

<p style="text-align: center;">Form 5500</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>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-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 style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</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 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.)

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 (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 <u>ULLICO INFRASTRUCTURE TAX EXEMPT FUND LP</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></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) <u>ULLICO INVESTMENT ADVISORS INC</u></p> <p><u>8403 COLESVILLE ROAD</u> <u>SILVER SPRING, MD 20910</u></p>	<p>1c Effective date of plan <u>04/17/2012</u></p> <p>2b Employer Identification Number (EIN) <u>90-0622302</u></p> <p>2c Plan Sponsor's telephone number <u>202-682-0900</u></p> <p>2d Business code (see instructions) <u>525990</u></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.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	Date	ADAM M. FRIED
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor ULLICO INVESTMENT ADVISORS INC 8403 COLESVILLE RD SILVER SPRING, MD 20910	3b Administrator's EIN 52-6435649 3c Administrator's telephone number 202-682-0900
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	0
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	
a(2) Total number of active participants at the end of the plan year	6a(2)	
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f Total. Add lines 6d and 6e	6f	0
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	0
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **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 ULLICO INFRASTRUCTURE TAX EXEMPT FUND LP	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ULLICO INVESTMENT ADVISORS INC	D Employer Identification Number (EIN) 90-0622302	

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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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)

VICO INFRASTRUCTURE COMPANY LLC 4695 MACARTHUR CT
SUITE 1430
NEWPORT BEACH, CA 92660

(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?
16		2057171	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MIZUHO SECURITIES USA LLC 1271 AVENUE OF THE AMERICAS
NEW YORK, NY 10020

(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?
16		1519879	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MILBANK LLP 55 HUDSON YARDS
NEW YORK, NY 10001

(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?
16		831965	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

ERNST AND YOUNG LLP

34-6565596

(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		624383	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TRANS. LIABI. SERIES OF LOCKTON SPE

1185 6TH AVENUE
NEW YORK, NY 10036

(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?
29		615262	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MAYER BROWN LLP

71 SOUTH WACKER DRIVE
CHICAGO, IL 60606

(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?
16		543676	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

NORTON ROSE FULBRIGHT US LLP

799 9TH STREET NW
SUITE 1000
WASHINGTON, DC 20001

(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?
16		540271	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

KROLL LLC

55 EAST 52ND STREET
NEW YORK, NY 10055

(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?
16		382495	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

OLIVER WYMAN INC

1166 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

(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?
16		359607	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BDO USA LLP

100 PARK AVENUE
NEW YORK, NY 10017

(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?
16		346634	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ARENTFOX SCHIFF LLP

1301 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

(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?
16		309608	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

LEO BERWICK LP

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

(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?
16		267130	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

AON RISK SERVICES CENTRAL

200 E RANDOLPH STREET
FLOOR 9
CHICAGO, IL 60601

(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?
16		260230	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

EISNER ADVISORY GROUP LLC

733 3RD AVE
NEW YORK, NY 10017

(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?
16		247898	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

DESMAN INC

3 WEST 35TH STREET
NEW YORK, NY 10001

(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?
16		89872	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

SAN ANTONIO TX WATER SYSTEM REV FUN

2800 U.S. HWY 281 NORTH
SAN ANTONIO, TX 78212

(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?
16		81267	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

HOLLAND & KNIGHT LLP

100 N TAMPA STREET
SUITE 4100
TAMPA BAY, FL 33602

(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?
29		80997	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

DELOITTE LLP CA

1221 AVENUE OF THE AMERICAS
NEW YORK, NY 10020

(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		77260	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

ALLEN OVERY SHEARMAN STERLING US LL

1221 AVENUE OF THE AMERICAS
NEW YORK, NY 10020

(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?
16		65742	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MCGRIFF INSURANCE SERVICES LLC

3605 GLENWOOD AVENUE
SUITE 201
RALEIGH, NC 27612

(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?
16		60644	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BLACK & VEATCH MANAGEMENT CONSULTIN

6100 SPRINT PARKWAY
OVERLAND PARK, KS 66251

(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?
16		57855	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

BNY MELLON

04-1107280

(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?
21		57258	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BAKER AND MCKENZIE LLP

300 E RANDOLPH STREET
SUITE 5000
CHICAGO, IL 60601

(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?
29		48565	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MOSS ADAMS LLP

999 THIRD AVENUE
SUITE 2800
SEATTLE, WA 98104

(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?
16		36095	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

LEIDOS ENGINEERING LLC

1750 PRESIDENTS STREET
RESTON, VA 20190

(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?
16		34501	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

RSUM PREMIUM FUND

155 NORTH WACKER DRIVE
SUITE 4000
CHICAGO, IL 60606

(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?
16		34499	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BMO HARRIS

36-2085229

(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?
21		29190	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

OPERIS PROJECT FINANCE LIMITED

110 CANNON STREET
LONDON, ENGLAND EC4N 6EU GB

(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?
40		23669	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

RISE STRATEGY GROUP

400 N MAY STREET
CHICAGO, IL 60642

(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?
16		7853	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" 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.	OMB No. 1210-0110 <hr/> 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>ULLICO INFRASTRUCTURE TAX EXEMPT FUND LP</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ULLICO INVESTMENT ADVISORS INC</u>	D Employer Identification Number (EIN) <u>90-0622302</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

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)

