

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

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 (less than 12 months)

**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 (enter description)

**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**

<p><b>1a</b> Name of plan <u>COMMINGLED PENSION TRUST FUND (STRATEGIC PROPERTY) OF JPMORGAN CHASE BANK, N.A.</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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) <u>JPMORGAN CHASE BANK, N.A.</u></p> <p><u>277 PARK AVENUE</u> <u>NEW YORK, NY 10172</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>13-6038770</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>212-648-0846</u></p> <p><b>2d</b> Business code (see instructions)</p>

**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.

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>06/26/2025</u>	<u>MICHAEL D'AMBROSIO</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

<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> 0 <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 <u>0</u> (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

<b>A</b> Name of plan <u>COMMINGLED PENSION TRUST FUND (STRATEGIC PROPERTY) OF JPMORGAN CHASE BANK, N.A.</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JPMORGAN CHASE BANK, N.A.</u>	<b>D</b> Employer Identification Number (EIN) <u>13-6038770</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>LIQUIDITY FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK, N.A.</u>		
<b>c</b> EIN-PN <u>13-6285055-001</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>719000</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)
<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>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	1199 SEIU GREATER NEW YORK PENSION FUND	
<b>b</b>	Name of plan sponsor	1199 SEIU GREATER NEW YORK PENSION FUND	<b>c</b> EIN-PN 13-6601940-001
<b>a</b>	Plan name	1199 SEIU HEALTHCARE EMPLOYEES PENSION FUND	
<b>b</b>	Name of plan sponsor	1199 SEIU HEALTHCARE EMPLOYEES PENSION FUND	<b>c</b> EIN-PN 13-3604862-001
<b>a</b>	Plan name	1199 SEIU HOME CARE EMPLOYEES PENSION FUND	
<b>b</b>	Name of plan sponsor	1199 SEIU HOME CARE EMPLOYEES PENSION FUND	<b>c</b> EIN-PN 13-3943904-001
<b>a</b>	Plan name	A&B RET. PL. FOR SALARIED EMPLOYEES OF HAWAIIAN COMMERCIAL	
<b>b</b>	Name of plan sponsor	ALEXANDER & BALDWIN, INC.	<b>c</b> EIN-PN 99-0032630-006
<b>a</b>	Plan name	A&B RET PLAN FOR SALARIED EMPL.OF CALIF.& HAWAIIAN SUGAR CO.	
<b>b</b>	Name of plan sponsor	CALIFORNIA AND HAWAIIAN SUGAR COMPANY	<b>c</b> EIN-PN 94-0358540-001
<b>a</b>	Plan name	A&B RET. PL FOR SALARIED EMPLOYEES OF A&B INC.	
<b>b</b>	Name of plan sponsor	ALEXANDER & BALDWIN, INC.	<b>c</b> EIN-PN 99-0032630-005
<b>a</b>	Plan name	A&B RET. PL. FOR SALARIED EMPL. OF PROPERTIES & FOOD PRODUCTS	
<b>b</b>	Name of plan sponsor	A&B PROPERTIES, INC.	<b>c</b> EIN-PN 99-0070429-002
<b>a</b>	Plan name	A&B RET. PL. FOR SALARIED EMPL.OF MCBRYDE SUGAR COMPANY	
<b>b</b>	Name of plan sponsor	MCBRYDE SUGAR COMPANY, LTD.	<b>c</b> EIN-PN 99-0119091-002
<b>a</b>	Plan name	A&B RET. PLAN FOR SALARIED EMPLOYEES OF MATSON	
<b>b</b>	Name of plan sponsor	MATSON NAVIGATION COMPANY, INC.	<b>c</b> EIN-PN 94-0662400-002
<b>a</b>	Plan name	AEP RETIREMENT SAVINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN ELECTRIC POWER SERVICE CORPORATION	<b>c</b> EIN-PN 13-4922641-002
<b>a</b>	Plan name	AFTRA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF THE AFTRA RETIREMENT FUND	<b>c</b> EIN-PN 13-6414972-001
<b>a</b>	Plan name	AIR PRODUCTS AND CHEMICALS, INC. PENSION PLAN FOR SALARIED EMPLOYEES	
<b>b</b>	Name of plan sponsor	AIR PRODUCT AND CHEMICALS, INC	<b>c</b> EIN-PN 23-1274455-002

<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	AIRCONDITIONING AND REFRIGERATION INDUSTRY RETIREMENT TRUST FUND	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES AIRCONDITIONING & REFRIGERATION IND RET TRUST FUND	<b>c</b> EIN-PN 95-6035386-001
<b>a</b>	Plan name	AK STEEL MASTER PENSION TRUST	
<b>b</b>	Name of plan sponsor	AK STEEL CORPORATION	<b>c</b> EIN-PN 31-1267098-009
<b>a</b>	Plan name	ALASKA UNITED FOOD AND COMMERCIAL WORKERS PENSION TRUST	
<b>b</b>	Name of plan sponsor	ALASKA UNITED FOOD AND COMMERCIAL WORKERS PENSION TRUST	<b>c</b> EIN-PN 91-6123694-001
<b>a</b>	Plan name	ALLETE AND AFFILIATED COMPANIES RETIREMENT PLAN A	
<b>b</b>	Name of plan sponsor	ALLETE INC.	<b>c</b> EIN-PN 41-0418150-001
<b>a</b>	Plan name	ALLETE AND AFFILIATED COMPANIES RETIREMENT PLAN B	
<b>b</b>	Name of plan sponsor	ALLETE INC.	<b>c</b> EIN-PN 41-0418150-003
<b>a</b>	Plan name	AMERICAN CIVIL LIBERTIES UNION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN CIVIL LIBERTIES UNION	<b>c</b> EIN-PN 13-4921750-001
<b>a</b>	Plan name	AMERICAN CIVIL LIBERTIES UNION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN CIVIL LIBERTIES UNION	<b>c</b> EIN-PN 13-3871360-001
<b>a</b>	Plan name	AMERICAN ELECTRIC POWER SYSTEM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN ELECTRIC POWER SERVICE CORPORATION	<b>c</b> EIN-PN 13-4922641-001
<b>a</b>	Plan name	AMERICAN SPEECH LANGUAGE HEARING ASSOCIATION	
<b>b</b>	Name of plan sponsor	PRUDENTIAL RETIREMENT	<b>c</b> EIN-PN 53-0240474-001
<b>a</b>	Plan name	ANNUITY FUND OF WARDROBE ATTENDANTS UNION LOCAL 764	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES - ANNUITY FUND	<b>c</b> EIN-PN 13-3720229-002
<b>a</b>	Plan name	AON CORE REAL ESTATE FUND, A SEPARATE FUND OF THE AON COLLECTIVE INVESTMENT TRUST	
<b>b</b>	Name of plan sponsor	AON TRUST COMPANY LLC	<b>c</b> EIN-PN 37-6543784-001
<b>a</b>	Plan name	ARISTOKRAFT INC. JASPER INDIANA SERVICE RELATED PENSION PLAN	
<b>b</b>	Name of plan sponsor	FORTUNE BRANDS HOME & SECURITY INC.	<b>c</b> EIN-PN 62-1411546-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(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 ARIZONA LABORERS AND TEAMSTERS ANNUITY TRUST FUND	
<b>b</b>	Name of plan sponsor ARIZONA LABORERS & TEAMSTERS DEFINED CONTRIBUTION TRUST FUND	<b>c</b> EIN-PN 86-6084210-002
<b>a</b>	Plan name ARIZONA LABORERS AND TEAMSTERS PENSION TRUST FUND	
<b>b</b>	Name of plan sponsor ARIZONA LABORERS & TEAMSTERS DEFINED BENEFIT TRUST FUND	<b>c</b> EIN-PN 86-6084210-001
<b>a</b>	Plan name ASBESTOS WORKERS LOCAL 6 PENSION FUND	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEE - ASBESTOS WORKERS LOCAL 6 PENSION FUND	<b>c</b> EIN-PN 51-6135057-001
<b>a</b>	Plan name ASSURANT PENSION PLAN	
<b>b</b>	Name of plan sponsor ASSURANT, INC. BENEFIT PLANS COMMITTEE	<b>c</b> EIN-PN 39-1126612-001
<b>a</b>	Plan name AT&T PENSION BENEFIT PLAN	
<b>b</b>	Name of plan sponsor AT&T INC.	<b>c</b> EIN-PN 43-1301883-006
<b>a</b>	Plan name AT&T PUERTO RICO PENSION BENEFIT PLAN	
<b>b</b>	Name of plan sponsor AT&T INC.	<b>c</b> EIN-PN 43-1301883-007
<b>a</b>	Plan name AUTOMOTIVE MACHINIST PENSION TRUST	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES FOR AMPT	<b>c</b> EIN-PN 91-6123687-001
<b>a</b>	Plan name AVAYA INC. MASTER PENSION TRUST	
<b>b</b>	Name of plan sponsor AVAYA, INC.	<b>c</b> EIN-PN 36-7324179-001
<b>a</b>	Plan name AVONDALE INDUSTRIES, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor NORTHROP GRUMMAN SHIP SYSTEMS, INC.	<b>c</b> EIN-PN 94-3041767-003
<b>a</b>	Plan name BANQUET EMPLOYEES UNIONS PENSION TRUST FUND	
<b>b</b>	Name of plan sponsor CONAGRA INC.	<b>c</b> EIN-PN 47-0248710-004
<b>a</b>	Plan name BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RETIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN	<b>c</b> EIN-PN 13-6043636-001
<b>a</b>	Plan name BIMBO BAKERIES USA DEFINED BENEFIT PENSION PLAN TRUST	
<b>b</b>	Name of plan sponsor BBU, INC.	<b>c</b> EIN-PN 56-2520491-200

