

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 08/01/2023 and ending 07/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, 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: NORTHERN TRUST COLLECTIVE RUSSELL 1000 GROWTH INDEX FUND - NON-LENDING
1b Three-digit plan number (PN): 099
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): NORTHERN TRUST INVESTMENTS, INC.
2b Employer Identification Number (EIN): 45-6138589
2c Plan Sponsor's telephone number: 312-630-6000
2d Business code (see instructions)

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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>

**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:

<b>9a</b> 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	<b>9b</b> 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)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

<b>A</b> Name of plan <u>NORTHERN TRUST COLLECTIVE RUSSELL 1000 GROWTH INDEX FUND - NON-LENDING</u>	<b>B</b> Three-digit plan number (PN)	<u>099</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NORTHERN TRUST INVESTMENTS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>45-6138589</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>COLLECTIVE STIF</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>NORTHERN TRUST INVESTMENTS, INC.</u>	
<b>c</b> EIN-PN <u>45-6138589-084</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13788403</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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)

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	A.F.OF L.-A.G.C. BUILDING TRADES PENSION PLAN
<b>b</b>	Name of plan sponsor	A.F.OF L.-A.G.C. BUILDING TRADES PENSION
<b>c</b>	EIN-PN	63-6055108-001
<b>a</b>	Plan name	ATLANTA IRONWORKERS LOCAL #387 PENSION PLAN
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES ATLANTA IRONWORKERS LOCAL 387 PENSION PL
<b>c</b>	EIN-PN	58-6051152-001
<b>a</b>	Plan name	BRICKLAYERS ALLIED CRAFTSMEN PENSION PLAN LOCAL NO 3
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES BRICKLAYERS ALLIED CRAFTSMEN PENS
<b>c</b>	EIN-PN	34-6682532-001
<b>a</b>	Plan name	CARPENTERS' PENSION TRUST FUND - DETROIT AND VICINITY
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF CARPENTERS' PENSION TRUST FUNDDETROIT&VICINITY
<b>c</b>	EIN-PN	38-6242188-001
<b>a</b>	Plan name	CEMENT MASONS PENSION TRUST FUND FOR NORTHERN CALIFORNIA
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES CEMENT MASONS PENSION FUND FOR NORTHERN CALIFORNIA
<b>c</b>	EIN-PN	94-6277669-001
<b>a</b>	Plan name	DANA LIMITED MASTER TRUST
<b>b</b>	Name of plan sponsor	DANA LIMITED
<b>c</b>	EIN-PN	26-1318190-143
<b>a</b>	Plan name	DOMINION ENERGY, INC. DEFINED BENEFIT MASTER TRUST
<b>b</b>	Name of plan sponsor	DOMINION ENERGY, INC.
<b>c</b>	EIN-PN	25-6263994-047
<b>a</b>	Plan name	FELRA & UFCW PENSION PLAN
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES, FELRA & UFCW PENSION
<b>c</b>	EIN-PN	52-6128473-001
<b>a</b>	Plan name	GENUINE PARTS COMPANY 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	GENUINE PARTS COMPANY
<b>c</b>	EIN-PN	58-0254510-003
<b>a</b>	Plan name	HONEYWELL SAVINGS AND OWNERSHIP PLAN MASTER TRUST
<b>b</b>	Name of plan sponsor	HONEYWELL INTERNATIONAL INC.
<b>c</b>	EIN-PN	04-6736894-001
<b>a</b>	Plan name	IUOE STATIONARY ENGINEERS LOCAL 39 PENSION PLAN
<b>b</b>	Name of plan sponsor	BOT OF IUOE STATIONARY ENGINEERS LOCAL 39 PENSION
<b>c</b>	EIN-PN	94-6118939-001
<b>a</b>	Plan name	JOURNEYMEN & APPRENTICES 188 PENSION FUND
<b>b</b>	Name of plan sponsor	JOURNEYMEN & APPRENTICES 188 PENSION FUND
<b>c</b>	EIN-PN	58-6088292-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	KAMAN CORPORATION EMPLOYEES' PENSION PLAN	
<b>b</b>	Name of plan sponsor	KAMAN CORPORATION	<b>c</b> EIN-PN 06-0613548-008
<b>a</b>	Plan name	LABORERS LOCAL 754 PENSION PLAN	
<b>b</b>	Name of plan sponsor	TRUSTEES OF LABORERS LOCAL 754 PENSION PLAN	<b>c</b> EIN-PN 13-1895922-002
<b>a</b>	Plan name	LINDE U.S. PENSION PLAN	
<b>b</b>	Name of plan sponsor	LINDE INC.	<b>c</b> EIN-PN 06-1249050-335
<b>a</b>	Plan name	LOCAL 68 ENGINEERS UNION ANNUITY PLAN	
<b>b</b>	Name of plan sponsor	LOCAL 68 ENGINEERS UNION ANNUITY FUND BOARD OF TRUSTEES	<b>c</b> EIN-PN 22-6289939-001
<b>a</b>	Plan name	LOCAL 68 ENGINEERS UNION PENSION PLAN	
<b>b</b>	Name of plan sponsor	LOCAL 68 ENGINEERS UNION PENSION FUND BOARD OF TRUSTEES	<b>c</b> EIN-PN 51-0176618-001
<b>a</b>	Plan name	LOCAL 819 LABOR & MANAGEMENT PENSION TR FUND	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF L 816 LABOR & MANAGEMENT PENSION TR FUND	<b>c</b> EIN-PN 13-1869789-001
<b>a</b>	Plan name	MICHIGAN BAC PENSION FUND	
<b>b</b>	Name of plan sponsor	MICHIGAN BAC PENSION FUND	<b>c</b> EIN-PN 38-2895943-001
<b>a</b>	Plan name	MIDAMERICAN ENERGY COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MIDAMERICAN ENERGY COMPANY	<b>c</b> EIN-PN 42-1425214-002
<b>a</b>	Plan name	MILK DRIVERS AND DAIRY EMPLOYEES LOCAL 246 PENSION FUND	
<b>b</b>	Name of plan sponsor	MILK DRIVERS & DAIRY EMPLOYEES LOCAL NO. 246 OF WASHINGTON D.C PENSION	<b>c</b> EIN-PN 52-6070425-001
<b>a</b>	Plan name	MILLWRIGHTS PENSION PLAN	
<b>b</b>	Name of plan sponsor	BOT, MILLWRIGHTS PENSION PLAN	<b>c</b> EIN-PN 75-1810302-001
<b>a</b>	Plan name	NEW ENGLAND HEALTH CARE EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES-NEW ENGLAND HEALTH CARE EMPLOYEES PENSION FUND	<b>c</b> EIN-PN 22-3071963-001
<b>a</b>	Plan name	NORDSON CORPORATION PENSION INVESTMENT TRUST	
<b>b</b>	Name of plan sponsor	NORDSON CORPORATION	<b>c</b> EIN-PN 34-0590250-019

