

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: ROSENBERG REAL ESTATE EQUITY FUND WEST VI, A GROUP TRUST ROSENBERG REAL ESTATE
1b Three-digit plan number (PN): 100
1c Effective date of plan: 01/01/1985
2a Plan sponsor's name (employer, if for a single-employer plan): ROSENBERG REAL ESTATE EQUITY FUND WEST-VI, A GROUP TRUST
2b Employer Identification Number (EIN): 94-6566803
2c Plan Sponsor's telephone number: 312-537-7000
2d Business code (see instructions): 531190

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 rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ROSENBERG REAL ESTATE EQUITY FUND WEST VI, A GROUP TRUST ROSENBERG REAL ESTATE	B Three-digit plan number (PN) ▶	100
C Plan sponsor's name as shown on line 2a of Form 5500 ROSENBERG REAL ESTATE EQUITY FUND WEST-VI, A GROUP TRUST	D Employer Identification Number (EIN) 94-6566803	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

DELOITTE & TOUCHE LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	15700	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ROSENBERG REAL ESTATE EQUITY FUND WEST VI, A GROUP TRUST ROSENBERG REAL ESTATE</u>	B Three-digit plan number (PN)	<u>100</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ROSENBERG REAL ESTATE EQUITY FUND WEST-VI, A GROUP TRUST</u>	D Employer Identification Number (EIN) <u>94-6566803</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ROSENBERG REAL ESTATE EQUITY FUND WEST VI, A GROUP TRUST ROSENBERG REAL ESTATE		B Three-digit plan number (PN) ▶	100
C Plan sponsor's name as shown on line 2a of Form 5500 ROSENBERG REAL ESTATE EQUITY FUND WEST-VI, A GROUP TRUST		D Employer Identification Number (EIN) 94-6566803	

Part I Asset and Liability Statement

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	194935	169987
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	194935	169987
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	194935	169987
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	194935	169987
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l		

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1981	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1981
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		42123
d Total income. Add all income amounts in column (b) and enter total.....	2d		44104

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i 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)		
(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)	44104	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		44104
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		44104

Net Income and Reconciliation

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

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: **DELOITTE & TOUCHE**

(2) EIN: **13-3891517**

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

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

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



Deloitte & Touche LLP
111 South Wacker Drive
Chicago, IL 60606-4301
USA

Tel: +1 312 486 1000
Fax: +1 312 486 1486
www.deloitte.com

INDEPENDENT AUDITOR'S REPORT

To RREEF West-VI, a Group Trust

Opinion

We have audited the financial statements of RREEF West-VI, a Group Trust (the "Trust"), for which RREEF America L.L.C. is the Investment Advisor, which comprise the statements of assets and liabilities as of December 31, 2024 and 2023, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Trust as of December 31, 2024 and 2023, and the results of its operations, changes in its net assets, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

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

The accompanying financial statements have been prepared assuming that the Trust will continue as a going concern. As discussed in Note 1 to the financial statements, the Investment Advisor has determined that the Trust is unlikely to receive a No Further Action Letter from the State of Washington Department of Ecology, and none of the remaining cash and cash equivalents and restricted cash amounts will be distributed to the Trust's investors. While the Investment Advisor is in settlement discussions with the estate of the successor to the buyer of the property, there is uncertainty regarding the Trust's future cash flow needs and the eventual outcome of these discussions, and management has stated that substantial doubt exists about the Trust's ability to continue as a going concern. Management's evaluation of the events and conditions and management's plans regarding these matters are also described in Note 1. The financial statements do not include any adjustments that might result from the outcome of this uncertainty. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Deloitte & Touche LLP

April 30, 2025

RREEF WEST-VI, A GROUP TRUST

STATEMENTS OF ASSETS AND LIABILITIES AS OF DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS:		
Cash and cash equivalents	\$ 2,426	\$ 4,256
Restricted cash	<u>167,561</u>	<u>190,679</u>
Total assets	169,987	194,935
LIABILITIES:		
Accounts payable and accrued expenses	—	45,619
Other liabilities	<u>169,987</u>	<u>149,316</u>
Total liabilities	<u>169,987</u>	<u>194,935</u>
NET ASSETS	\$ <u>—</u>	\$ <u>—</u>

See notes to financial statements.