<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	BLACK HILLS UTILITY HOLDING, INC. PENSION PLAN
<b>b</b>	Name of plan sponsor	BLACK HILLS CORPORATION
<b>c</b>	EIN-PN	46-0458824-006
<b>a</b>	Plan name	BLUE BELL CREAMERIES, INC. PENSION PLAN
<b>b</b>	Name of plan sponsor	BLUE BELL CREAMERIES, INC.
<b>c</b>	EIN-PN	74-2983264-001
<b>a</b>	Plan name	BLUE CROSS AND BLUE SHIELD OF MINNESOTA PENSION PLAN
<b>b</b>	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF MINNESOTA
<b>c</b>	EIN-PN	41-0984460-001
<b>a</b>	Plan name	BOARD OF TRUSTEES OF THE MONEY PURCHASE PENSION PLAN OF LOCAL 400 AND MECHANICAL CONTRACTORS ASSOCIATION OF NORTH CENTRAL WISCONSIN
<b>b</b>	Name of plan sponsor	MONEY PURCHASE PENSION PLAN OF LOCAL 400 & MECHANICAL CONTRACTORS ASSN
<b>c</b>	EIN-PN	39-1511099-001
<b>a</b>	Plan name	BOEING NORTH AMERICAN RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	THE BOEING COMPANY EMPLOYEE RETIREMENT PLANS MASTER TRUST
<b>c</b>	EIN-PN	13-6058820-048
<b>a</b>	Plan name	BOEING SATELLITE SYSTEMS RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	THE BOEING COMPANY EMPLOYEE RETIREMENT PLANS MASTER TRUST
<b>c</b>	EIN-PN	13-6058820-060
<b>a</b>	Plan name	BOEING SATELLITE SYSTEMS RETIREMENT PLAN FOR BARGAINED EMPLOYEES
<b>b</b>	Name of plan sponsor	THE BOEING COMPANY EMPLOYEE RETIREMENT PLANS MASTER TRUST
<b>c</b>	EIN-PN	13-6058820-061
<b>a</b>	Plan name	BOSTON PLASTERERS AND CEMENT MASONS' UNION LOCAL 534 PENSION FUND
<b>b</b>	Name of plan sponsor	BOSTON PLASTERERS AND CEMENT MASONS UNION LOCAL 534 PENSION FUND
<b>c</b>	EIN-PN	04-6127786-001
<b>a</b>	Plan name	BRIDGESTONE AMERICAS, INC. HOURLY EMPLOYEES RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	BRIDGESTONE AMERICAS, INC.
<b>c</b>	EIN-PN	88-0335067-005
<b>a</b>	Plan name	BRIDGESTONE AMERICAS, INC. NON-CONTRIBUTORY PENSION PLAN
<b>b</b>	Name of plan sponsor	BRIDGESTONE AMERICAS, INC.
<b>c</b>	EIN-PN	88-0335067-003
<b>a</b>	Plan name	BRIDGESTONE AMERICAS, INC. SALARIED EMPLOYEES RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	BRIDGESTONE AMERICAS, INC.
<b>c</b>	EIN-PN	88-0335067-010
<b>a</b>	Plan name	BUILDING LABORERS LOCAL 310 FRINGE BENEFIT FUND
<b>b</b>	Name of plan sponsor	BUILDING LABORERS LOCAL 310 PENSION FUND
<b>c</b>	EIN-PN	34-6573987-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(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 C& H PENSION PLAN FOR EMPL. REPRESENTED BY SWU LOCAL NO. 1	
<b>b</b>	Name of plan sponsor CALIFORNIA AND HAWAIIAN SUGAR COMPANY	<b>c</b> EIN-PN 94-0358540-002
<b>a</b>	Plan name C&H PEN PL. FOR EMPL,REPS BY ILWU LOCAL NO. 6 & ILWU NO. 142	
<b>b</b>	Name of plan sponsor CALIFORNIA AND HAWAIIAN SUGAR COMPANY	<b>c</b> EIN-PN 94-0358540-003
<b>a</b>	Plan name CAIN CHEMICAL INC PENSION PLAN	
<b>b</b>	Name of plan sponsor LYONDELL CHEMICAL	<b>c</b> EIN-PN 76-0550481-003
<b>a</b>	Plan name CASH BALANCE PLAN FOR EMPLOYEES OF IBERDOLA USA MANAGEMENT CORPORATION	
<b>b</b>	Name of plan sponsor IBERDOLA USA MANAGEMENT CORPORATION	<b>c</b> EIN-PN 02-0706408-001
<b>a</b>	Plan name CASH BALANCE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NESTLE USA, INC.	<b>c</b> EIN-PN 95-1572209-010
<b>a</b>	Plan name CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INCORPORATED	
<b>b</b>	Name of plan sponsor HALLMARK CARDS, INCORPORATED	<b>c</b> EIN-PN 44-0272180-002
<b>a</b>	Plan name CENTRAL MAINE POWER COMPANY RETIREMENT INCOME PLAN FOR NON UNION EMPLOYEES	
<b>b</b>	Name of plan sponsor CENTRAL MAINE POWER COMPANY	<b>c</b> EIN-PN 01-0042740-002
<b>a</b>	Plan name CENTRAL PENSION FUND OF THE IUOE AND PARTICIPATING EMPLOYERS	
<b>b</b>	Name of plan sponsor BOT OF THE CENTRAL PENSION FUND OF THE IUOE & PARTICIPATING EMPLOYERS	<b>c</b> EIN-PN 36-6052390-001
<b>a</b>	Plan name CHEVRON - MEBA AND ROU MARINE PENSION PLAN	
<b>b</b>	Name of plan sponsor CHEVRON CORPORATION	<b>c</b> EIN-PN 94-0890210-052
<b>a</b>	Plan name CHEVRON RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CHEVRON CORPORATION	<b>c</b> EIN-PN 94-0890210-006
<b>a</b>	Plan name CHEVRON -SUP MARINE PENSION PLAN	
<b>b</b>	Name of plan sponsor CHEVRON CORPORATION	<b>c</b> EIN-PN 94-0890210-051
<b>a</b>	Plan name CONSOLIDATED EDISON RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CONSOLIDATED EDISON COMPANY	<b>c</b> EIN-PN 13-5009340-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(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 CONSOLIDATED NUCLEAR SECURITY, LLC MASTER RETIREMENT PLAN TRUST	
<b>b</b>	Name of plan sponsor CONSOLIDATED NUCLEAR SECURITY, LLC	<b>c</b> EIN-PN 45-4482782-020
<b>a</b>	Plan name CONSTELLATION EMPLOYEE SAVINGS PLAN (FOR WHICH THE CONSTELLATION DEFINED CONTRIBUTION RETIREMENT PLAN TRUST IS THE FUNDING VEHICLE)	
<b>b</b>	Name of plan sponsor EXELON GENERATION COMPANY, LLC	<b>c</b> EIN-PN 23-3064219-001
<b>a</b>	Plan name CO-OP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor UNITED BENEFITS GROUP	<b>c</b> EIN-PN 01-0689331-001
<b>a</b>	Plan name COPELAND CORP. RETIREMENT INCOME PLAN FOR EMPLOYEES IN COLLECTIVE BARGAINING UNIT	
<b>b</b>	Name of plan sponsor EMERSON ELECTRIC CO.	<b>c</b> EIN-PN 43-0259330-007
<b>a</b>	Plan name CORE PROPERTY INDEX TRUST	
<b>b</b>	Name of plan sponsor IDR INVESTMENT MANAGEMENT, LLC	<b>c</b> EIN-PN 83-6319108-001
<b>a</b>	Plan name CORELLE BRANDS PENSION PLAN	
<b>b</b>	Name of plan sponsor CORELLE BRANDS HOLDINGS INC.	<b>c</b> EIN-PN 16-1403318-004
<b>a</b>	Plan name CORNELL UNIVERSITY RETIREMENT PLAN FOR NON- EXEMPT EMPLOYEES OF THE ENDOWED COLLEGES AT ITHACA	
<b>b</b>	Name of plan sponsor CORNELL UNIVERSITY	<b>c</b> EIN-PN 15-0532082-006
<b>a</b>	Plan name CRAYOLA LLC EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HALLMARK CARDS, INCORPORATED	<b>c</b> EIN-PN 44-0272180-001
<b>a</b>	Plan name DAVIS POLK GENERAL STAFF PENSION PLAN	
<b>b</b>	Name of plan sponsor DAVIS POLK & WARDELL LLP	<b>c</b> EIN-PN 13-5023295-001
<b>a</b>	Plan name DEFINED BENEFIT PLAN FOR OPERATING ENGINEERS LOCAL 428 PENSION FUND	
<b>b</b>	Name of plan sponsor BOT OF THE OPERATING ENGINEERS LOCAL NO 428 PENSION TRUST FUND	<b>c</b> EIN-PN 86-6025732-001
<b>a</b>	Plan name DEFINED BENEFIT RET INCOME PLAN FOR CERTAIN EMPLOYEES OF AMERICAN MULTI-CINEMA, INC	
<b>b</b>	Name of plan sponsor INVESTMENT COMMITTEE, DEF BENEFIT RET INCOME PLAN FOR CERTAIN EMPLOYEE	<b>c</b> EIN-PN 43-0908577-001
<b>a</b>	Plan name DENVER AREA MEAT CUTTERS AND EMPLOYERS PENSION PLAN	
<b>b</b>	Name of plan sponsor TRUSTEES OF DENVER AREA MEAT CUTTERS & EMPLOYERS PENSION PLAN	<b>c</b> EIN-PN 84-6097461-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(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 <b>DESERET HEALTHCARE EMPLOYEE BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DESERET MUTUAL BENEFIT ADMINISTRATORS</b>	<b>c</b> EIN-PN <b>87-0440163-501</b>
<b>a</b>	Plan name <b>DESERET MUTUAL EMPLOYEE PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DESERET MUTUAL BENEFIT ADMINISTRATORS</b>	<b>c</b> EIN-PN <b>87-0440163-002</b>
<b>a</b>	Plan name <b>DESERET MUTUAL THRIFT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DESERET MUTUAL BENEFIT ADMINISTRATORS</b>	<b>c</b> EIN-PN <b>87-0440163-003</b>
<b>a</b>	Plan name <b>DESERT STATES EMPLOYERS &amp; UFCW UNION PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DESERT STATES EMPLOYERS &amp; UFCW UNION PENSION PLAN</b>	<b>c</b> EIN-PN <b>84-6277982-001</b>
<b>a</b>	Plan name <b>DIRECTORS GUILD OF AMERICA - PRODUCER PENSION PLAN BASIC BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOARD OF TRUSTEES DIRECTORS GUILD OF AMERICA - PRODUCER PENSION PLAN</b>	<b>c</b> EIN-PN <b>95-2892780-001</b>
<b>a</b>	Plan name <b>DIRECTORS GUILD OF AMERICA - PRODUCER PENSION PLAN SUPPLEMENTAL BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOARD OF TRUSTEES DIRECTORS GUILD OF AMERICA - PRODUCER PENSION PLAN</b>	<b>c</b> EIN-PN <b>95-6027308-002</b>
<b>a</b>	Plan name <b>DIVERSIFIED COMMERCIAL PROPERTY FUND</b>	
<b>b</b>	Name of plan sponsor <b>JPMORGAN CHASE BANK, N.A.</b>	<b>c</b> EIN-PN <b>26-1397584-001</b>
<b>a</b>	Plan name <b>DIVERSIFIED FUND</b>	
<b>b</b>	Name of plan sponsor <b>JPMORGAN CHASE BANK, N.A.</b>	<b>c</b> EIN-PN <b>13-3637899-001</b>
<b>a</b>	Plan name <b>DIVERSIFIED PLUS FUND</b>	
<b>b</b>	Name of plan sponsor <b>JPMORGAN CHASE BANK, N.A.</b>	<b>c</b> EIN-PN <b>01-0595658-001</b>
<b>a</b>	Plan name <b>ECOLAB PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ECOLAB INC.</b>	<b>c</b> EIN-PN <b>41-0231510-001</b>
<b>a</b>	Plan name <b>EMERSON ELECTRIC CO. RETIREMENT MASTER TRUST</b>	
<b>b</b>	Name of plan sponsor <b>EMERSON ELECTRIC CO.</b>	<b>c</b> EIN-PN <b>43-0259330-121</b>
<b>a</b>	Plan name <b>EMERSON ELECTRIC CO. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EMERSON ELECTRIC CO.</b>	<b>c</b> EIN-PN <b>43-0259330-067</b>