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.)	
a	Plan name SOUTHERN ILLINOIS LABORERS ANNUITY FUND	
b	Name of plan sponsor TRUSTEES OF SOUTHERN ILLINOIS LABORERS AND EMPLOYEES ANNUITY FUND	c EIN-PN 37-1215679-001
a	Plan name EMPLOYERS' AND LABORERS' LOCALS 100 AND 397 PENSION PLAN	
b	Name of plan sponsor EMPLOYERS' AND LABORERS' LOCALS 100 AND 397 PENSION PLAN	c EIN-PN 37-6085017-001
a	Plan name CARPENTERS' PENSION TRUST FUND OF ST. LOUIS	
b	Name of plan sponsor TRUSTEES OF CARPENTERS BENEFIT PLAN OF ST. LOUIS	c EIN-PN 43-1622970-001
a	Plan name CONSTRUCTION LABORERS' PENSION TRUST FUND OF GREATER ST. LOUIS	
b	Name of plan sponsor CONSTRUCTION LABORERS' PENSION TRUST OF GREATER ST. LOUIS TRUSTEES	c EIN-PN 43-6142465-001
a	Plan name IRONWORKERS NATIONAL PENSION PLAN	
b	Name of plan sponsor IRONWORKERS NATIONAL PENSION PLAN BOARD OF TRUSTEES	c EIN-PN 52-6122274-001
a	Plan name CEMENT MASONS SOUTHERN CALIFORNIA PENSION TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES CEMENT MASONS SOUTHERN CALIFORNIA PENSION TRUST	c EIN-PN 95-3379185-001
a	Plan name NEW JERSEY BUILDING LABORERS STATEWIDE PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES NEW JERSEY BUILDING LABORERS STATEWIDE PENSION FUND	c EIN-PN 22-6077693-001
a	Plan name HEAVY AND GENERAL LABORERS, LOCALS 472 AND 172 NEW JERSEY PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES HEAVY & GENERAL LABORERS NEW JERSEY LOCAL UNIONS	c EIN-PN 22-6032103-001
a	Plan name WESTERN WASHINGTON LABORERS EMPLOYERS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES WEST WASH LABORERS EMPLOYERS PENSION TRUST FUND	c EIN-PN 91-6022315-001
a	Plan name CENTRAL LABORERS' PENSION FUND	
b	Name of plan sponsor CENTRAL LABORERS' PENSION FUND	c EIN-PN 37-6052379-001
a	Plan name EIGHTH DISTRICT ELECTRICAL PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES EIGHTH DISTRICT ELECTRICAL PENSION FUND	c EIN-PN 84-6100393-001
a	Plan name PIPEFITTERS LOCAL 537 PENSION FUND	
b	Name of plan sponsor PIPE & REFRIGERATION FITTERS LOCAL 537 PENSION FUND BOARD OF TRUSTEES	c EIN-PN 51-6030859-001

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.)	
a	Plan name CONSTRUCTION WORKERS PENSION TRUST FUND OF LAKE COUNTY, INDIANA & VICINITY	
b	Name of plan sponsor TRUSTEES OF CONSTRUCTION WORKERS - LAKE COUNTY PENSION	c EIN-PN 35-6030666-001
a	Plan name SOUTHERN CALIFORNIA IBEW-NECA PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES SOUTHERN CALIFORNIA IBEW-NECA	c EIN-PN 95-6392774-001
a	Plan name IBEW LOCAL NO 100 PENSION TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF IBEW LOCAL NO 100 PENSION TRUST FUND	c EIN-PN 94-6216336-001
a	Plan name I.B.E.W LOCAL UNION 481 DEFINED CONTRIBUTION PLAN & TRUST	
b	Name of plan sponsor I.B.E.W LOCAL UNION 481	c EIN-PN 35-1501496-003
a	Plan name CARPENTERS PENSION TRUST FUND - DETROIT & VICINITY	
b	Name of plan sponsor BOARD OF TRUSTEES OF CARPENTERS PENSION TRUST FUND DETROIT & VICINITY	c EIN-PN 38-6242188-001
a	Plan name OPERATING ENGINEERS PENSION TRUST FUND	
b	Name of plan sponsor JOINT BOARD OF TRUSTEES, OPERATING ENGINEERS PENSION TRUST	c EIN-PN 95-6032478-001
a	Plan name NATIONAL ELECTRICAL BENEFIT FUND	
b	Name of plan sponsor TRUSTEES OF THE NATIONAL ELECTRICAL BENEFIT FUND	c EIN-PN 53-0181657-001
a	Plan name INTERNATIONAL ASSOCIATION OF FULL-TIME SALARIED OFFICERS & EMPLOYEES OF OUTSIDE LOCAL UNIONS & DISTRICT COUNCILS PENSION PLAN	
b	Name of plan sponsor LOCAL UNIONS' AND DISTRICT COUNCILS' PENSION PLAN	c EIN-PN 52-6128563-002
a	Plan name INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL 282 PENSION TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF LOCAL 282 PENSION TRUST FUND	c EIN-PN 11-6245313-001
a	Plan name INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL 282 ANNUITY FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF LOCAL 282 ANNUITY TRUST FUND	c EIN-PN 11-6276104-002
a	Plan name UNITED ASSOCIATION NATIONAL PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND	c EIN-PN 52-6152779-001
a	Plan name SAN DIEGO ELECTRICAL PENSION TRUST	
b	Name of plan sponsor SAN DIEGO ELECTRICAL PENSION TRUST	c EIN-PN 95-6101801-001