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	NORTHERN TRUST COLLECTIVE RUSSELL 1000 GROWTH INDEX FUND - DC - NON-LENDING
<b>b</b>	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.
<b>c</b>	EIN-PN	45-6138589-109
<b>a</b>	Plan name	NORTHERN TRUST COLLECTIVE RUSSELL 1000 INDEX FUND - NON- LENDING
<b>b</b>	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.
<b>c</b>	EIN-PN	45-6138589-095
<b>a</b>	Plan name	PENSION PLAN FOR EMPLOYEES OF THE CHICAGO MERCANTILE EXCHANGE, INC.
<b>b</b>	Name of plan sponsor	CHICAGO MERCANTILE EXCHANGE, INC.
<b>c</b>	EIN-PN	36-4340266-001
<b>a</b>	Plan name	PHILLIPS 66 RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	PHILLIPS 66 COMPANY
<b>c</b>	EIN-PN	37-1652702-001
<b>a</b>	Plan name	PLUMBERS AND STEAMFITTERS LOCAL 60 PENSION FUND
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 60 PENSION FUND
<b>c</b>	EIN-PN	72-6025640-001
<b>a</b>	Plan name	ROBERT BOSCH LLC MASTER TRUST RETIREMENT TRUST
<b>b</b>	Name of plan sponsor	ROBERT BOSCH LLC
<b>c</b>	EIN-PN	36-2903176-100
<b>a</b>	Plan name	SAN DIEGO ELECTRICAL PENSION PLAN
<b>b</b>	Name of plan sponsor	SAN DIEGO ELECTRICAL PENSION TRUST
<b>c</b>	EIN-PN	95-6101801-001
<b>a</b>	Plan name	SHREVEPORT ELECTRICAL INDUSTRY PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SHREVEPORT ELECTRICAL INDUSTRY PROFIT SHARING PLAN
<b>c</b>	EIN-PN	72-1114759-001
<b>a</b>	Plan name	SONY USA 401(K) PLAN
<b>b</b>	Name of plan sponsor	SONY CORPORATION OF AMERICA
<b>c</b>	EIN-PN	13-1914734-002
<b>a</b>	Plan name	SOUTHEASTERN IRONWORKERS ANNUITY PLAN
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF SOUTHEASTERN IRONWORKERS ANNUITY PLAN
<b>c</b>	EIN-PN	58-6319526-001
<b>a</b>	Plan name	SOUTHERN IRONWORKERS PENSION FUND
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES SOUTHERN IRONWORKERS PENSION FUND
<b>c</b>	EIN-PN	59-6227091-001
<b>a</b>	Plan name	STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON D.C. PENSION FUND
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES, STONE & MARBLE MASONS PENSION FUND
<b>c</b>	EIN-PN	52-6117940-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SWEDISH MATCH MASTER TRUST FOR DEFINED BENEFIT PLANS	
<b>b</b>	Name of plan sponsor	SWEDISH MATCH NORTH AMERICA LLC	<b>c</b> EIN-PN 62-1257378-005
<b>a</b>	Plan name	THE MARITIME ASSOCIATION - I.L.A. PENSION FUND	
<b>b</b>	Name of plan sponsor	MARITIME ASSOCIATION - I.L.A. PENSION FUND	<b>c</b> EIN-PN 74-1721447-001
<b>a</b>	Plan name	TRI-STATE CARPENTERS AND JOINERS PENSION TRUST FUND	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES - TRI-STATE CARPENTERS AND JOINERS PENSION	<b>c</b> EIN-PN 62-0976048-001
<b>a</b>	Plan name	TWU-WESTCHESTER PRIVATE BUS LINES PENSION TRUST	
<b>b</b>	Name of plan sponsor	TWU-WESTCHESTER PRIVATE BUS LINES PENSION TRUST	<b>c</b> EIN-PN 13-6580055-001
<b>a</b>	Plan name	UA PLUMBERS LOCAL 24 PENSION FUND	
<b>b</b>	Name of plan sponsor	PLUMBERS PENSION FUND LOCAL 24 BOARD OF TRUSTEES	<b>c</b> EIN-PN 22-6042823-001
<b>a</b>	Plan name	UFCW AND SAFEWAY VARIABLE ANNUITY PENSION FUND	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES - UFCW AND SAFEWAY VARIABLE ANNUITY PENSION FUND	<b>c</b> EIN-PN 86-2084988-001
<b>a</b>	Plan name	UFCW-GIANT VARIABLE ANNUITY FUND	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES UFCW-GIANT VARIABLE ANNUITY FUND	<b>c</b> EIN-PN 86-2048100-001
<b>a</b>	Plan name	WATERFRONT EMPLOYERS - ILA PENSION PLAN	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES WATERFRONT EMPLOYERS - ILA PENSION PLAN	<b>c</b> EIN-PN 57-6027499-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