<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	EMERSON NETWORK POWER, ENERGY SYSTEMS, NORTH AMERICA, INC. PERSONAL PENSION ACCOUNT PLAN	
<b>b</b> Name of plan sponsor	EMERSON ELECTRIC CO.	<b>c</b> EIN-PN 43-0259330-002
<b>a</b> Plan name	EMERSON PROCESS MANAGEMENT POWER AND WATER SOLUTIONS, INC. PENSION PLAN	
<b>b</b> Name of plan sponsor	EMERSON ELECTRIC CO.	<b>c</b> EIN-PN 43-0259330-001
<b>a</b> Plan name	EMPLOYEE RETIREMENT INCOME PLAN OF MCDONNELL DOUGLAS CORPORATION - HOURLY EAST PLAN	
<b>b</b> Name of plan sponsor	THE BOEING COMPANY EMPLOYEE RETIREMENT PLANS MASTER TRUST	<b>c</b> EIN-PN 13-6058820-003
<b>a</b> Plan name	EMPLOYEE RETIREMENT INCOME PLAN OF MCDONNELL DOUGLAS CORPORATION - HOURLY WEST PLAN	
<b>b</b> Name of plan sponsor	THE BOEING COMPANY EMPLOYEE RETIREMENT PLANS MASTER TRUST	<b>c</b> EIN-PN 13-6058820-002
<b>a</b> Plan name	EMPLOYEE RETIREMENT PLAN OF THE COCA-COLA COMPANY	
<b>b</b> Name of plan sponsor	THE COCA-COLA COMPANY	<b>c</b> EIN-PN 58-0628465-001
<b>a</b> Plan name	EMPLOYEES' RETIREMENT PLAN OF THE NATIONAL EDUCATION ASSOCIATION	
<b>b</b> Name of plan sponsor	NATIONAL EDUCATION ASSOCIATION	<b>c</b> EIN-PN 53-0115260-333
<b>a</b> Plan name	EMPLOYER'S- SHOPMEN'S LOCAL 516 PENSION TRUST	
<b>b</b> Name of plan sponsor	EMPLOYER-SHOPMENS LOCAL 516	<b>c</b> EIN-PN 93-0656480-001
<b>a</b> Plan name	ENDICOTT JOHNSON CORPORATION EMPLOYEES RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	LYONDELL CHEMICAL	<b>c</b> EIN-PN 98-0045720-032
<b>a</b> Plan name	EQUISTAR CHEMICALS LP RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	LYONDELL CHEMICAL	<b>c</b> EIN-PN 76-0550481-002
<b>a</b> Plan name	EVONIK CORPORATION QUALIFIED PENSION PLANS MASTER TRUST	
<b>b</b> Name of plan sponsor	EVONIK CORPORATION	<b>c</b> EIN-PN 63-0673043-001
<b>a</b> Plan name	EVONIK DEGUSSA CORPORATION HOURLY RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	PRUDENTIAL RETIREMENT	<b>c</b> EIN-PN 63-0673043-017
<b>a</b> Plan name	EVONIK DEGUSSA CORPORATION RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	PRUDENTIAL RETIREMENT	<b>c</b> EIN-PN 63-0673043-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(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 EXELON CORPORATION EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor EXELON CORPORATION	<b>c</b> EIN-PN 23-2990190-003
<b>a</b>	Plan name EXELON EMPLOYEE SAVINGS PLAN FOR REPRESENTED EMPLOYEES AT CLINTON	
<b>b</b>	Name of plan sponsor EXELON CORPORATION	<b>c</b> EIN-PN 23-2990190-014
<b>a</b>	Plan name EXELON EMPLOYEE SAVINGS PLAN FOR REPRESENTED EMPLOYEES AT TMI AND OYC	
<b>b</b>	Name of plan sponsor EXELON CORPORATION	<b>c</b> EIN-PN 23-2990190-012
<b>a</b>	Plan name FCI (FISHER CONTROLS) INC. PENSION PLAN FOR BARGAINING UNIT EMPLOYEES-MARSHALLTOWN, IA	
<b>b</b>	Name of plan sponsor EMERSON ELECTRIC CO.	<b>c</b> EIN-PN 43-0259330-001
<b>a</b>	Plan name FISHER SPIEGEL UNION EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor THE COCA-COLA COMPANY	<b>c</b> EIN-PN 58-0628465-011
<b>a</b>	Plan name FORD MOTOR COMPANY DEFINED BENEFIT MASTER TRUST	
<b>b</b>	Name of plan sponsor FORD MOTOR COMPANY	<b>c</b> EIN-PN 38-0549190-001
<b>a</b>	Plan name GENERAL MOTORS SALARIED RETIREMENT PROGRAM	
<b>b</b>	Name of plan sponsor GENERAL MOTORS LLC	<b>c</b> EIN-PN 27-0383222-016
<b>a</b>	Plan name GERBER FORT SMITH HOURLY PENSION PLAN	
<b>b</b>	Name of plan sponsor NESTLE USA, INC.	<b>c</b> EIN-PN 38-0558270-009
<b>a</b>	Plan name GERBER FREMONT HOURLY PENSION	
<b>b</b>	Name of plan sponsor NESTLE USA, INC.	<b>c</b> EIN-PN 38-0558270-007
<b>a</b>	Plan name GERBER LIFE INSURANCE COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NESTLE USA, INC.	<b>c</b> EIN-PN 95-1572209-114
<b>a</b>	Plan name GERBER REEDSBURG HOURLY PENSION PLAN	
<b>b</b>	Name of plan sponsor NESTLE USA, INC.	<b>c</b> EIN-PN 38-0558270-004
<b>a</b>	Plan name GRACO EMPLOYEE RETIREMENT PLAN - BLUE	
<b>b</b>	Name of plan sponsor GRACO INCORPORATED	<b>c</b> EIN-PN 41-0285640-008

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(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 GRUMMAN ALLIED INDUSTRIES, INC. AND SUBSIDIARIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NORTHROP GRUMMAN CORPORATION	<b>c</b> EIN-PN 95-4840775-029
<b>a</b>	Plan name HC&S PEN PLAN FOR SALARIED BARGAINING UNIT EMPLOYEES	
<b>b</b>	Name of plan sponsor ALEXANDER & BALDWIN, INC.	<b>c</b> EIN-PN 99-0032630-013
<b>a</b>	Plan name HC&S PENSION PL FOR HOURLY BARGAINING UNIT EMPLOYEES	
<b>b</b>	Name of plan sponsor ALEXANDER & BALDWIN, INC.	<b>c</b> EIN-PN 99-0032630-009
<b>a</b>	Plan name HII INGALLS SHIPBUILDING INC. HOURLY EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HUNTINGTON INGALLS INDUSTRIES, INC.	<b>c</b> EIN-PN 90-0607005-305
<b>a</b>	Plan name HII NEWPORT NEWS SHIPBUILDING INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HUNTINGTON INGALLS INDUSTRIES, INC.	<b>c</b> EIN-PN 90-0607005-100
<b>a</b>	Plan name HONDA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AMERICAN HONDA MOTOR COMPANY, INC	<b>c</b> EIN-PN 95-2041006-334
<b>a</b>	Plan name HOURLY RATED PENSION PLAN OF NORTHROP GRUMMAN CORPORATION, ELECTRONIC SYSTEMS DIVISION - NORWOOD SITE	
<b>b</b>	Name of plan sponsor NORTHROP GRUMMAN CORPORATION	<b>c</b> EIN-PN 95-4840775-005
<b>a</b>	Plan name HUHTAMAKI RETIREMENT ACCRUAL PLAN	
<b>b</b>	Name of plan sponsor HUHTAMAKI AMERICAS, INC.	<b>c</b> EIN-PN 98-0338708-003
<b>a</b>	Plan name HUNTINGTON INGALLS INDUSTRIES RETIREMENT PLAN B	
<b>b</b>	Name of plan sponsor HUNTINGTON INGALLS INDUSTRIES, INC.	<b>c</b> EIN-PN 90-0607005-041
<b>a</b>	Plan name NEWPORT NEWS OPERATIONS PENSION PLAN FOR EMPLOYEES COVERED BY UNITED STEELWORKERS LOCAL 888 COLLECTIVE BARGAINING AGREEMENT	
<b>b</b>	Name of plan sponsor HUNTINGTON INGALLS INDUSTRIES, INC.	<b>c</b> EIN-PN 90-0607005-101
<b>a</b>	Plan name I.A.T.S.E. NATIONAL PENSION FUND	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES OF IATSE NATIONAL PENSION FUND	<b>c</b> EIN-PN 13-1849172-001
<b>a</b>	Plan name I.B.E.W. LOCAL UNION NO. 90 PENSION FUND	
<b>b</b>	Name of plan sponsor JOINT BOARD OF TRUSTEES I.B.E.W. LOCAL 90 PENSION FUND	<b>c</b> EIN-PN 06-6077020-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(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 <b>IBEW LOCAL 952 VENTURA DIVISION OF LA COUNTY CHAPTER NECA PENSION TRUST FUND</b>	
<b>b</b>	Name of plan sponsor <b>BOT OF IBEW LOCAL 952 VENTURA DIVISION OF LA COUNTY CHAPTER NECA PTF</b>	<b>c</b> EIN-PN <b>95-6397996-001</b>
<b>a</b>	Plan name <b>IBEW LOCAL UNION 456 PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>IBEW JOINT PENSION FUND LOCAL</b>	<b>c</b> EIN-PN <b>22-6238955-001</b>
<b>a</b>	Plan name <b>INDIANA STATE COUNCIL OF PLASTERERS AND CEMENT MASONS PENSION FUND</b>	
<b>b</b>	Name of plan sponsor <b>THE BOT OF THE INDIANA STATE COUNCIL OF PLASTERERS' &amp; CEMENT MASONS PF</b>	<b>c</b> EIN-PN <b>35-6244876-001</b>
<b>a</b>	Plan name <b>INGALLS SHIPBUILDING, INC. HOURLY EMPLOYEES' RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHROP GRUMMAN SHIP SYSTEMS, INC.</b>	<b>c</b> EIN-PN <b>94-3041767-005</b>
<b>a</b>	Plan name <b>INL EMPLOYEE RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BATTELLE ENERGY ALLIANCE, LLC</b>	<b>c</b> EIN-PN <b>82-0334144-002</b>
<b>a</b>	Plan name <b>INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 728 PENSION TRUST FUND</b>	
<b>b</b>	Name of plan sponsor <b>TRUSTEES OF THE INTL BROTHERHOOD OF ELECTRICAL WORKERS LCL NO. 728 PTF</b>	<b>c</b> EIN-PN <b>59-6510428-001</b>
<b>a</b>	Plan name <b>INTERNATIONAL PAPER COMPANY HOURLY SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INTERNATIONAL PAPER COMPANY</b>	<b>c</b> EIN-PN <b>13-0872805-118</b>
<b>a</b>	Plan name <b>INTERNATIONAL PAPER COMPANY SALARIED SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INTERNATIONAL PAPER COMPANY</b>	<b>c</b> EIN-PN <b>13-0872805-007</b>
<b>a</b>	Plan name <b>ITPEU PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ITPEU PENSION PLAN</b>	<b>c</b> EIN-PN <b>11-2506736-001</b>
<b>a</b>	Plan name <b>JACK IN THE BOX INC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JACK IN THE BOX INC</b>	<b>c</b> EIN-PN <b>95-2698708-001</b>
<b>a</b>	Plan name <b>JM FAMILY ENTERPRISES, INC. MASTER RETIREMENT TRUST</b>	
<b>b</b>	Name of plan sponsor <b>JM FAMILY ENTERPRISES, INC.</b>	<b>c</b> EIN-PN <b>59-1390794-002</b>
<b>a</b>	Plan name <b>JOHNSON NEWSPAPER CORPORATION RETIREMENT INCOME PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JOHNSON NEWSPAPER CORPORATION</b>	<b>c</b> EIN-PN <b>15-0253500-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(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 JPMCB CORE DIVERSIFIED COMMERCIAL PROPERTY	
<b>b</b>	Name of plan sponsor JPMCB CORE DIVERSIFIED COMMERCIAL PROPERTY	<b>c</b> EIN-PN 47-2818728-001
<b>a</b>	Plan name JUAN DE LA CRUZ PENSION PLAN	
<b>b</b>	Name of plan sponsor JUAN DE LA CRUZ PENSION PLAN BOARD OF TRUSTEES	<b>c</b> EIN-PN 95-6454441-001
<b>a</b>	Plan name K & F INDUSTRIES RETIREMENT PLAN FOR SALARIED EMPLOYEES	
<b>b</b>	Name of plan sponsor MEGGITT AIRCRAFT BRAKING SYSTEMS CORPORATION	<b>c</b> EIN-PN 34-1614846-002
<b>a</b>	Plan name KCC, INC. PENSION PLAN FOR HOURLY BARGAINING UNIT EMPLOYEES	
<b>b</b>	Name of plan sponsor KAUAI COMMERCIAL COMPANY, INC.	<b>c</b> EIN-PN 99-0291347-006
<b>a</b>	Plan name KCC, INC. PENSION PLAN FOR SALARIED BARGAINING UNIT EMPLOYEES	
<b>b</b>	Name of plan sponsor KAUAI COMMERCIAL COMPANY, INC.	<b>c</b> EIN-PN 99-0291347-007
<b>a</b>	Plan name KENNECOTT CORPORATION PENSION PLAN FOR HOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor KENNECOTT UTAH COPPER CORP.	<b>c</b> EIN-PN 13-3108078-202
<b>a</b>	Plan name KEYSpan CORPORATION PENSION MASTER TRUST	
<b>b</b>	Name of plan sponsor KEYSpan CORPORATION PENSION MASTER TRUST	<b>c</b> EIN-PN 11-3431358-010
<b>a</b>	Plan name KT&S PENSION PL FOR HOURLY BARGAINING UNIT EMPLOYEES	
<b>b</b>	Name of plan sponsor KAHULUI TRUCKING & STORAGE, INC.	<b>c</b> EIN-PN 99-0141397-003
<b>a</b>	Plan name KT&S PENSION PLAN FOR BULK SUGAR & TUGBOAT EMPLOYEES	
<b>b</b>	Name of plan sponsor KAHULUI TRUCKING & STORAGE, INC.	<b>c</b> EIN-PN 99-0141397-008
<b>a</b>	Plan name LABORER'S DISTRICT COUNCIL OF W.PA PENSION TRUST FUND BOARD OF TRUSTEES	
<b>b</b>	Name of plan sponsor LABORERS DISTRICT COUNCIL OF W. PA. PENSION FUND	<b>c</b> EIN-PN 25-6135576-001
<b>a</b>	Plan name LANS DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor LOS ALAMOS NATIONAL SECURITY LLC	<b>c</b> EIN-PN 20-3104541-003
<b>a</b>	Plan name LDI DIVERSIFIED BALANCE FUND	
<b>b</b>	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	<b>c</b> EIN-PN 47-2831446-001