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.)		
a	Plan name MINNESOTA & NORTH DAKOTA BRICKLAYERS & ALLIED CRAFTWORKERS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES MINNESOTA AND NORTH DAKOTA BRICKLAYERS & ALLIED CRAF	c EIN-PN 51-6029930-001
a	Plan name OREGON LABORERS-EMPLOYERS PENSION PLAN AND TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES OF OREGON LABORERS-EMPLOYERS PENSION PLAN	c EIN-PN 93-6075363-001
a	Plan name NATIONAL ROOFING INDUSTRY PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF NATIONAL ROOFING INDUSTRY PENSION PLAN	c EIN-PN 36-6157071-001
a	Plan name LOCAL NO. ONE IATSE PENSION FUND	
b	Name of plan sponsor LOCAL NO. ONE IATSE PENSION FUND	c EIN-PN 13-6414973-001
a	Plan name EDISON PENSION TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES EDISON PENSION TRUST	c EIN-PN 93-6061681-001
a	Plan name IBEW LOCAL UNION 357 PENSION TRUST FUND PLAN A	
b	Name of plan sponsor IBEW BOARD OF TRUSTEES LOCAL UNION 357 PENSION TRUST FUND PLAN A	c EIN-PN 88-6023284-001
a	Plan name GREATER KANSAS CITY LABORERS PENSION FUND	
b	Name of plan sponsor GREATER KANSAS CITY LABORERS PENSION FUND	c EIN-PN 43-6141953-001
a	Plan name LABORERS LOCAL 17 PENSION FUND	
b	Name of plan sponsor LABORERS INTERNATIONAL UNION OF NA LOCAL 17 PENSION FUND	c EIN-PN 14-6025196-001
a	Plan name SOLANO-NAPA COUNTIES ELECTRICAL WORKERS PENSION TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES SOLANO-NAPA COUNTIES ELECTRICAL WORKERS PENSION TRUS	c EIN-PN 94-6220673-001
a	Plan name INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES INDUSTRY PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES INTERNATIONAL UNION OF PAINTERS & ALLIED TRADES PENS	c EIN-PN 52-6073909-001
a	Plan name NORTHERN CALIFORNIA PIPE TRADES PENSION TRUST	
b	Name of plan sponsor NORTHERN CALIFORNIA PIPE TRADES PENSION TRUST	c EIN-PN 94-3190386-001
a	Plan name LABORERS LOCAL 231 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES LABORERS LOCAL 231 PENSION PLAN	c EIN-PN 37-6040563-001

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.)			
a	Plan name	NECA-IBEW WELFARE TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES NECA-IBEW WELFARE TRUST FUND	c EIN-PN 37-0738564-501
a	Plan name	LABORERS NATIONAL PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES LABORERS NATIONAL PENSION FUND	c EIN-PN 75-1280827-001
a	Plan name	OPERATING ENGINEERS' LOCAL 324 PENSION PLAN	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES OPERATING ENGINEERS' LOCAL 324 PENSION PLAN	c EIN-PN 38-1900637-001
a	Plan name	INDIANA LABORERS PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES INDIANA LABORERS PENSION FUND	c EIN-PN 35-6027150-001
a	Plan name	MICHIGAN CARPENTERS PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES MICHIGAN CARPENTERS PENSION FUND	c EIN-PN 38-6233978-001
a	Plan name	EMPLOYERS AND CEMENT MASONS LOCAL 90 PENSION FUND	
b	Name of plan sponsor	EMPLOYERS AND CEMENT MASONS LOCAL 90 PENSION FUND	c EIN-PN 37-6060397-001
a	Plan name	32 BJ SCHOOL WORKERS PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES 32 BJ SCHOOL WORKERS PENSION FUND	c EIN-PN 13-1957585-001
a	Plan name	BRICKLAYERS & ALLIED CRAFTSMEN LOCAL UNION 15 PENSION FUND	
b	Name of plan sponsor	BOT BRICKLAYERS & ALLIED CRAFTSMEN LOCAL UNION 15 PENSION FUND	c EIN-PN 43-6102453-001
a	Plan name	UA LOCAL 159 DEFINED BENEFIT PLAN	
b	Name of plan sponsor	UA LOCAL 159 PENSION TRUST	c EIN-PN 94-2859426-001
a	Plan name	LOCAL UNION 513 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF PENSION FUND OF OPERATING ENGINEERS LOCAL UNION 5	c EIN-PN 43-0827344-001
a	Plan name	MIDWEST OPERATING ENGINEERS PENSION TRUST FUND	
b	Name of plan sponsor	TRUSTEES OF THE MIDWEST OPERATING ENGINEERS PENSION TRUST FUND	c EIN-PN 36-6140097-001
a	Plan name	UFCW- NORTHERN CALIFORNIA EMPLOYERS JOINT PENSION TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES UFCW- NORTHERN CALIFORNIA EMPLOYERS JOINT PENSION TR	c EIN-PN 94-6313554-001