RREEF WEST-VI, A GROUP TRUST

STATEMENTS OF OPERATIONS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
REVENUES:		
Interest	\$ 1,981	\$ 1,534
Miscellaneous income	<u>42,123</u>	<u>—</u>
Total income	<u>44,104</u>	<u>1,534</u>
EXPENSES:		
Administrative and other	<u>44,104</u>	<u>210,130</u>
Total expenses	<u>44,104</u>	<u>210,130</u>
NET INVESTMENT LOSS	\$ <u>—</u>	\$ <u>(208,596)</u>

See notes to financial statements.

RREEF WEST-VI, A GROUP TRUST

STATEMENTS OF CHANGES IN NET ASSETS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
NET ASSETS—Beginning of year	\$ —	\$ 208,596
Net investment loss	<u>—</u>	<u>(208,596)</u>
NET ASSETS—End of year	<u>\$ —</u>	<u>\$ —</u>

See notes to financial statements.

RREEF WEST-VI, A GROUP TRUST

STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net investment loss	\$ —	\$ (208,596)
Adjustments to reconcile net investment loss to net cash flows used in operating activities:		
Change in accounts payable and accrued expenses	(45,619)	17,799
Change in other liabilities	<u>20,671</u>	<u>149,316</u>
Net cash flows used in operating activities	<u>(24,948)</u>	<u>(41,481)</u>
NET CHANGE IN CASH AND CASH EQUIVALENTS AND RESTRICTED CASH	(24,948)	(41,481)
CASH AND CASH EQUIVALENTS AND RESTRICTED CASH—Beginning of year	<u>194,935</u>	<u>236,416</u>
CASH AND CASH EQUIVALENTS AND RESTRICTED CASH—End of year	\$ <u><u>169,987</u></u>	\$ <u><u>194,935</u></u>

See notes to financial statements.

RREEF WEST-VI, A GROUP TRUST
NOTES TO FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

RREEF West-VI, a Group Trust (the "Trust"), for which RREEF America L.L.C. is the Investment Advisor, is an investment trust owned by tax-exempt entities. The Trust is a closed-end trust organized to hold real estate investments for a period of ten years. The initial term of the Trust ended on December 31, 1995 and was not extended.

The Trust has 625 units of beneficial interest authorized and 600 issued (\$200,000 initial value per unit) after 25 units were redeemed during 1993.

The Trust plans to dissolve upon the completion of remediation of environmental contamination of the Coal Creek Village Shopping Center or settlement with the estate of the successor to the buyer of the property.

Use of Estimates—The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents—All short-term investments purchased with a maturity of three months or less are considered to be cash equivalents. Financial instruments which potentially subject the Trust to credit risk consist primarily of cash and cash equivalents. The Trust maintains cash and cash equivalents with various major financial institutions. The Trust limits the allocation of funds to any single major financial institution to minimize the Trust's exposure. At times, cash balances at a bank and financial institution may exceed federally insured amounts.

For the purposes of the presentation of the statements of cash flows, the cash and cash equivalents balance is combined with restricted cash held by the Trust.

Restricted Cash—During 1996, Coal Creek Village Shopping Center was sold subject to an escrow holdback agreement. An amount of \$300,000 was originally held back from the sales proceeds, in escrow, for the purpose of remediation of environmental contamination. When remediation costs were paid by the Trust, evidence was presented to the title company, and such amounts were released from the escrow account to the Trust. The current balance in the escrow account includes interest earned to date less disbursements and is reflected on the accompanying statements of assets and liabilities as restricted cash. Per the terms of the escrow holdback agreement, once remediation was completed sufficient to obtain a No Further Action ("NFA") letter from the State of Washington, Department of Ecology, any and all sums remaining, including interest, would be released to the Trust. As of December 31, 2024 and 2023, \$164,851 and \$162,879, respectively, remained in the escrow account. Additionally, a separate restricted cash account related to the environmental remediation was set up as part of a settlement agreement between the Trust and other parties involved. As of December 31, 2024 and 2023, \$2,710 and \$27,800, respectively, remained in the restricted cash account.

