrealized appreciation/(depreciation) on the investments. At December 31, 2023, the Partnership Segregated Portfolio B had swap agreements valued at \$639,983 of change in unrealized appreciation subject to this disclosure.

(6) Derivative Contracts

Swap Agreements

The Partnership Segregated Portfolio B may enter into swap agreements. Swap agreements are individually negotiated and may be structured by the Partnership Segregated Portfolio B to obtain exposure to the TIPS. If a swap agreement calls for payments by the Partnership Segregated Portfolio B, the Partnership Segregated Portfolio B must be prepared to make such payments when due.

Swap agreements are traded on the over-the-counter market. The fair value of swap agreements is determined by the notional fair value of the assets or liabilities underlying the swap contracts, which are typically equity securities, and is consistent with the valuation procedures discussed previously. Swap agreements are generally categorized in Level 2 of the fair value hierarchy.

Blue Rock Plus Fund, L.P. - Partnership Segregated Portfolio B

Notes to Financial Statements (continued) (Stated in United States Dollars)

December 31, 2023

Changes in value, including accruals of the underlying returns to be paid or received on swap agreements, are reported on the statement of assets, liabilities and partners' capital. The change in value of swap agreements is reported as unrealized gains or losses in the statement of operations. Gains or losses are realized upon periodic resets and upon settlements of the contracts. Notional principal amounts are used to express the extent of involvement in these transactions. Risks may exceed amounts recognized in the statement of assets, liabilities and partners' capital. These risks include changes in the underlying market price, failure of the counterparties to perform under the contracts' terms and the possible lack of liquidity with respect to the contracts, and could potentially result in losses by the Partnership Segregated Portfolio B. Swap agreements are not subject to a master netting agreement. As of December 31, 2023, the Partnership Segregated Portfolio B has open swap agreements with underlying notional values of \$20,936,910 and had 60,724 contracts outstanding. During the year ended December 31, 2023, the Partnership Segregated Portfolio B had an average monthly notional of \$20,656,881 on long swap agreements outstanding.

As of December 31, 2023, the investment in the Alpha Funds was pledged as collateral to the counterparties of the swap transactions per swap transaction agreement.

The following table identifies the fair value amounts of swap agreements included in the statement of assets, liabilities and partners' capital categorized by primary underlying risk, at December 31, 2023. The following table also identifies the realized and change in unrealized gain and loss amounts included in the statement of operations, categorized by primary underlying risk, for the year ended December 31, 2023:

Primary Risk Exposure	Net Realized Gain (Loss) on Derivative Contracts	Net Change in Unrealized Appreciation (Depreciation) on Derivative Contracts
Index Price		
Swap Agreements	\$ (823,904)	\$ 436,386
Total	\$ (823,904)	\$ 436,386

The Partnership Segregated Portfolio B has elected not to offset assets and liabilities in the statement of assets, liabilities and partners' capital. The following table provides disclosure regarding the potential effect of offsetting of recognized assets presented in the statement of assets, liabilities and partners' capital had the Partnership Segregated Portfolio B elected to offset as of December 31, 2023:

Description	Gross Amounts Not Offset in the Statement of Assets, Liabilities and Partners' Capital			
	Gross Amounts of Recognized Assets Presented in the Statement of Assets, Liabilities and Partners' Capital	Financial Instruments	Collateral Received	Net Amount
Swap Agreements	\$ 639,983	\$ -	\$ (639,983)	\$ -
Total	\$ 639,983	\$ -	\$ (639,983)	\$ -

Blue Rock Plus Fund, L.P. - Partnership Segregated Portfolio B

Notes to Financial Statements (continued) (Stated in United States Dollars)

December 31, 2023

(7) Financial Highlights

The ratio information for the year ended December 31, 2023 is calculated based on average monthly net assets and is as follows:

	<u>Limited Partners</u>
Total return:	
Total return before Incentive Fee to General Partner	3.34 %
Incentive Fee to General Partner	0.00
Total return after Incentive Fee to General Partner	<u>3.34 %</u>
 Ratios to average limited partners' capital:	
Expenses	0.79 %
Incentive Fee to General Partner	0.00
Net Expenses and Incentive Fee to General Partner	<u>0.79 %</u>
 Net investment loss	 <u>(0.25) %</u>

The net investment loss, expense ratios and total return are calculated for the Partnership Segregated Portfolio B taken as a whole. An individual Limited Partner's return may vary from these returns based on different Management Fees and Incentive Fees (as discussed in Note 3) and the timing of capital transactions. The ratios exclude the impact of fees and expenses paid at the Alpha Funds.