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.)			
a	Plan name	NECA-IBEW PENSION TRUST FUND	
b	Name of plan sponsor	NECA-IBEW PENSION TRUST FUND	c EIN-PN 51-6029903-001
a	Plan name	ROOFERS AND WATERPROOFERS LOCAL NO. 44 PENSION FUND	
b	Name of plan sponsor	UNION OF ROOFERS AND WATERPROOFERS AND ALLIED WORKERS LOCAL NO.44 PENS	c EIN-PN 34-6611397-001
a	Plan name	CEMENT MASONS LOCAL UNION 780 PENSION PLAN	
b	Name of plan sponsor	CEMENT MASONS LOCAL UNION 780 PENSION PLAN	c EIN-PN 13-1626710-001
a	Plan name	PAVERS AND ROAD BUILDERS DISTRICT COUNCIL PENSION FUND	
b	Name of plan sponsor	PAVERS AND ROAD BUILDERS DISTRICT COUNCIL PENSION FUND	c EIN-PN 13-1990171-074
a	Plan name	ELECTRICAL CONTRACTORS' ASSOCIATION & LOCAL UNION 134 IBEW JOINT PENSION TRUST OF CHICAGO	
b	Name of plan sponsor	BOARD OF TRUSTEES ELECTRICAL CONTRACTORS' ASSOCIATION & LOCAL UNION 13	c EIN-PN 51-6030753-001
a	Plan name	PLUMBERS' PENSION FUND LOCAL 130 UA	
b	Name of plan sponsor	TRUSTEES OF THE PLUMBERS' PENSION FUND LOCAL 130 UA	c EIN-PN 36-6489579-001
a	Plan name	INDIANA LABORERS WELFARE FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES INDIANA LABORERS WELFARE FUND	c EIN-PN 35-0923209-501
a	Plan name	CEMENT AND CONCRETE WORKERS DISTRICT COUNCIL PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES CEMENT AND CONCRETE WORKERS DISTRICT COUNCIL PENSION	c EIN-PN 13-5629824-001
a	Plan name	BRICK MASONS' PENSION TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE BRICK MASONS' PENSION TRUST FUND	c EIN-PN 95-6093333-001
a	Plan name	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 99 ANNUITY FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKE	c EIN-PN 05-6049537-002
a	Plan name	KANSAS CITY CEMENT MASONS PENSION FUND	
b	Name of plan sponsor	KANSAS CITY CEMENT MASONS PENSION FUND	c EIN-PN 43-6098247-001
a	Plan name	BUILDING TRADES UNITED PENSION TRUST FUND - MILWAUKEE AND VICINITY	
b	Name of plan sponsor	BUILDING TRADES UNITED PENSION TRUST FUND - MILWAUKEE AND VICINITY	c EIN-PN 51-6049409-001

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.)	
a	Plan name BRICKLAYERS AND TROWEL TRADES INTERNATIONAL PENSION FUND	
b	Name of plan sponsor BRICKLAYERS AND TROWEL TRADES INTERNATIONAL PENSION FUND	c EIN-PN 52-6127745-001
a	Plan name ARIZONA SHEET METAL PENSION TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES ARIZONA SHEET METAL PENSION TRUST FUND	c EIN-PN 86-6069718-001
a	Plan name IBEW PENSION BENEFIT FUND	
b	Name of plan sponsor IBEW PENSION BENEFIT FUND	c EIN-PN 53-0088380-001
a	Plan name UNION ELECTRICAL INDUSTRY MASTER TRUST	
b	Name of plan sponsor INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS	c EIN-PN 41-6511223-004
a	Plan name STEAMFITTERS' INDUSTRY PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES STEAMFITTERS' INDUSTRY PENSION FUND	c EIN-PN 13-6149680-001
a	Plan name STEAMFITTERS' INDUSTRY SECURITY BENEFIT FUND	
b	Name of plan sponsor STEAMFITTERS' INDUSTRY SECURITY BENEFIT FUND BOARD OF TRUSTEES	c EIN-PN 13-6149681-504
a	Plan name METAL TRADES BRANCH LOCAL 638 PENSION FUND	
b	Name of plan sponsor METAL TRADES BRANCH LOCAL 638 PENSION FUND	c EIN-PN 13-2541630-001
a	Plan name IBEW LOCAL 43 & ELECTRICAL CONTRACTORS PENSION FUND	
b	Name of plan sponsor IBEW LOCAL 43 & ELECTRICAL CONTRACTORS PENSION FUND	c EIN-PN 16-6153389-001
a	Plan name PLUMBERS & STEAMFITTERS LOCAL 267 PENSION FUND	
b	Name of plan sponsor PLUMBERS 267 PENSION FUND	c EIN-PN 15-0347955-001
a	Plan name BOILERMAKERS NATIONAL HEALTH & WELFARE FUND	
b	Name of plan sponsor BOARD OF TRUSTEES BOILERMAKERS NATIONAL HEALTH & WELFARE FUND	c EIN-PN 36-6090694-501
a	Plan name IBEW LOCAL NO. 640 & ARIZONA CHAPTER NECA DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES IBEW LOCAL NO. 640	c EIN-PN 86-0323980-001
a	Plan name IRON WORKERS LOCALS #15 AND #424 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES IRON WORKERS LOCALS #15 AND #424 PENSION FUND	c EIN-PN 06-6077019-001