After meeting the insurance deductible, remediation costs were being forwarded to the insurance carrier until August 2019, at which time the insurance proceeds had been exhausted. Subsequent costs relating to the remediation have been paid by the Trust. During the year ended December 31, 2024, ground water testing that had been the

focus of remediation efforts in previous years ceased as the ground water contamination testing results were not considered to be sufficiently below actionable levels required to secure an NFA. The Investment Advisor's assessment is that the remaining cash and cash equivalents and restricted cash will not be sufficient to complete additional remediation that will be required to secure an NFA, and it is expected that none of the funds will be returned to the Trust. The Trust has engaged with the estate of the successor to the buyer of the property, in order to (i) discuss the high likelihood that the Trust's remaining assets are not sufficient to deliver an NFA and (ii) to reach a settlement regarding the Trust's remaining remediation and financial responsibilities, which is expected to result in a subsequent transfer of cash held in escrow. As such, a liability has been recorded as of December 31, 2024 in the amount of \$169,987, representing the cash and cash equivalents and restricted cash expected to remain once all other accounts payable and accrued expenses have been settled. This amount is recorded in other liabilities within the accompanying statements of assets and liabilities.

Miscellaneous Income—The Trust does not have sufficient cash and cash equivalents and restricted cash available to pay for fund administrative expenses. The Investment Advisor has assumed responsibility of paying for certain fund administrative expenses. These assumed payments are considered miscellaneous income by the Trust.

Administrative and Other Expenses—Administrative and other expenses are recognized when incurred.

Income Taxes—The Trust has been classified as a qualified trust under Section 401(a) of the Internal Revenue Code of 1986 (the "Code"), and management believes it continues to comply with the requirements of Section 501(a) of the Code. Accordingly, the Trust is exempt from income taxes, and no income tax provision is recorded. If an uncertain tax position were to be identified, the Trust would account for such in accordance with Accounting Standards Codification (ASC) 740, *Income Taxes*. No uncertain tax positions were identified as of December 31, 2024 and 2023.

Commitments and Contingencies—The Trust is subject to various claims and lawsuits that arise in the ordinary course of business. It is the opinion of management that the disposition or ultimate resolution of such claims and lawsuits will not have a material effect on the financial position, results of operations, or liquidity of the Trust.

Going Concern—The accompanying financial statements are prepared in accordance with generally accepted accounting principles applicable to a going concern, which contemplates the realization of assets and the satisfaction of liabilities in the normal course of business.

As discussed above, the Investment Advisor has determined that the Trust is unlikely to receive an NFA letter, and the remaining cash and cash equivalents and restricted cash amounts will be exhausted such that none of the funds will be returned to the Trust, and the Trust will not have sufficient cash and cash equivalents and restricted cash available to sustain operations for at least twelve months from the date of issuance of the financial statements.

These conditions and events raise substantial doubt about the Trust's ability to continue as a going concern. While the Investment Advisor is in settlement discussions with the estate of the successor to the buyer of the property, there is uncertainty regarding the Trust's future cash flow needs and the eventual outcome of these discussions. Therefore, the Trust has concluded that management's plans do not alleviate substantial doubt about the Trust's ability to continue as a going concern as there can be no assurance that the Trust's cash and cash equivalents and restricted cash on hand will be sufficient to fund the Trust's operations for at least twelve months from the date of issuance of the financial statements.

The financial statements do not include any adjustments relating to the recoverability and classification of recorded asset amounts or the amounts and classification of liabilities that might result from the outcome of this uncertainty.

Subsequent Events—We have evaluated events subsequent to December 31, 2024 through April 30, 2025, the date of issuance of the financial statements. No additional material subsequent events have occurred since December 31, 2024 that require recognition or disclosure in the financial statements.