(8) Subsequent Events

In accordance with the provisions of FASB ASC Topic 855, *Subsequent Events*, management has evaluated the need for disclosures and/or adjustments resulting from subsequent events through May 16, 2024, the date the financial statements were available to be issued.

As of May 16, 2024, the Partnership distributed approximately \$19,000,000 of withdrawals payable to its Limited Partners. The partnership will make final distributions to Limited Partners upon issuance of the financial statements.

Independent Auditor's Report

To the General Partner
Blue Rock Plus Fund, L.P. - Partnership Segregated Portfolio B

Opinion

We have audited the financial statements of Blue Rock Plus Fund, L.P. - Partnership Segregated Portfolio B (the "Partnership") which comprise the statement of assets, liabilities, and partner's capital including the schedule of investments, as of December 31, 2023, and the related statements of operations and changes in partners' capital for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Blue Rock Plus Fund, L.P. - Partnership Segregated Portfolio B, as of December 31, 2023, and the results of its operations and changes in its partners' capital for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Partnership and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Substantial Doubt About the Company's Ability to Continue as a Going Concern

As disclosed in Note 1 and Note 8 to the financial statements, on August 23, 2023, the General Partner decided to cease operations of the Partnership, sell all of the investments and wind down the Partnership. As of December 31, 2023, the sale of investment positions has been substantially completed. Our opinion has not been modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Partnership's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a

material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Partnership's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Partnership's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

CohnReznick LLP

Los Angeles, California
May 16, 2024

**Blue Rock Plus Fund, L.P. -
Partnership Segregated Portfolio B**

Schedule of Investments
(Stated in United States Dollars)

As of December 31, 2023

<u>Derivatives contracts, at fair value</u>	<u>Percent of Net Assets</u>	<u>December 31, 2023 Notional Value</u>	<u>Unrealized Appreciation (Depreciation)</u>
<u>Swap Agreements</u>			
Bloomberg Barclays US Government Inflation Linked Bond Total Return Index	0 %	\$ 20,936,910	\$ 639,983
Total Swap Agreements (cost \$0)	0 %	\$ 20,936,910	\$ 639,983

The accompanying notes are an integral part of these financial statements.



Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h2 style="text-align: center;">2023</h2> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>12/31/2023</u>	
A This return/report is for: <input type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is: <input type="checkbox"/> a single-employer plan	<input checked="" type="checkbox"/> a DFE (specify) <u>E</u>
<input type="checkbox"/> the first return/report	<input checked="" type="checkbox"/> the final return/report
<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here <input type="checkbox"/>	
D Check box if filing under: <input type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
<input type="checkbox"/> special extension (enter description)	
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here <input type="checkbox"/>	

Part II Basic Plan Information - enter all requested information											
1a Name of plan BLUE ROCK PLUS FUND, L.P. - PARTNERSHIP SEGREGATED PORTFOLIO B	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">005</td> </tr> <tr> <td colspan="2">1c Effective date of plan 04/01/2018</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 37-1797550</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 612-237-8156</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 523900</td> </tr> </table>	1b Three-digit plan number (PN) ▶	005	1c Effective date of plan 04/01/2018		2b Employer Identification Number (EIN) 37-1797550		2c Plan Sponsor's telephone number 612-237-8156		2d Business code (see instructions) 523900	
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2b Employer Identification Number (EIN) 37-1797550											
2c Plan Sponsor's telephone number 612-237-8156											
2d Business code (see instructions) 523900											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BLUE ROCK ADVISORS, LLC 26370 ARBOR CREEK LANE EXCELSIOR, MN 55331											

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 HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	 Type/print name	 Date	ANGELA M. KNUTZEN
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2023)
v. 230728