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.)	
a	Plan name NEW ENGLAND TEAMSTERS & TRUCKING INDUSTRY PENSION FUND	
b	Name of plan sponsor NEW ENGLAND TEAMSTERS & TRUCKING INDUSTRY PENSION FUND	c EIN-PN 04-6372430-001
a	Plan name CEMENT MASONS' LOCAL 502 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES CEMENT MASONS' PENSION FUND	c EIN-PN 51-6034597-001
a	Plan name LABORERS DISTRICT COUNCIL & CONTRACTORS PENSION FUND OF OHIO	
b	Name of plan sponsor BOARD OF TRUSTEES LABORERS DISTRICT COUNCIL & CONTRACTORS PENSION FUND	c EIN-PN 31-6129964-001
a	Plan name MICHIGAN LABORERS' PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES MICHIGAN LABORERS' PENSION FUND	c EIN-PN 38-6233976-001
a	Plan name LABORERS LOCAL 1298 OF NASSAU & SUFFOLK COUNTIES PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES LOCAL 1298 PENSION FUND	c EIN-PN 11-1970385-001
a	Plan name JACKSONVILLE PLUMBERS AND PIPEFITTERS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES JACKSONVILLE PLUMBERS AND PIPEFITTERS PENSION FUND	c EIN-PN 59-6168181-001
a	Plan name STEAMFITTERS LOCAL 475 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES PENSION PLAN OF STEAMFITTERS PENSION FUND LOCAL 475	c EIN-PN 22-6029738-001
a	Plan name PIPEFITTERS LOCAL 274 PENSION FUND	
b	Name of plan sponsor PLUMBERS & PIPEFITTING IND AFL	c EIN-PN 22-1665268-001
a	Plan name PIPEFITTERS LOCAL 274 ANNUITY FUND	
b	Name of plan sponsor PLUMBERS & PIPEFITTING IND AFL	c EIN-PN 22-2361111-002
a	Plan name REFRIGERATION AND AIR CONDITIONING DIVISION (U.A. - N.J.) PENSION FUND	
b	Name of plan sponsor REFRIGERATION AND AIR CONDITIONING DIVISION (U.A. - N.J.) PENSION FUND	c EIN-PN 22-6109064-001
a	Plan name CONNECTICUT LABORERS' PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES CONNECTICUT LABORERS' PENSION FUND	c EIN-PN 06-6044348-001
a	Plan name IBEW LOCAL NO. 952 VENTURA DIVISION LOS ANGELES COUNTY NECA PENSION TRUST FUND	
b	Name of plan sponsor IBEW LOCAL NO. 952 VENTURA DIVISION LOS ANGELES COUNTY NECA PENSION TR	c EIN-PN 95-6397996-001

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.)			
a	Plan name	HEAT AND FROST INSULATORS LOCAL 12 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES PENSION FUND OF HEAT AND FROST INSULATORS LOCAL 12	c EIN-PN 51-6045262-002
a	Plan name	LOCAL NO. 41 IBEW PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES LOCAL NO. 41 IBEW PENSION PLAN	c EIN-PN 16-0851799-001
a	Plan name	IRONWORKERS' LOCAL 580 PENSION FUND	
b	Name of plan sponsor	LOCAL 580 PENSION FUND	c EIN-PN 13-6178514-001
a	Plan name	UNITED ASSOCIATION LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND	
b	Name of plan sponsor	UNITED ASSOCIATION LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND	c EIN-PN 52-1178032-333
a	Plan name	UNITED ASSOCIATION GENERAL OFFICERS & EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	UNITED ASSOCIATION OF JOURNEYMEN AND APPRENTICES	c EIN-PN 53-0159020-003
a	Plan name	IBEW LOCAL 684 PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES IBEW LOCAL 684 PENSION PLAN	c EIN-PN 94-6442909-001
a	Plan name	METAL LATHERS' LOCAL 46 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF METAL LATHERS' LOCAL 46 PENSION FUND	c EIN-PN 13-6106419-001
a	Plan name	PLUMBERS AND STEAMFITTERS LOCAL 21 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 21 PENSION FUND	c EIN-PN 13-1847042-001
a	Plan name	SOUTHEASTERN CARPENTERS AND MILLWRIGHTS' PENSION PLAN	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES SOUTHEASTERN CARPENTERS AND MILLWRIGHTS' PENSION PLAN	c EIN-PN 58-6080306-001
a	Plan name	WESTERN GLAZIERS' RETIREMENT PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES WESTERN GLAZIERS' RETIREMENT PLAN	c EIN-PN 91-6050587-001
a	Plan name	WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND	
b	Name of plan sponsor	WAREHOUSE EMPLOYEES LOCAL NO. 570	c EIN-PN 52-6048848-001
a	Plan name	IRON WORKERS MID-SOUTH PENSION FUND	
b	Name of plan sponsor	TRUSTEES - IRON WORKERS MID-SOUTH PENSION FUND	c EIN-PN 72-6032179-001