<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	LDI DIVERSIFIED GROWTH FUND	
<b>b</b>	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	<b>c</b> EIN-PN 46-3511871-001
<b>a</b>	Plan name	LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND	
<b>b</b>	Name of plan sponsor	UNITE HERE RETIREMENT FUND	<b>c</b> EIN-PN 82-0994119-001
<b>a</b>	Plan name	LIBBY SARAMENTO CAN PENSION PLAN	
<b>b</b>	Name of plan sponsor	NESTLE USA, INC.	<b>c</b> EIN-PN 95-1572209-050
<b>a</b>	Plan name	LIUNA NATIONAL INDUSTRIAL PENSION TRUST	
<b>b</b>	Name of plan sponsor	THE BOARD OF TRUSTEES OF THE LIUNA NATIONAL PENSION FUND	<b>c</b> EIN-PN 52-6074345-001
<b>a</b>	Plan name	LIUNA STAFF AND AFFILIATES PENSION FUND	
<b>b</b>	Name of plan sponsor	THE BOARD OF TRUSTEES OF THE LIUNA STAFF AND AFFILIATES PENSION FUND	<b>c</b> EIN-PN 52-0743575-001
<b>a</b>	Plan name	LLNS DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	LAWRENCE LIVERMORE NATIONAL SECURITY LLC	<b>c</b> EIN-PN 20-5624386-003
<b>a</b>	Plan name	LOCAL 191 IBEW MONEY PURCHASE PENSION TRUST	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES, LOCAL 191 IBEW MONEY PURCHASE PLAN	<b>c</b> EIN-PN 91-1176302-002
<b>a</b>	Plan name	LOCAL 282 PENSION TRUST FUND	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF LOCAL 282	<b>c</b> EIN-PN 11-6245313-001
<b>a</b>	Plan name	LOCAL 553 PENSION FUND	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF LOCAL 553 PENSION FUND	<b>c</b> EIN-PN 13-6637826-001
<b>a</b>	Plan name	LOCAL 703, I.B. OF T., GROCERY & FOOD EMPLOYEES' PENSION PLAN	
<b>b</b>	Name of plan sponsor	LOCAL 703, I.B. OF T., GROCERY & FOOD EMPLOYEES PENSION TRUST	<b>c</b> EIN-PN 36-6491473-001
<b>a</b>	Plan name	LUZENAC AMERICA INC. RETIREMENT PLAN FOR HOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor	LUZENAC AMERICA INC.	<b>c</b> EIN-PN 84-1196358-002
<b>a</b>	Plan name	LUZENAC AMERICA INC. RETIREMENT PLAN FOR THREE FORKS EMPLOYEES	
<b>b</b>	Name of plan sponsor	LUZENAC AMERICA INC.	<b>c</b> EIN-PN 84-1196358-003

<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	LYONDELL CHEMICAL COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LYONDELL CHEMICAL	<b>c</b> EIN-PN 95-4160558-002
<b>a</b>	Plan name	LYONDELL CITGO LP RETIREMENT PLAN FOR NON REPRESENTED EMPLOYEES	
<b>b</b>	Name of plan sponsor	LYONDELL CHEMICAL	<b>c</b> EIN-PN 76-0550481-062
<b>a</b>	Plan name	LYONDELL CITGO LP RETIREMENT PLAN FOR REPRESENTED EMPLOYEES	
<b>b</b>	Name of plan sponsor	LYONDELL CHEMICAL	<b>c</b> EIN-PN 76-0550481-061
<b>a</b>	Plan name	MASSACHUSETTS BRICKLAYERS & MASONS PENSION PLAN	
<b>b</b>	Name of plan sponsor	MASSACHUSETTS BRICKLAYERS & MASONS PENSION FUND	<b>c</b> EIN-PN 04-6128039-001
<b>a</b>	Plan name	MASSMUTUAL PENSION PLAN	
<b>b</b>	Name of plan sponsor	MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 04-1590850-001
<b>a</b>	Plan name	MASTER LOCK COMPANY PENSION PLAN FOR SALARIED EMPLOYEES	
<b>b</b>	Name of plan sponsor	FORTUNE BRANDS HOME & SECURITY INC.	<b>c</b> EIN-PN 62-1411546-002
<b>a</b>	Plan name	MASTER PENSION TRUST OF THE BOY SCOUTS OF AMERICA RETIREMENT PLAN FOR EMPLOYEES	
<b>b</b>	Name of plan sponsor	BOY SCOUTS OF AMERICA	<b>c</b> EIN-PN 22-1576300-001
<b>a</b>	Plan name	MASTER TRUST AGREEMENT BETWEEN PFIZER INC. AND NORTHERN TRUST COMPANY	
<b>b</b>	Name of plan sponsor	PFIZER INC.	<b>c</b> EIN-PN 36-3146075-001
<b>a</b>	Plan name	MATSON NAVIGATION & TERMINALS PEN PL - SALARIED CLERICAL	
<b>b</b>	Name of plan sponsor	MATSON NAVIGATION COMPANY, INC.	<b>c</b> EIN-PN 94-0662400-006
<b>a</b>	Plan name	MATSON NAVIGATION PEN PL FOR SALARIED CLERICAL BARGAINING UNIT	
<b>b</b>	Name of plan sponsor	MATSON NAVIGATION COMPANY, INC.	<b>c</b> EIN-PN 94-0662400-008
<b>a</b>	Plan name	MATSON PENSION PL FOR SALARIED CLERICAL BARGAINING UNIT	
<b>b</b>	Name of plan sponsor	MATSON NAVIGATION COMPANY, INC.	<b>c</b> EIN-PN 94-0662400-012
<b>a</b>	Plan name	MCBRYDE PENSION PL FOR HOURLY BARGAINING UNIT EMPLOYEES	
<b>b</b>	Name of plan sponsor	MCBRYDE SUGAR COMPANY, LTD.	<b>c</b> EIN-PN 99-0119091-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(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 MEMORIAL SLOAN KETTERING CANCER CENTER PENSION PLAN	
<b>b</b>	Name of plan sponsor MEMORIAL SLOAN KETTERING CANCER CENTER	<b>c</b> EIN-PN 13-1924236-001
<b>a</b>	Plan name MERVYN'S PENSION PLAN	
<b>b</b>	Name of plan sponsor MERVYNS	<b>c</b> EIN-PN 94-1274456-008
<b>a</b>	Plan name MESSER CONSTRUCTION CO. - HOURLY EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MESSER CONSTRUCTION CO.	<b>c</b> EIN-PN 31-0740877-002
<b>a</b>	Plan name MESSER INC. EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor MESSER INC.	<b>c</b> EIN-PN 20-1963972-001
<b>a</b>	Plan name METAL TRADES BRANCH LOCAL 638 PENSION FUND	
<b>b</b>	Name of plan sponsor METAL TRADES BRANCH LOCAL 638 PENSION FUND	<b>c</b> EIN-PN 13-2541630-001
<b>a</b>	Plan name MICHELIN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MICHELIN NORTH AMERICA, INC.	<b>c</b> EIN-PN 11-1724631-001
<b>a</b>	Plan name MIDWEST EXPRESS INC. RETIREMENT PENSION PLAN	
<b>b</b>	Name of plan sponsor AMERICAN HONDA MOTOR COMPANY, INC	<b>c</b> EIN-PN 95-2041006-002
<b>a</b>	Plan name MIDWEST OPERATING ENGINEERS PENSION PLAN	
<b>b</b>	Name of plan sponsor MIDWEST OPERATING ENGINEERS PENSION FUND	<b>c</b> EIN-PN 36-6140097-001
<b>a</b>	Plan name MILLENNIUM CHEMICALS CONSOLIDATED RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LYONDELL CHEMICAL	<b>c</b> EIN-PN 98-0045720-001
<b>a</b>	Plan name MILLENNIUM INORGANIC CHEMICALS HOURLY EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LYONDELL CHEMICAL	<b>c</b> EIN-PN 13-3290300-029
<b>a</b>	Plan name MINNEAPOLIS RETAIL MEAT CUTTERS AND FOOD HANDLERS PENSION PLAN	
<b>b</b>	Name of plan sponsor TRUSTEES OF MINNEAPOLIS RETAIL MEAT CUTTERS & FOOD HANDLERS PENSION PL	<b>c</b> EIN-PN 41-0905139-001
<b>a</b>	Plan name MOTION PICTURE INDUSTRY INDIVIDUAL ACCOUNT PLAN	
<b>b</b>	Name of plan sponsor BOARD OF DIRECTORS, MOTION PICTURE INDUSTRY PENSION PLANS	<b>c</b> EIN-PN 95-0030749-002