Rosenberg Real Estate Equity Fund West-VI, A Group Trust
EIN 94-6566803
As of 12/31/24

EXHIBIT D

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT YEAR END

(a) (b) Identify of issue, borrower, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Rosenberg Real Estate Equity Fund West-VI, A Group Trust	Market Rate Account .01% interest		\$ 2,710
Rosenberg Real Estate Equity Fund West-VI, A Group Trust	Market Rate Account .01% interest		\$ 164,851

NAME OF FUND: Rosenberg Real Estate Equity Fund West-VI, A Group Trust

EIN: 94-6566803

FISCAL YEAR: 2024

Plans Investing In Fund

Plan Name	Plan No.	Plan Sponsor	Sponsor EIN	% Interest In Fund	
				Beginning of Year	End of Year
American National Can Master Retirement Trust		Rexam PLC fka American National Can Company		1%	1%
American Hospital Supply Corporation Pooled Investment Trust		Baxter International, Inc.	36-2604143	4%	4%
Ceridian Corporation Master Trust		Ceridian Corporation	52-0278528	1%	1%
Cincinnati Bell Pension Plan Trust	005 006	Broadwing FKA Cincinnati Bell Inc. Broadwing FKA Cincinnati Bell Inc.	13-0241390 31-0241390	2%	2%
Centerior Collective Trust	001	First Energy Corporation	34-0150020	2%	2%
State Street Bank & Trust Co. as Custodian for Fire & Police Pension Association of Colorado		Fire & Police Pension Association of Colorado	74-2075196	3%	3%
Syntergy, Inc. Retirement Fund	001	Syntergy, Inc. fka Control Data Systems, Inc.	41-1718075	1%	1%
The Bank of New York as Trustee for the Adolph Coors Retirement Plan	001	Molson Coors Brewing Company fka Adolph Coors Company	84-0178360	1%	1%

EXHIBIT B

Rosenberg Real Estate Equity Fund West-VI, A Group Trust
EIN 94-6566803
Page 2

Plans Investing In Fund

Plan Name	Plan No.	Plan Sponsor	Sponsor EIN	% Interest In Fund	
				Beginning of Year	End of Year
Leslie & Co. c/o Irving Trust Co. (D&B)	001	Dun & Bradstreet Corp.	13-2740040	2%	2%
The Northern Trust Company, Trustee of the Hallmark Master Retirement Trust	002	Hallmark Cards, Inc.	44-0272180	4%	4%
Illinois State Universities Retirement System Master Trust		State Universities Retirement System of Illinois	37-6006008	17%	17%
Staff Retirement Plan of the Inter-American Development Bank	001	Inter- American Development Bank	52-6040854	2%	2%
S.C. Johnson & Son, Inc. Retirement Plan Trust	002	S.C. Johnson & Son, Inc.	39-0379990	2%	2%
Landmark Equity Fund VI Landmark Equity Fund VII	006 007	Landmark Partner's, Inc. Landmark Partner's Inc.	06-1284156 06-1284156	14%	14%
The Northern Trust Co. as Trustee of the McGraw-Hill Retirement Plan Investment Trust	001 002 008 002 001	Mc Graw-Hill, Inc.	13-1026995 13-1026995 13-2582625 23-1732752 13-2699837	2%	2%
State Street Bank & Trust Company as Trustee of the Pacific Gas & Electric Company Retirement Plan	001	Pacific Gas & Electric Company	94-0742640	8%	8%

Plans Investing In Fund

Plan Name	Plan No.	Plan Sponsor	Sponsor EIN	% Interest In Fund	
				Beginning of Year	End of Year
Trust to Fund the Pitney Bowes Inc. & Subsidiaries Retirement Fund Ream & Co.	001	Pitney Bowes Inc.	06-0495050	5%	5%
Citigroup Pension Plan		Citigroup Pension Plan fka Travelers Group, Inc.	52-1568099	1%	1%
State Street Bank & Trust Company as Trustee of San Diego Gas & Electric Pension Plan	002	Sempra Energy fka San Diego Gas & Electric Company	95-1184800	2%	2%
Seattle City Employees' Retirement System		Seattle City Employees' Retirement System	91-6029099	4%	4%
Sisters of the Sorrowful Mother Management Services, Inc. Retirement Trust	001	Sisters of the Sorrowful Mother Management Services, Inc.	39-1264515	1%	1%
Bank of New York as Trustee for Sunkist Growers, Inc. Retirement Plan 14501	001	Sunkist Growers, Inc.	95-0595000	1%	1%