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 37-1797550 3c Administrator's telephone number 612-237-8156
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																																	
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	5		0																														
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:80%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>6a(1)</td> <td>Total number of active participants at the beginning of the plan year</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6a(2)</td> <td>Total number of active participants at the end of the plan year</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6b</td> <td>Retired or separated participants receiving benefits</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6c</td> <td>Other retired or separated participants entitled to future benefits.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6d</td> <td>Subtotal. Add lines 6a(2), 6b, and 6c.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6e</td> <td>Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6f</td> <td>Total. Add lines 6d and 6e.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6g(1)</td> <td>Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6g(2)</td> <td>Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6h</td> <td>Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</td> <td style="text-align: right;">0</td> </tr> </table>				6a(1)	Total number of active participants at the beginning of the plan year	0	6a(2)	Total number of active participants at the end of the plan year	0	6b	Retired or separated participants receiving benefits	0	6c	Other retired or separated participants entitled to future benefits.	0	6d	Subtotal. Add lines 6a(2) , 6b , and 6c	0	6e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	0	6f	Total. Add lines 6d and 6e	0	6g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	0	6g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	0	6h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	0
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)																								
<table style="width:100%;"> <tr> <td style="width:5%;">(1)</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:90%;">Insurance</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td><input type="checkbox"/></td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td><input type="checkbox"/></td> <td>General assets of the sponsor</td> </tr> </table>	(1)	<input type="checkbox"/>	Insurance	(2)	<input type="checkbox"/>	Code section 412(e)(3) insurance contracts	(3)	<input type="checkbox"/>	Trust	(4)	<input type="checkbox"/>	General assets of the sponsor	<table style="width:100%;"> <tr> <td style="width:5%;">(1)</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:90%;">Insurance</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td><input type="checkbox"/></td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td><input type="checkbox"/></td> <td>General assets of the sponsor</td> </tr> </table>	(1)	<input type="checkbox"/>	Insurance	(2)	<input type="checkbox"/>	Code section 412(e)(3) insurance contracts	(3)	<input type="checkbox"/>	Trust	(4)	<input type="checkbox"/>	General assets of the sponsor
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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	b General Schedules																																	
<table style="width:100%;"> <tr> <td style="width:5%;">(1)</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:90%;">R (Retirement Plan Information)</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td>MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</td> </tr> <tr> <td>(3)</td> <td><input type="checkbox"/></td> <td>SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</td> </tr> <tr> <td>(4)</td> <td><input type="checkbox"/></td> <td>DCG (Individual Plan Information) - Number Attached _____</td> </tr> <tr> <td>(5)</td> <td><input type="checkbox"/></td> <td>MEP (Multiple-Employer Retirement Plan Information)</td> </tr> </table>	(1)	<input type="checkbox"/>	R (Retirement Plan Information)	(2)	<input type="checkbox"/>	MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(3)	<input type="checkbox"/>	SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(4)	<input type="checkbox"/>	DCG (Individual Plan Information) - Number Attached _____	(5)	<input type="checkbox"/>	MEP (Multiple-Employer Retirement Plan Information)	<table style="width:100%;"> <tr> <td style="width:5%;">(1)</td> <td style="width:5%;"><input checked="" type="checkbox"/></td> <td style="width:90%;">H (Financial Information)</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td>I (Financial Information - Small Plan)</td> </tr> <tr> <td>(3)</td> <td><input type="checkbox"/></td> <td>A (Insurance Information) - Number Attached _____</td> </tr> <tr> <td>(4)</td> <td><input checked="" type="checkbox"/></td> <td>C (Service Provider Information)</td> </tr> <tr> <td>(5)</td> <td><input checked="" type="checkbox"/></td> <td>D (DFE/Participating Plan Information)</td> </tr> <tr> <td>(6)</td> <td><input type="checkbox"/></td> <td>G (Financial Transaction Schedules)</td> </tr> </table>	(1)	<input checked="" type="checkbox"/>	H (Financial Information)	(2)	<input type="checkbox"/>	I (Financial Information - Small Plan)	(3)	<input type="checkbox"/>	A (Insurance Information) - Number Attached _____	(4)	<input checked="" type="checkbox"/>	C (Service Provider Information)	(5)	<input checked="" type="checkbox"/>	D (DFE/Participating Plan Information)	(6)	<input type="checkbox"/>	G (Financial Transaction Schedules)
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____