<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	MOTION PICTURE INDUSTRY PENSION PLAN	
<b>b</b>	Name of plan sponsor	BOARD OF DIRECTORS, MOTION PICTURE INDUSTRY PENSION PLANS	<b>c</b> EIN-PN 95-1810805-001
<b>a</b>	Plan name	MTI PENSION PLAN FOR CEM EMPLOYEES	
<b>b</b>	Name of plan sponsor	MATSON TERMINALS, INC.	<b>c</b> EIN-PN 94-0662450-010
<b>a</b>	Plan name	MTI PENSION PLAN FOR CFS/CY EMPLOYEES	
<b>b</b>	Name of plan sponsor	MATSON TERMINALS, INC.	<b>c</b> EIN-PN 94-0662450-004
<b>a</b>	Plan name	MTI PENSION PLAN FOR LONGSHORE EMPLOYEES	
<b>b</b>	Name of plan sponsor	MATSON TERMINALS, INC.	<b>c</b> EIN-PN 94-0662450-003
<b>a</b>	Plan name	MTI PENSION PLAN FOR SPECIAL OFFICERS	
<b>b</b>	Name of plan sponsor	MATSON TERMINALS, INC.	<b>c</b> EIN-PN 94-0662450-009
<b>a</b>	Plan name	MUTUAL OF OMAHA RETIREMENT INCOME PLAN	
<b>b</b>	Name of plan sponsor	MUTUAL OF OMAHA INSURANCE COMPANY	<b>c</b> EIN-PN 47-0246511-004
<b>a</b>	Plan name	NATIONAL AUTOMATIC SPRINKLER INDUSTRY PENSION FUND	
<b>b</b>	Name of plan sponsor	NATIONAL AUTOMATIC SPRINKLER INDUSTRY PENSION FUND JT BOARD OF TRUSTEE	<b>c</b> EIN-PN 52-6054620-001
<b>a</b>	Plan name	NATIONAL FUEL GAS COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL FUEL GAS COMPANY	<b>c</b> EIN-PN 13-1086010-001
<b>a</b>	Plan name	NATIONAL GRID INCENTIVE THRIFT PLAN I	
<b>b</b>	Name of plan sponsor	NATIONAL GRID USA SERVICE COMPANY INC.	<b>c</b> EIN-PN 04-1663150-005
<b>a</b>	Plan name	NATIONAL GRID INCENTIVE THRIFT PLAN II	
<b>b</b>	Name of plan sponsor	NATIONAL GRID USA SERVICE COMPANY INC.	<b>c</b> EIN-PN 04-1663150-007
<b>a</b>	Plan name	NATIONAL INTEGRATED GROUP PENSION PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL INTEGRATED GROUP PENSION PLAN BOARD OF TRUSTEES	<b>c</b> EIN-PN 22-6190618-001
<b>a</b>	Plan name	NESTLE PENSION PLAN	
<b>b</b>	Name of plan sponsor	NESTLE USA, INC.	<b>c</b> EIN-PN 95-1572209-100

<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	NESTLE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NESTLE USA, INC.	<b>c</b> EIN-PN 95-1572209-006
<b>a</b>	Plan name	NESTLE USA HOURLY PENSION PLAN	
<b>b</b>	Name of plan sponsor	NESTLE USA, INC.	<b>c</b> EIN-PN 95-1572209-047
<b>a</b>	Plan name	NESTLE USA PENSION PLAN	
<b>b</b>	Name of plan sponsor	NESTLE USA, INC.	<b>c</b> EIN-PN 95-1572209-042
<b>a</b>	Plan name	NEW ENGLAND CARPENTERS GUARANTEED ANNUITY FUND	
<b>b</b>	Name of plan sponsor	THE BOT OF THE NEW ENGLAND CARPENTERS GUARANTEED ANNUITY FUND	<b>c</b> EIN-PN 04-2776873-001
<b>a</b>	Plan name	NEW ENGLAND CARPENTER'S PENSION FUND	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES NEW ENGLAND CARPENTERS PENSION FUND	<b>c</b> EIN-PN 51-6040899-001
<b>a</b>	Plan name	NEW YORK LIFE INSURANCE COMPANY RETIREMENT PLAN AND PENSION PLAN TRUST	
<b>b</b>	Name of plan sponsor	NEW YORK LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 13-5582869-001
<b>a</b>	Plan name	NEW YORK STATE NURSES ASSOCIATION PENSION PLAN	
<b>b</b>	Name of plan sponsor	NEW YORK NURSES ASSOCIATION	<b>c</b> EIN-PN 14-0923749-001
<b>a</b>	Plan name	NEWPORT NEWS SHIPBUILDING AND DRY DOCK COMPANY PENSION PLAN FOR CERTAIN FORMER EMPLOYEES OF GREENVILLE INDUSTRIES, INC.	
<b>b</b>	Name of plan sponsor	NEWPORT NEWS SHIPBUILDING AND DRY DOCK COMPANY	<b>c</b> EIN-PN 54-0318880-011
<b>a</b>	Plan name	PENSION PLAN FOR EMPLOYEES COVERED BY SECURITY, POLICE AND FIRE PROFESSIONALS OF AMERICA COLLECTIVE BARGAINING AGREEMENT	
<b>b</b>	Name of plan sponsor	NEWPORT NEWS SHIPBUILDING AND DRY DOCK COMPANY	<b>c</b> EIN-PN 54-0318880-004
<b>a</b>	Plan name	PENSION PLAN FOR EMPLOYEES COVERED BY UNITED STEELWORKERS OF AMERICA, LOCAL 8888 COLLECTIVE BARGAINING AGREEMENT	
<b>b</b>	Name of plan sponsor	NEWPORT NEWS SHIPBUILDING AND DRY DOCK COMPANY	<b>c</b> EIN-PN 54-0318880-001
<b>a</b>	Plan name	NEWPORT NEWS SHIPBUILDING AND DRY DOCK COMPANY PENSION PLAN FOR FIRE DEPARTMENT EMPLOYEES	
<b>b</b>	Name of plan sponsor	NEWPORT NEWS SHIPBUILDING AND DRY DOCK COMPANY	<b>c</b> EIN-PN 54-0318880-006
<b>a</b>	Plan name	NEWPORT NEWS SHIPBUILDING, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NORTHROP GRUMMAN CORPORATION	<b>c</b> EIN-PN 95-4840775-100

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(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 NIAGARA MOHAWK PENSION PLAN	
<b>b</b>	Name of plan sponsor NIAGARA MOHAWK PENSION PLAN	<b>c</b> EIN-PN 13-6038545-001
<b>a</b>	Plan name NON CONTRIBUTORY RETIREMENT PLAN (BOEING PHILADELPHIA)	
<b>b</b>	Name of plan sponsor THE BOEING COMPANY EMPLOYEE RETIREMENT PLANS MASTER TRUST	<b>c</b> EIN-PN 13-6058820-005
<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>a</b>	Plan name NORTHERN CALIFORNIA ELECTRIC WORKERS PENSION TRUST	
<b>b</b>	Name of plan sponsor NORTHERN CALIFORNIA ELECTRIC WORKERS	<b>c</b> EIN-PN 94-6062674-001
<b>a</b>	Plan name NORTHERN CALIFORNIA PIPE TRADES PENSION PLAN	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES, NORTHER CALIFORNIA PIPE TRADE	<b>c</b> EIN-PN 94-3190386-001
<b>a</b>	Plan name NORTHERN CALIFORNIA PLASTERING INDUSTRY PENSION PLAN	
<b>b</b>	Name of plan sponsor BOT NORTHERN CALIFORNIA PLASTERING INDUSTRY PENSION TRUST FUND	<b>c</b> EIN-PN 94-6129382-001
<b>a</b>	Plan name NORTHROP GRUMMAN CORPORATION NAVAL SYSTEMS DIVISION - CLEVELAND FACILITY HOURLY-WAGE EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NORTHROP GRUMMAN CORPORATION	<b>c</b> EIN-PN 95-4840775-019
<b>a</b>	Plan name NORTHROP GRUMMAN DB MASTER TRUST ALTERNATIVE INVESTMENTS FUND	
<b>b</b>	Name of plan sponsor NORTHROP GRUMMAN CORPORATION	<b>c</b> EIN-PN 13-6692740-007
<b>a</b>	Plan name NORTHROP GRUMMAN ELECTRONIC SYSTEM - SPACE DIVISION CONSOLIDATED PENSION PLAN	
<b>b</b>	Name of plan sponsor NORTHROP GRUMMAN CORPORATION	<b>c</b> EIN-PN 95-4840775-040
<b>a</b>	Plan name NORTHROP GRUMMAN ELECTRONIC SYSTEMS UNION REPRESENTED EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor NORTHROP GRUMMAN CORPORATION	<b>c</b> EIN-PN 95-4840775-045
<b>a</b>	Plan name NORTHROP GRUMMAN NORDEN SYSTEMS EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NORTHROP GRUMMAN CORPORATION	<b>c</b> EIN-PN 95-4840775-032
<b>a</b>	Plan name NORTHROP GRUMMAN NORDEN SYSTEMS REPRESENTED EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NORTHROP GRUMMAN CORPORATION	<b>c</b> EIN-PN 95-4840775-031