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.)	
a	Plan name INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION LOCAL 710 PENSION FUND	
b	Name of plan sponsor TRUSTEES INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION LOCAL 710 PENSIO	c EIN-PN 36-2377656-001
a	Plan name OPERATIVE PLASTERERS AND CEMENT MASONS' LOCAL NO. 109 PENSION PLAN	
b	Name of plan sponsor PLASTERERS AND CEMENT MASONS' LOCAL NO. 109 PENSION PLAN	c EIN-PN 34-6622619-001
a	Plan name SHEET METAL WORKERS LOCAL UNION NO. 28 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES SHEET METAL WORKERS LOCAL UNION NO. 28 PENSION FUND	c EIN-PN 11-2480671-001
a	Plan name CHICAGO & VICINITY LABORERS' DISTRICT COUNCIL PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES CHICAGO & VICINITY LABORERS' DISTRICT COUNCIL PENSIO	c EIN-PN 36-2514514-002
a	Plan name CHICAGO LABORERS' DISTRICT COUNCIL RETIREE HEALTH AND WELFARE FUND	
b	Name of plan sponsor BOARD OF TRUSTEES CHICAGO LABORERS' DISTRICT COUNCIL RETIREE HEALTH AN	c EIN-PN 46-5243652-501
a	Plan name CHICAGO & VICINITY LABORERS' DISTRICT COUNCIL HEALTH & WELFARE FUND	
b	Name of plan sponsor TRUSTEES CHICAGO & VICINITY LABORERS' DISTRICT COUNCIL HEALTH & WELFAR	c EIN-PN 36-2151212-501
a	Plan name NEW ENGLAND HEALTH CARE EMPLOYEES' PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES NEW ENGLAND HEALTH CARE EMPLOYEES' PENSION FUND	c EIN-PN 22-3071963-001
a	Plan name ELECTRICAL WORKERS LOCAL 292 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES ELECTRICAL WORKERS LOCAL 292 PENSION PLAN	c EIN-PN 41-6035616-001
a	Plan name RETAIL WHOLESALE & DEPARTMENT STORE INTERNATIONAL UNION AND INDUSTRY PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES RETAIL OF WHOLESALE & DEPARTMENT STORE INTERNATIONAL	c EIN-PN 63-0708442-001
a	Plan name TEAMSTERS AFFILIATES PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES RETAIL TEAMSTERS AFFILIATES PENSION PLAN	c EIN-PN 52-6128127-333
a	Plan name PAINTING INDUSTRY ANNUITY FUND	
b	Name of plan sponsor BOARD OF TRUSTEES PAINTING INDUSTRY ANNUITY FUND	c EIN-PN 51-6049898-001
a	Plan name PAINTING INDUSTRY INSURANCE FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF PAINTING INDUSTRY INSURANCE FUND	c EIN-PN 13-5600369-501

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.)		
a	Plan name	MO-KAN TEAMSTERS PENSION FUND
b	Name of plan sponsor	MO-KAN TEAMSTERS PENSION FUND
c	EIN-PN	43-6142288-001
a	Plan name	INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS & ALLIED WORKERS LOCAL 78 PENSION PLAN
b	Name of plan sponsor	INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS & ALLIED WORKERS
c	EIN-PN	63-0732852-002
a	Plan name	CEMENT MASONS LOCAL UNION NO 886/404 PENSION PLAN
b	Name of plan sponsor	CEMENT MASONS LOCAL UNION NO 886/404 PENSION PLAN BOARD OF TRUSTEES
c	EIN-PN	34-1290577-001
a	Plan name	OPERATING ENGINEERS CONSTRUCTION INDUSTRY MISCELLANEOUS PENSION FUND
b	Name of plan sponsor	BOARD OF TRUSTEES OPERATING ENGINEERS CONSTRUCTION INDUSTRY MISCELLANE
c	EIN-PN	25-6135579-001
a	Plan name	MILLWRIGHTS AND MACHINE ERECTORS LOCAL 1192 DEFINED CONTRIBUTION PENSION PLAN
b	Name of plan sponsor	MILLWRIGHTS AND MACHINE ERECTORS LOCAL 1192 DEFINED CONTRIBUTION PENSI
c	EIN-PN	63-0935670-001
a	Plan name	MID-SOUTH REGIONAL COUNCIL LOCAL 318 MONEY PURCHASE PENSION TRUST
b	Name of plan sponsor	MID-SOUTH REGIONAL COUNCIL LOCAL 318 MONEY PURCHASE PENSION TRUST
c	EIN-PN	63-0875713-001
a	Plan name	CENTRAL LABORERS ANNUITY FUND
b	Name of plan sponsor	BOARD OF TRUSTEES CENTRAL LABORERS ANNUITY FUND
c	EIN-PN	37-6052379-002
a	Plan name	MASON TENDERS DISTRICT COUNCIL PENSION FUND
b	Name of plan sponsor	BOARD OF TRUSTEES MASON TENDERS DISTRICT COUNCIL PENSION FUND
c	EIN-PN	13-6190433-074
a	Plan name	NECA-IBEW FAMILY MEDICAL CARE TRUST FUND
b	Name of plan sponsor	BOARD OF TRUSTEES NECA-IBEW FAMILY MEDICAL CARE TRUST FUND
c	EIN-PN	75-3198514-501
a	Plan name	CARPENTERS' PENSION TRUST FUND OF KANSAS CITY
b	Name of plan sponsor	CARPENTERS' PENSION TRUST FUND OF KANSAS CITY
c	EIN-PN	43-6108379-001
a	Plan name	PIPE TRADES SERVICES MN PENSION FUND
b	Name of plan sponsor	BOARD OF TRUSTEES PIPE TRADES SERVICES MN PENSION FUND
c	EIN-PN	41-1539354-002
a	Plan name	PACIFIC COAST ROOFERS PENSION FUND
b	Name of plan sponsor	BOARD OF TRUSTEES PACIFIC COAST ROOFERS PENSION FUND
c	EIN-PN	94-6051377-001