Plans Investing In Fund

Plan Name	Plan No.	Plan Sponsor	Sponsor EIN	% Interest In Fund	
				Beginning of Year	End of Year
The Timken Company Collective Investment Trust for Retirement Trusts at AmeriTrust Co.	001 002	The Timken Company	34-0577130 34-0577130	2%	2%
State Investment Board on behalf of Washington State Employees' Retirement Fund, Washington State Teachers' Retirement Fund, Washington State Law Enforcement Officers' and Fire Fighters' Retirement Fund and State Patrol Retirement Fund	001 001 001 001	State of Washington	91-6001058 91-6001129 91-0974659 91-0946726	17%	17%
Graphic Packaging International Inc. Retirement Fund		Graphic Packaging International, Inc. fka ACX Technologies, Inc.	84-0772929	1%	1%

Deloitte Tax LLP
Attention: Susan M. Steele
12830 El Camino Real, Suite 600
San Diego, CA 92130

Re: Rosenberg Real Estate Equity Fund West VI, A Group Trust

Dear Susan M. Steele:

On behalf of the aforementioned entity, I hereby authorize you, Susan M. Steele at Deloitte Tax LLP ("filing signer"), to electronically file the 2024 Form 5500 with the Department of Labor.

By: 
Title: Authorized Signatory
Date: 6/24/2025

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p>2024</p> <hr/> <p>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 01/01/2024 and ending 12/31/2024

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.)

B This return/report is: a single-employer plan a DFE (specify) E
 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>1a Name of plan</p> <p>ROSENBERG REAL ESTATE EQUITY FUND WEST VI, A GROUP TRUST</p> <p>ROSENBERG REAL ESTATE</p> <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>ROSENBERG REAL ESTATE EQUITY FUND WEST-VI, A GROUP TRUST</p> <p>222 SOUTH RIVERSIDE PLAZA 34TH FLOOR CHICAGO, IL 60606</p>	<p>1b Three-digit plan number (PN) ▶ <u>100</u></p> <p>1c Effective date of plan <u>01/01/1985</u></p> <p>2b Employer Identification Number (EIN) <u>94-6566803</u></p> <p>2c Plan Sponsor's telephone number <u>312-537-7000</u></p> <p>2d Business code (see instructions) <u>531190</u></p>
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Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.


SIGN HERE		6/24/2025	JESSICA HAMILL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

EXHIBIT A
TO
29 CFR 2520.103-12
NAME, FISCAL YEAR AND EIN OF 103-12-IE
THE RREEF FUNDS
AS OF
12/31/24

	<u>FEDERAL ID NUMBER</u>	<u>FISCAL YEAR END</u>
Rosenberg Real Estate Equity Fund West-VI, A Group Trust	94-6566803	12/31

ADDRESS FOR THE ABOVE 103-12 IE:

101 California Street
26th Floor
San Francisco, CA 94111

**EXHIBIT C
TO
FACSIMILE OF SCHEDULE C (FORM 5500)**

Name of 102.13 IE: Rosenberg Real Estate Equity Fund-VI, A Group Trust

EMPLOYER ID NO.: 94-6566803

PART I SERVICE PROVIDER INFORMATION:

<u>NAME</u>	<u>ID NO.</u>	<u>OFFICIAL PLAN POSITION</u>	<u>RELATIONSHIP to 103.12 IE</u>	<u>GROSS AMOUNT PAID</u>	<u>NATURE OF SERVICE CODE</u>
Deloitte & Touche L.L.P.	13-3891517	Independent Accountants	None	\$ 15,700.00	10