<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	NORTHROP GRUMMAN PEI PENSION PLAN	
<b>b</b>	Name of plan sponsor	NORTHROP GRUMMAN ELECTRONICOS, INC.	<b>c</b> EIN-PN 95-4565705-001
<b>a</b>	Plan name	NORTHROP GRUMMAN PENSION PLAN	
<b>b</b>	Name of plan sponsor	NORTHROP GRUMMAN CORPORATION	<b>c</b> EIN-PN 95-4840775-030
<b>a</b>	Plan name	NORTHROP GRUMMAN REPRESENTED EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	NORTHROP GRUMMAN CORPORATION	<b>c</b> EIN-PN 95-4840775-037
<b>a</b>	Plan name	NORTHROP GRUMMAN RETIREMENT PLAN B	
<b>b</b>	Name of plan sponsor	NORTHROP GRUMMAN CORPORATION	<b>c</b> EIN-PN 95-4840775-041
<b>a</b>	Plan name	NORTHROP GRUMMAN SPACE & MISSION SYSTEMS CORP. SALARIED PENSION PLAN	
<b>b</b>	Name of plan sponsor	NORTHROP GRUMMAN CORPORATION	<b>c</b> EIN-PN 95-4840775-007
<b>a</b>	Plan name	NRA - IATSE LOCAL 720 RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NRA - IATSE LOCAL 720 RETIREMENT PLAN	<b>c</b> EIN-PN 51-0144767-001
<b>a</b>	Plan name	NYLIC RETIREMENT PLAN TRUST	
<b>b</b>	Name of plan sponsor	NEW YORK LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 13-5582869-005
<b>a</b>	Plan name	OFFICE AND PROFESSIONALS EMPLOYEE INTERNATIONAL UNION LOCAL 30 & 537 RETIREMENT FUND	
<b>b</b>	Name of plan sponsor	INTERNATIONAL UNION LOCAL 30 & 537	<b>c</b> EIN-PN 95-6072309-001
<b>a</b>	Plan name	OFFICER'S AND EMPLOYEES' PENSION PLAN FOR INTERNATIONAL BROTHERHOOD OF BOILERMAKERS, IRON SHIP BUILDERS, BLACKSMITHS, FORGERS, AND HELPERS	
<b>b</b>	Name of plan sponsor	OFFICERS AND EMPLOYEES PENSION TRUST	<b>c</b> EIN-PN 48-6121249-001
<b>a</b>	Plan name	ONCOR RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ONCOR ELECTRIC DELIVERY COMPANY LLC	<b>c</b> EIN-PN 75-2967830-001
<b>a</b>	Plan name	OPERATING ENGINEERS LOCAL 101 PENSION FUND	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES, OPERATING ENGINEERS LOCAL 101 PENSION FUND	<b>c</b> EIN-PN 43-6059213-001
<b>a</b>	Plan name	OPERATING ENGINEERS LOCAL NO. 428 ANNUITY TRUST FUND	
<b>b</b>	Name of plan sponsor	OPERATING ENGINEERS LOCAL NO. 428 ANNUITY TRUST FUND	<b>c</b> EIN-PN 86-6025732-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(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 OREGON LABORERS PENSION PLAN	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES FOR OREGON LABORERS EMPLOYERS PENSION PLAN	<b>c</b> EIN-PN 93-6075363-001
<b>a</b>	Plan name OREGON RETAIL EMPLOYEES PENSION TRUST	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES OREGON RETAIL EMPLOYEES PENSION TRUST	<b>c</b> EIN-PN 93-6074377-001
<b>a</b>	Plan name PACIFIC GAS AND ELECTRIC COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PACIFIC GAS & ELECTRIC COMPANY	<b>c</b> EIN-PN 94-0742640-001
<b>a</b>	Plan name PAUL, WEISS, RIFKIND, WHARTON & GARRISON LLP EMPLOYEES PENSION & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PAUL, WEISS, RIFKIND, WHARTON & GARRISON LLP	<b>c</b> EIN-PN 13-1662105-001
<b>a</b>	Plan name PAUL, WEISS, RIFKIND, WHARTON & GARRISON LLP PARTNERS DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor PAUL, WEISS, RIFKIND, WHARTON & GARRISON, LLP	<b>c</b> EIN-PN 13-1662105-005
<b>a</b>	Plan name PAW PAW PLANT REPRESENTED EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE COCA-COLA COMPANY	<b>c</b> EIN-PN 58-0628465-014
<b>a</b>	Plan name PDG CHEMICAL PENSION PLAN	
<b>b</b>	Name of plan sponsor LYONDELL CHEMICAL	<b>c</b> EIN-PN 76-0550481-004
<b>a</b>	Plan name PENNSYLVANIA STATE EDUCATION ASSOCIATION PENSION PLAN	
<b>b</b>	Name of plan sponsor PENNSYLVANIA STATE EDUCATION ASSOCIATION	<b>c</b> EIN-PN 23-0961125-001
<b>a</b>	Plan name PENSION AND ANNUITY PLAN OF THE BRICKLAYERS PENSION FUND	
<b>b</b>	Name of plan sponsor PENSION AND ANNUITY PLAN OF THE BRICKLAYERS PENSION FUND	<b>c</b> EIN-PN 51-6135291-001
<b>a</b>	Plan name PENSION FUND OF NO. ONE I.A.T.S.E.	
<b>b</b>	Name of plan sponsor PENSION FUND OF NO. ONE I.A.T.S.E.	<b>c</b> EIN-PN 13-6414973-001
<b>a</b>	Plan name PENSION FUND OF WARDROBE LOCAL 764	
<b>b</b>	Name of plan sponsor TRUSTEES OF PENSION FUND OF WARDROBE LOCAL 764	<b>c</b> EIN-PN 13-6137855-001
<b>a</b>	Plan name PENSION PLAN FOR CERTAIN UNION EMPLOYEES OF EVONIK GOLDSCHMIDT CORPORATION	
<b>b</b>	Name of plan sponsor PRUDENTIAL RETIREMENT	<b>c</b> EIN-PN 13-2643296-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(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 PENSION PLAN FOR ELIGIBLE HOURLY REPRESENTED EMPLOYEES OF EQUISTAR	
<b>b</b>	Name of plan sponsor LYONDELL CHEMICAL	<b>c</b> EIN-PN 76-0550481-001
<b>a</b>	Plan name PENSION PLAN FOR EMPLOYEES OF SKF USA INC.	
<b>b</b>	Name of plan sponsor SKF USA INC	<b>c</b> EIN-PN 23-1043740-001
<b>a</b>	Plan name PENSION PLAN FOR EMPLOYEES OF SUN CHEMICAL (WHO ARE MEMBERS OF PARTICIPATING UNIONS)	
<b>b</b>	Name of plan sponsor SUN CHEMICAL CORPORATION	<b>c</b> EIN-PN 22-2761297-001
<b>a</b>	Plan name PENSION PLAN FOR HOURLY EMPLOYEES OF CLEVELAND CLIFFS IRON COMPANY	
<b>b</b>	Name of plan sponsor THE CLEVELAND CLIFFS IRON COMPANY	<b>c</b> EIN-PN 34-0677332-004
<b>a</b>	Plan name PENSION PLAN FOR HOURLY EMPLOYEES OF THE SALEM GRAVURE DIVISION OF QUAD/GRAPHICS PRINTING CORP.	
<b>b</b>	Name of plan sponsor QUAD/GRAPHICS PRINTING CORP	<b>c</b> EIN-PN 52-2009152-011
<b>a</b>	Plan name PENSION PLAN FOR HOURLY RATED EMPLOYEES OF AIR PRODUCTS AND CHEMICALS, INC	
<b>b</b>	Name of plan sponsor AIR PRODUCT AND CHEMICALS, INC	<b>c</b> EIN-PN 23-1274455-003
<b>a</b>	Plan name PENSION PLAN FOR KATO ENGINEERING INC. EMPLOYEES MEMBERS OF INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 1999	
<b>b</b>	Name of plan sponsor EMERSON ELECTRIC CO.	<b>c</b> EIN-PN 43-0259330-018
<b>a</b>	Plan name PENSION PLAN OF BLACK HILLS CORPORATION	
<b>b</b>	Name of plan sponsor BLACK HILLS CORPORATION	<b>c</b> EIN-PN 46-0458824-001
<b>a</b>	Plan name PENSION PLAN OF CHEVRON MINING COMPANY	
<b>b</b>	Name of plan sponsor CHEVRON CORPORATION	<b>c</b> EIN-PN 94-0890210-072
<b>a</b>	Plan name PENSION PLAN OF L'OREAL USA, INC. MASTER RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor LOREAL USA, INC.	<b>c</b> EIN-PN 13-3647058-001
<b>a</b>	Plan name PENSION PLAN OF MAKE-UP ARTISTS AND HAIRSTYLISTS LOCAL 798, IATSE	
<b>b</b>	Name of plan sponsor BOT OF PENSION PLAN OF MAKE-UP ARTISTS & HAIRSTYLISTS LOCAL 798 IATSE	<b>c</b> EIN-PN 13-6116950-001
<b>a</b>	Plan name PENSION TRUST FUND FOR OPERATING ENGINEERS	
<b>b</b>	Name of plan sponsor JOINT BOARD OF TRUSTEES PENSION TRUST FUND FOR OPERATING ENGINEERS	<b>c</b> EIN-PN 94-6090764-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(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 PENSION TRUST FUND LOCAL UNION NO. 1034	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES OF LOCAL 1034 PENSION TRUST FUND	<b>c</b> EIN-PN 13-6594795-001
<b>a</b>	Plan name PENSION TRUST FUND LOCAL UNION NO. 27	
<b>b</b>	Name of plan sponsor BOT OF PAPER PRODUCTS, MISC CHAUFFERS, WAREHOUSEMEN, HELPERS, MSSNGRS	<b>c</b> EIN-PN 13-6567546-001
<b>a</b>	Plan name PEPSICO INC. MASTER TRUST	
<b>b</b>	Name of plan sponsor PEPSICO INC MASTER TRUST	<b>c</b> EIN-PN 41-2205169-001
<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 PINNACLE WEST CAPITAL CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PINNACLE WEST CAPITAL CORPORATION	<b>c</b> EIN-PN 86-0512431-001
<b>a</b>	Plan name PIPEFITTERS LOCAL 537	
<b>b</b>	Name of plan sponsor PIPE & REFRIGERATION FITTERS LOCAL 537 PENSION FUND BOARD OF TRUSTEES	<b>c</b> EIN-PN 51-6030859-001
<b>a</b>	Plan name PLUMBERS & STEAMFITTERS 298 JURISDICTION PENSION PLAN	
<b>b</b>	Name of plan sponsor THE TRUSTEES OF THE PLUMBERS AND STEAMFITTERS 298 JURISDICTION PENSION	<b>c</b> EIN-PN 39-0542913-001
<b>a</b>	Plan name PLUMBERS & STEAMFITTERS LOCAL 33 RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor PLUMBERS & STEAMFITTERS LOCAL 33	<b>c</b> EIN-PN 42-6086687-001
<b>a</b>	Plan name PLUMBERS LOCAL 9 PENSION	
<b>b</b>	Name of plan sponsor PLUMBERS LOCAL 9 PENSION PLAN	<b>c</b> EIN-PN 51-0219541-001
<b>a</b>	Plan name PPG INDUSTRIES, INC. PENSION PLAN TRUST	
<b>b</b>	Name of plan sponsor PPG INDUSTRIES, INC.	<b>c</b> EIN-PN 25-0730780-001
<b>a</b>	Plan name PRODUCER-WRITERS GUILD OF AMERICA PENSION PLAN	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES-PRODUCER WRITERS GUILD OF AMERICA PENSION PLAN	<b>c</b> EIN-PN 95-2216304-001
<b>a</b>	Plan name QUAD/GRAPHICS BAIRD-WARD RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor QUAD/GRAPHICS PRINTING CORP	<b>c</b> EIN-PN 52-2009152-019