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.)	
a	Plan name ASBESTOS WORKERS LOCAL 2 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES ASBESTOS WORKERS LOCAL 2 PENSION FUND	c EIN-PN 23-6030054-001
a	Plan name LOCAL 191 IBEW MONEY PURCHASE PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES LOCAL 191 IBEW MONEY PURCHASE PLAN	c EIN-PN 91-1176302-002
a	Plan name LIUNA STAFF & AFFILIATES PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES LIUNA STAFF & AFFILIATES PENSION FUND	c EIN-PN 52-0743575-001
a	Plan name LIUNA NATIONAL INDUSTRIAL PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES LIUNA NATIONAL INDUSTRIAL PENSION FUND	c EIN-PN 52-6074345-001
a	Plan name OPERATIVE PLASTERERS & CEMENT MASONS PROFIT SHARING ANNUITY PLAN	
b	Name of plan sponsor OPERATIVE PLASTERERS & CEMENT MASONS - TRUSTEES	c EIN-PN 34-1736454-001
a	Plan name PLUMBERS LOCAL UNION NO 17 PENSION PLAN	
b	Name of plan sponsor JOINT BOARD OF TRUSTEES PLUMBERS LOCAL UNION NO 17 PENSION PLAN	c EIN-PN 62-6104660-001
a	Plan name LOCAL UNION NO 9 IBEW AND OUTSIDE CONTRACTORS PENSION FUND	
b	Name of plan sponsor TRUSTEES OF LOCAL UNION NO 9 IBEW AND OUTSIDE CONTRACTORS PENSION FUND	c EIN-PN 51-6077720-001
a	Plan name AFL-CIO STAFF RETIREMENT PLAN	
b	Name of plan sponsor AFL-CIO STAFF RETIREMENT PLAN CONGRESS OF INDUSTRIAL ORGANIZATIONS	c EIN-PN 53-0228172-001
a	Plan name MARBLE INDUSTRY PENSION TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES MARBLE INDUSTRY PENSION TRUST FUND	c EIN-PN 13-2967109-075
a	Plan name MARBLE INDUSTRY ANNUITY TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES MARBLE INDUSTRY ANNUITY TRUST FUND	c EIN-PN 13-2967109-074
a	Plan name LOCAL 7 TILE INDUSTRY ANNUITY FUND	
b	Name of plan sponsor TMT BAC LOCAL UNION 7	c EIN-PN 38-6829765-001
a	Plan name TILE LAYERS UNION LOCAL 52 NY PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES TILE LAYERS UNION LOCAL 52 NY PENSION FUND	c EIN-PN 13-5635004-001

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.)			
a	Plan name	IDAHO PLUMBERS AND PIPEFITTERS PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES IDAHO PLUMBERS AND PIPEFITTERS PENSION PLAN	c EIN-PN 82-6010346-001
a	Plan name	IRON WORKERS ST LOUIS DISTRICT COUNCIL PENSION TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES IRON WORKERS ST LOUIS DISTRICT COUNCIL PENSION TRUST	c EIN-PN 43-6052659-001
a	Plan name	INDIANA STATE COUNCIL OF ROOFERS TRUST FOR HEALTH & WELFARE	
b	Name of plan sponsor	INDIANA STATE COUNCIL OF ROOFERS TRUST FOR HEALTH & WELFARE	c EIN-PN 23-7067814-501
a	Plan name	INTERMOUNTAIN IRONWORKERS PENSION TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES INTERMOUNTAIN IRONWORKERS PENSION TRUST	c EIN-PN 87-6124266-001
a	Plan name	SHEET METAL WORKERS LOCAL 98 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES SHEET METAL WORKERS LOCAL 98 PENSION FUND	c EIN-PN 31-6171213-001
a	Plan name	MINNESOTA & NORTH DAKOTA BRICKLAYERS & ALLIED CRAFTWORKERS HEALTH FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES MINNESOTA & NORTH DAKOTA BRICKLAYERS & ALLIED CRAFTW	c EIN-PN 41-6023461-501
a	Plan name	IRON WORKERS LOCAL NO. 25 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES IRON WORKERS LOCAL NO. 25 PENSION FUND	c EIN-PN 38-6056780-001
a	Plan name	OREGON-WASHINGTON CARPENTERS-EMPLOYERS PENSION TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OREGON-WASHINGTON CARPENTERS-EMPLOYERS PENSION TRUST	c EIN-PN 51-6077555-001
a	Plan name	MECHANICAL CONTRACTORS UA LOCAL 119 PENSION PLAN	
b	Name of plan sponsor	MECHANICAL CONTRACTORS UA LOCAL 119 PENSION PLAN	c EIN-PN 63-6055121-001
a	Plan name	LOCAL 1205 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES LOCAL 1205 PENSION FUND	c EIN-PN 11-1880353-001
a	Plan name	IBEW LOCAL 129 PENSION FUND	
b	Name of plan sponsor	IBEW LOCAL 129	c EIN-PN 34-6701406-001
a	Plan name	IBEW LOCAL 505 NECA PENSION PLAN	
b	Name of plan sponsor	IBEW LOCAL 505 NECA PENSION PLAN	c EIN-PN 51-0176914-001