<b>A</b> Name of plan <b>NORTHERN TRUST COLLECTIVE RUSSELL 1000 GROWTH INDEX FUND - NON-LENDING</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>099</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHERN TRUST INVESTMENTS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>45-6138589</b>	

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	215140050	3227076
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	2740112	654015
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	9709569442	11059102202
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	51850854	13788403
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	9979300458	11076771696
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	216733027	4983502
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	216733027	4983502
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	9762567431	11071788194

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	76325	
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		76325
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	79811160	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		79811160
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	2943858393	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	1716346689	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		1227511704
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	1270343091	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		1514682
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		
<b>c</b> Other income.....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		2579256962

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>	14529	
(5) Investment advisory and investment management fees.....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>	787559	
(7) Actuarial fees.....	<b>2i(7)</b>		
(8) Legal fees.....	<b>2i(8)</b>		
(9) Valuation/appraisal fees.....	<b>2i(9)</b>		
(10) Other trustee fees and expenses.....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	1641	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		803729
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		803729

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2578453233
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		1554557479
(2) From this plan.....	<b>2l(2)</b>		2823789949

**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:

(2) EIN:

**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
<b>a</b> 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>b</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.) .....			
<b>c</b> 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.) .....			
<b>d</b> 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.) .....			
<b>e</b> Was this plan covered by a fidelity bond? .....			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....			
<b>g</b> 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? .....			
<b>h</b> 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? .....			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....			
<b>j</b> 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.) .....			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....			
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.