<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	QUAD/GRAPHICS BUFFALO INC. RETIREMENT PLAN FOR HOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor	QUAD/GRAPHICS PRINTING CORP	<b>c</b> EIN-PN 52-2009152-020
<b>a</b>	Plan name	QUAD/GRAPHICS KINGSPORT PENSION PLAN	
<b>b</b>	Name of plan sponsor	QUAD/GRAPHICS PRINTING CORP	<b>c</b> EIN-PN 52-2009152-024
<b>a</b>	Plan name	QUAD/GRAPHICS PRINTING PENSION PLAN	
<b>b</b>	Name of plan sponsor	QUAD/GRAPHICS PRINTING CORP	<b>c</b> EIN-PN 52-2009152-001
<b>a</b>	Plan name	QWEST PENSION PLAN	
<b>b</b>	Name of plan sponsor	QWEST COMMUNICATIONS	<b>c</b> EIN-PN 84-1339282-005
<b>a</b>	Plan name	REFRIGERATION, A/C & SERVICE DIV UA-NJ PENSION PLAN	
<b>b</b>	Name of plan sponsor	REFRIGERATION, A/C & SERVICE DIV UA-NJ PENSION PLAN	<b>c</b> EIN-PN 22-6109064-001
<b>a</b>	Plan name	REGIONS FINANCIAL CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	REGIONS FINANCIAL CORPORATION	<b>c</b> EIN-PN 63-0589368-001
<b>a</b>	Plan name	RETIREMENT AND SECURITY PROGRAM OF THE NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION AND ITS MEMBER SYSTEMS	
<b>b</b>	Name of plan sponsor	NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION	<b>c</b> EIN-PN 52-0741336-333
<b>a</b>	Plan name	RETIREMENT INCOME PLAN FOR UNION EMPLOYEES OF CENTRAL MAINE POWER COMPANY	
<b>b</b>	Name of plan sponsor	CENTRAL MAINE POWER COMPANY	<b>c</b> EIN-PN 01-0042740-001
<b>a</b>	Plan name	RETIREMENT PLAN #1 FOR HOURLY EMPLOYEES OF MCGILL MANUFACTURING CO., INC.	
<b>b</b>	Name of plan sponsor	EMERSON ELECTRIC CO,	<b>c</b> EIN-PN 43-0259330-001
<b>a</b>	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF BRISTOL BABCOCK INC. UNITED STEELWORKERS OF AMERICA, LOCAL 895L	
<b>b</b>	Name of plan sponsor	EMERSON ELECTRIC CO.	<b>c</b> EIN-PN 43-0259330-001
<b>a</b>	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF THE AVISTA CORPORATION	
<b>b</b>	Name of plan sponsor	AVISTA CORPORATION	<b>c</b> EIN-PN 91-0462470-001
<b>a</b>	Plan name	RETIREMENT PLAN FOR MAINTENANCE SHOP EMPLOYEES UNDER TERMINALS MULTIEMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	HAWAII STEVEDORES INC.	<b>c</b> EIN-PN 99-0389370-001

<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	RETIREMENT PLAN FOR SALARIED EMPLOYEES OF HAWAII STEVEDORES, INC.	
<b>b</b>	Name of plan sponsor	HAWAII STEVEDORES INC.	<b>c</b> EIN-PN 99-0108338-001
<b>a</b>	Plan name	RETIREMENT PLAN FOR THE EMPLOYEES OF THE ACADEMY OF MOTION PICTURE ARTS AND SCIENCE	
<b>b</b>	Name of plan sponsor	ACADEMY OF MOTION PICTURE ARTS AND SCIENCE	<b>c</b> EIN-PN 95-0473280-001
<b>a</b>	Plan name	RETIREMENT PLAN OF IDAHO POWER COMPANY	
<b>b</b>	Name of plan sponsor	IDAHO POWER COMPANY	<b>c</b> EIN-PN 82-0130980-001
<b>a</b>	Plan name	RETIREMENT PLAN OF INTERNATIONAL PAPER COMPANY	
<b>b</b>	Name of plan sponsor	INTERNATIONAL PAPER COMPANY	<b>c</b> EIN-PN 13-0872805-001
<b>a</b>	Plan name	RETIREMENT TRUST FOR EMPLOYEES OF BEN E. KEITH COMPANY AND ITS AFFILIATES	
<b>b</b>	Name of plan sponsor	BEN E. KEITH COMPANY	<b>c</b> EIN-PN 75-0372230-001
<b>a</b>	Plan name	RHODE ISLAND CARPENTERS ANNUITY FUND	
<b>b</b>	Name of plan sponsor	RHODE ISLAND CARPENTERS ANNUITY BOARD OF TRUSTEES	<b>c</b> EIN-PN 05-0388849-002
<b>a</b>	Plan name	RIO TINTO AMERICA INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RIO TINTO AMERICA INC.	<b>c</b> EIN-PN 11-3359689-001
<b>a</b>	Plan name	ROCHESTER GAS & ELECTRIC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ROCHESTER GAS & ELECTRIC GAS CORPORATION	<b>c</b> EIN-PN 16-0612110-003
<b>a</b>	Plan name	SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN	
<b>b</b>	Name of plan sponsor	SAVANNAH RIVER NUCLEAR SOLUTIONS	<b>c</b> EIN-PN 61-1565172-001
<b>a</b>	Plan name	SAVINGS PLAN FOR EMPLOYEES AT ORNL	
<b>b</b>	Name of plan sponsor	UT-BATTELLE, LLC	<b>c</b> EIN-PN 62-1788235-002
<b>a</b>	Plan name	SCREEN ACTORS GUILD-PRODUCERS PENSION PLAN	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES--SCREEN ACTORS GUILD-PRODUCERS PENSION PLAN	<b>c</b> EIN-PN 95-6031814-001
<b>a</b>	Plan name	SEAFARERS MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES SEAFARERS MONEY PURCHASE PENSION PLAN	<b>c</b> EIN-PN 52-1994914-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(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 SEAFARERS PENSION PLAN	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES SEAFARERS PENSION PLAN	<b>c</b> EIN-PN 13-6100329-001
<b>a</b>	Plan name SHEET METAL WORKERS' LOCAL 100 WASHINGTON, D.C. AREA PENSION FUND	
<b>b</b>	Name of plan sponsor BOT SHEET METAL WORKERS' LOCAL 100 WASHINGTON, D.C. AREA PENSION FUND	<b>c</b> EIN-PN 52-6038495-001
<b>a</b>	Plan name SHELL PENSION PLAN	
<b>b</b>	Name of plan sponsor SHELL OIL COMPANY	<b>c</b> EIN-PN 13-1299890-001
<b>a</b>	Plan name SHELTER INSURANCE EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SHELTER MUTUAL INSURANCE COMPANY	<b>c</b> EIN-PN 43-0613000-002
<b>a</b>	Plan name SMARTRETIREMENT 2020 FUND	
<b>b</b>	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	<b>c</b> EIN-PN 20-3063359-001
<b>a</b>	Plan name SMARTRETIREMENT 2025 FUND	
<b>b</b>	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	<b>c</b> EIN-PN 20-5819098-001
<b>a</b>	Plan name SMARTRETIREMENT 2030 FUND	
<b>b</b>	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	<b>c</b> EIN-PN 20-3063387-001
<b>a</b>	Plan name SMARTRETIREMENT 2035 FUND	
<b>b</b>	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	<b>c</b> EIN-PN 20-5819181-001
<b>a</b>	Plan name SMARTRETIREMENT 2040 FUND	
<b>b</b>	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	<b>c</b> EIN-PN 20-3063440-001
<b>a</b>	Plan name SMARTRETIREMENT 2045 FUND	
<b>b</b>	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	<b>c</b> EIN-PN 20-5819388-001
<b>a</b>	Plan name SMARTRETIREMENT 2050 FUND	
<b>b</b>	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	<b>c</b> EIN-PN 20-5819476-001
<b>a</b>	Plan name SMARTRETIREMENT 2055 FUND	
<b>b</b>	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	<b>c</b> EIN-PN 45-5595944-001

<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	SMARTRETIREMENT 2060 FUND	
<b>b</b>	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	<b>c</b> EIN-PN 81-3221155-001
<b>a</b>	Plan name	SMARTRETIREMENT INCOME FUND	
<b>b</b>	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	<b>c</b> EIN-PN 20-3063490-001
<b>a</b>	Plan name	SMARTRETIREMENT PASSIVE BLEND DRE 2020	
<b>b</b>	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	<b>c</b> EIN-PN 84-2388804-001
<b>a</b>	Plan name	SMARTRETIREMENT PASSIVE BLEND DRE 2025	
<b>b</b>	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	<b>c</b> EIN-PN 84-2402523-001
<b>a</b>	Plan name	SMARTRETIREMENT PASSIVE BLEND DRE 2030	
<b>b</b>	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	<b>c</b> EIN-PN 84-2420474-001
<b>a</b>	Plan name	SMARTRETIREMENT PASSIVE BLEND DRE 2035	
<b>b</b>	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	<b>c</b> EIN-PN 84-2433553-001
<b>a</b>	Plan name	SMARTRETIREMENT PASSIVE BLEND DRE 2040 FUND	
<b>b</b>	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	<b>c</b> EIN-PN 84-2447445-001
<b>a</b>	Plan name	SMARTRETIREMENT PASSIVE BLEND DRE 2045 FUND	
<b>b</b>	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	<b>c</b> EIN-PN 84-2460155-001
<b>a</b>	Plan name	SMARTRETIREMENT PASSIVE BLEND DRE 2050 FUND	
<b>b</b>	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	<b>c</b> EIN-PN 84-2477816-001
<b>a</b>	Plan name	SMARTRETIREMENT PASSIVE BLEND DRE 2055 FUND	
<b>b</b>	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	<b>c</b> EIN-PN 84-2492102-001
<b>a</b>	Plan name	SMARTRETIREMENT PASSIVE BLEND DRE 2060 FUND	
<b>b</b>	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	<b>c</b> EIN-PN 84-2507352-001
<b>a</b>	Plan name	SMARTRETIREMENT PASSIVE BLEND DRE INCOME	
<b>b</b>	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	<b>c</b> EIN-PN 84-2373652-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(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 SO. CAL UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYEES JOINT PENSION TRUST FUND	
<b>b</b>	Name of plan sponsor BOT SO. CAL UNITED FOOD & COMMERCIAL WORKERS & FOOD EMPLOYERS UNION	<b>c</b> EIN-PN 95-1939092-001
<b>a</b>	Plan name SOUTHERN CALIFORNIA PIPE TRADES RETIREMENT FUND	
<b>b</b>	Name of plan sponsor BOT FOR THE SOUTHERN CALIFORNIA PIPE TRADES RETIREMENT FUND	<b>c</b> EIN-PN 51-6108443-001
<b>a</b>	Plan name SOUTHERN FARM BUREAU CASUALTY INSURANCE CO. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN FARM BUREAU CASUALTY INSURANCE CO.	<b>c</b> EIN-PN 64-0288243-001
<b>a</b>	Plan name STEAMFITTERS' INDUSTRY PENSION FUND	
<b>b</b>	Name of plan sponsor STEAMFITTERS INDUSTRY PENSION FUND	<b>c</b> EIN-PN 13-6149680-001
<b>a</b>	Plan name STEELWORKERS PENSION TRUST	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEE OF THE STEELWORKERS PENSION TRUST	<b>c</b> EIN-PN 23-6648508-499
<b>a</b>	Plan name SUN CHEMICAL CORPORATION MASTER PENSION TRUST	
<b>b</b>	Name of plan sponsor SUN CHEMICAL CORPORATION	<b>c</b> EIN-PN 22-2761297-005
<b>a</b>	Plan name SUN CHEMICAL CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SUN CHEMICAL CORPORATION	<b>c</b> EIN-PN 22-2761297-002
<b>a</b>	Plan name SUNCOR ENERGY US PENSION PLAN	
<b>b</b>	Name of plan sponsor SUNCOR ENERGY (U.S.A.) INC.	<b>c</b> EIN-PN 51-0403125-003
<b>a</b>	Plan name TBCERP MT CONTROL POOL	
<b>b</b>	Name of plan sponsor THE BOEING COMPANY & CONSOLIDATED SUBS	<b>c</b> EIN-PN 91-0425694-062
<b>a</b>	Plan name TEAMSTER AFFILIATES PENSION PLAN	
<b>b</b>	Name of plan sponsor AFFILIATES OF THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS	<b>c</b> EIN-PN 38-6059444-333
<b>a</b>	Plan name TEAMSTERS LOCAL 814 ANNUITY FUND	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES, TEAMSTERS LOCAL 814 ANNUITY FUND	<b>c</b> EIN-PN 11-6234357-002
<b>a</b>	Plan name TEAMSTERS LOCAL 814 PENSION FUND	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES TEAMSTERS LOCAL 814 PENSION FUND	<b>c</b> EIN-PN 11-6234358-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(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 THE BOEING COMPANY EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE BOEING COMPANY EMPLOYEE RETIREMENT PLANS MASTER TRUST	<b>c</b> EIN-PN 13-6058820-001
<b>a</b>	Plan name THE BOEING COMPANY PENSION VALUE PLAN FOR HERITAGE MDC EMPLOYEES	
<b>b</b>	Name of plan sponsor THE BOEING COMPANY EMPLOYEE RETIREMENT PLANS MASTER TRUST	<b>c</b> EIN-PN 13-6058820-029
<b>a</b>	Plan name THE CULTURAL INSTITUTIONS PENSIONS PLAN	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES OF THE CULTURAL INSTITUTIONS RETIREMENT SYSTEM	<b>c</b> EIN-PN 11-2001170-001
<b>a</b>	Plan name THE LOCAL 32 BJ/54 PENSION FUND	
<b>b</b>	Name of plan sponsor 32BJ/BROADWAY LEAGUE PENSION FUND	<b>c</b> EIN-PN 13-1998213-001
<b>a</b>	Plan name THE NEWSPAPER GUILD INTERNATIONAL PENSION PLAN	
<b>b</b>	Name of plan sponsor TNG INTERNATIONAL PENSION FUND	<b>c</b> EIN-PN 52-1082662-001
<b>a</b>	Plan name THE RETIREMENT PLAN FOR NEW YORK STATE ELECTRIC AND GAS CORPORATION	
<b>b</b>	Name of plan sponsor NEW YORK STATE ELECTRICAL & GAS CORPORATION	<b>c</b> EIN-PN 15-0398550-001
<b>a</b>	Plan name THE RETIREMENT PLAN OF THE J.C. HUDSON COMPANY	
<b>b</b>	Name of plan sponsor TARGET CORPORATION	<b>c</b> EIN-PN 41-0215170-003
<b>a</b>	Plan name THE TARGET CORPORATION PENSION PLAN	
<b>b</b>	Name of plan sponsor TARGET CORPORATION	<b>c</b> EIN-PN 41-0215170-001
<b>a</b>	Plan name THE TEN COMPANIES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE TEN COMPANIES, INC.	<b>c</b> EIN-PN 06-1074514-001
<b>a</b>	Plan name TREASURERS AND TICKET SELLERS LOCAL 751	
<b>b</b>	Name of plan sponsor TREASURERS AND TICKET SELLERS LOCAL 751	<b>c</b> EIN-PN 13-6164776-001
<b>a</b>	Plan name U.S. BORAX INC. RETIREMENT PLAN FOR REPRESENTED HOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor U.S. BORAX INC.	<b>c</b> EIN-PN 98-0047580-002
<b>a</b>	Plan name U.S. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MARS INCORPORATED	<b>c</b> EIN-PN 22-1594774-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(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 UAW MASTER PENSION TRUST	
<b>b</b>	Name of plan sponsor INTL UAW, UNITED AUTOMOBILE, AEROSPACE & AGRICULTURAL IMPLEMENT WORKER	<b>c</b> EIN-PN 38-3140311-006
<b>a</b>	Plan name UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION PENSION PLAN FOR EMPLOYEES	
<b>b</b>	Name of plan sponsor UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND EMPLOYERS PENSION FUND	<b>c</b> EIN-PN 36-6156395-002
<b>a</b>	Plan name UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND EMPLOYERS PENSION FUND	
<b>b</b>	Name of plan sponsor UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND EMPLOYERS PENSION FUND	<b>c</b> EIN-PN 56-6101602-001
<b>a</b>	Plan name UNITED FURNITURE WORKERS PENSION FUND A	
<b>b</b>	Name of plan sponsor UNITED FURNITURE WORKERS PENSION FUND A	<b>c</b> EIN-PN 13-5511877-001
<b>a</b>	Plan name UNITED MINE WORKERS OF AMERICA 1974 PENSION TRUST	
<b>b</b>	Name of plan sponsor UMWA 1974 PENSION TRUST BOARD OF TRUSTEES	<b>c</b> EIN-PN 52-1050282-002
<b>a</b>	Plan name UNITED PARCEL SERVICE, INC. LOCAL 177, I.B.T. MULTI-EMPLOYER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BOT UPS LOCAL 177, INTERNATIONAL BROTHERHOOD OF TEAMSTERS	<b>c</b> EIN-PN 13-1426500-419
<b>a</b>	Plan name UNITED SCENIC ARTISTS, LOCAL 829 PENSION FUND	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES OF PENSION FUND UNITED SCENIC ARTISTS LOCAL 829	<b>c</b> EIN-PN 13-1982707-001
<b>a</b>	Plan name UPS GROUP TRUST	
<b>b</b>	Name of plan sponsor UNITED PARCEL SERVICES, INC.	<b>c</b> EIN-PN 35-2371556-001
<b>a</b>	Plan name USAA PENSION PLAN	
<b>b</b>	Name of plan sponsor UNITED SERVICES AUTOMOBILE ASSOCIATION	<b>c</b> EIN-PN 74-0959140-001
<b>a</b>	Plan name WASHINGTON GAS LIGHT COMPANY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WASHINGTON GAS LIGHT COMPANY	<b>c</b> EIN-PN 53-0162882-003
<b>a</b>	Plan name WASHINGTON STATE PLUMBING & PIPEFITTING INDUSTRY PENSION PLAN	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES	<b>c</b> EIN-PN 91-6029141-001
<b>a</b>	Plan name WESTAR ENERGY INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WESTAR ENERGY, INC.	<b>c</b> EIN-PN 48-0290150-001



<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>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>10/01/2023</b> and ending <b>09/30/2024</b>			
<b>A</b> Name of plan <b>COMMINGLED PENSION TRUST FUND (STRATEGIC PROPERTY) OF JPMORGAN CHASE BANK, N.A.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;"><b>001</b></td> </tr> </table>	<b>B</b> Three-digit plan number (PN) ►	<b>001</b>
<b>B</b> Three-digit plan number (PN) ►	<b>001</b>		
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JPMORGAN CHASE BANK, N.A.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>D</b> Employer Identification Number (EIN) <b>13-6038770</b></td> </tr> </table>	<b>D</b> Employer Identification Number (EIN) <b>13-6038770</b>	
<b>D</b> Employer Identification Number (EIN) <b>13-6038770</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>	8797                      129000
<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>	
<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>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	28718660375                      24348276000
<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>	1911669                      719000
<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:		(a) Beginning of Year	(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>	28720580841	24349124000
<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>	0	120000
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	120000
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	28720580841	24349004000

**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>		(a) Amount	(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>		
<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>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<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>		0
(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>	2586038000	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	2641116000	
<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>		
<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>	-2840668000	
<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 .....	2b(6)	34959000
(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)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	
<b>c</b> Other income .....	2c	159
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	-2860786841

**Expenses**

<b>e</b> 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)	0
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	
<b>h</b> Interest expense.....	2h	145108000
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	
(5) Investment advisory and investment management fees .....	2i(5)	15602000
(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)	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	15602000
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	160710000

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	-3021496841
<b>l</b> Transfers of assets:		
(1) To this plan.....	2l(1)	310895000
(2) From this plan .....	2l(2)	1660975000

**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 \_\_\_\_\_.