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.)			
a	Plan name	ELEVATOR DIVISION RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES ELEVATOR DIVISION RETIREMENT BENEFIT PLAN	c EIN-PN 13-3523453-001
a	Plan name	IRON WORKERS MID-AMERICA PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES IRON WORKERS MID-AMERICA PENSION PLAN	c EIN-PN 36-6488227-001
a	Plan name	CHICAGO PAINTERS AND DECORATORS PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF CHICAGO PAINTERS AND DECORATORS PENSION FUND	c EIN-PN 51-6030238-001
a	Plan name	CHICAGO PAINTERS AND DECORATORS WELFARE FUND	
b	Name of plan sponsor	TRUSTEES CHICAGO PAINTERS AND DECORATORS RETIREE WELFARE FUND	c EIN-PN 90-1034518-501
a	Plan name	PAINTERS AND ALLIED TRADES DISTRICT COUNCIL NO 35 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES PDC PENSION FUND	c EIN-PN 04-6043807-001
a	Plan name	PAINTERS AND ALLIED TRADES DISTRICT COUNCIL NO 35 ANNUITY FUND	
b	Name of plan sponsor	PAINTERS ANNUITY COUNCIL NO. 35 ANNUITY FUND	c EIN-PN 22-2489316-001
a	Plan name	TEAMSTERS BENEFIT TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES TEAMSTERS BENEFIT TRUST	c EIN-PN 94-2848389-501
a	Plan name	MASSACHUSETTS LABORERS' PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES MASSACHUSETTS LABORERS' PENSION FUND	c EIN-PN 04-6128298-001
a	Plan name	MASSACHUSETTS LABORERS' ANNUITY FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES MASSACHUSETTS LABORERS' ANNUITY FUND	c EIN-PN 04-6553616-001
a	Plan name	IUOE EMPLOYERS CONSTRUCTION INDUSTRY RETIREMENT FUND LOCALS 302 & 612	
b	Name of plan sponsor	TRUSTEES OF LOCALS 302 & 612 OF IUOE EMPLOYERS CONSTRUCTION INDUSTRY R	c EIN-PN 91-6028571-001
a	Plan name	MANAGEMENT-ILA MANAGED HEALTH CARE TRUST FUND	
b	Name of plan sponsor	MANAGEMENT-ILA MANAGED HEALTH CARE	c EIN-PN 13-3968546-501
a	Plan name	IBEW LOCAL 25 RETIREMENT FUND MASTER TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES IBEW LOCAL 25 RETIREMENT FUND MASTER TRUST	c EIN-PN 90-1065945-001

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.)			
a	Plan name	IBEW LOCAL NO 32 - NECA PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES IBEW LOCAL NO 32 - NECA PENSION PLAN	c EIN-PN 31-6152294-001
a	Plan name	IBEW LOCAL UNION NO 716 PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES IBEW LOCAL UNION NO 716 PENSION PLAN	c EIN-PN 74-6174676-001
a	Plan name	IRON WORKERS LOCAL NO 5 & IWEA EMPLOYEES PENSION TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES IRON WORKERS LOCAL NO 5 & IWEA EMPLOYEES PENSION TRU	c EIN-PN 52-1075473-001
a	Plan name	DESERT STATE EMPLOYERS & UFCW UNIONS PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES DESERT STATE EMPLOYERS & UFCW UNIONS PENSION PLAN	c EIN-PN 84-6277982-001
a	Plan name	PLUMBERS AND STEAMFITTERS LOCAL 486 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 486 PENSION FUND	c EIN-PN 52-6124449-001
a	Plan name	SHEET METAL AIR RAIL & TRANSPORTATION ASSOCIATION LU NO. 33 YOUNGSTOWN DISTRICT PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES SHEET METAL AIR RAIL & TRANSPORTATION ASSOCIATION LU	c EIN-PN 34-1939172-001
a	Plan name	UNION INDIVIDUAL RETIREMENT ACCOUNT (UNION ANNUITY FUND)	
b	Name of plan sponsor	BOARD OF TRUSTEES UNION INDIVIDUAL ACCOUNT RETIREMENT FUND	c EIN-PN 39-1318667-002
a	Plan name	WISCONSIN LABORERS PENSION FUND	
b	Name of plan sponsor	TRUSTEES OF WISCONSIN LABORERS' PENSION FUND	c EIN-PN 39-6198530-001
a	Plan name	WISCONSIN LABORERS' HEALTH & WELFARE FUND	
b	Name of plan sponsor	TRUSTEES OF WISCONSIN LABORERS' HEALTH FUND	c EIN-PN 23-7009055-501
a	Plan name	OPERATING ENGINEERS LOCAL 649 ANNUITY TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OPERATING ENGINEERS LOCAL 649 ANNUITY TRUST FUND	c EIN-PN 37-1291915-001
a	Plan name	ELECTRICAL WORKERS PENSION FUND LOCAL 103 I.B.E.W.	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES ELECTRICAL WORKERS PENSION FUND LOCAL 103 I.B.	c EIN-PN 04-6063734-001
a	Plan name	NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND	
b	Name of plan sponsor	NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND	c EIN-PN 13-1567895-501

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.)	
a	Plan name ENGINEERS-AGC RETIREMENT TRUST OF THE INLAND EMPIRE	
b	Name of plan sponsor BOARD OF TRUSTEES ENGINEERS AGC PENSION PLAN FUND	c EIN-PN 91-6070237-001
a	Plan name SEIU LOCAL NO 1 PENSION TRUST FUND	
b	Name of plan sponsor TRUSTEES OF LOCAL 1 PENSION FUND	c EIN-PN 51-6055057-001
a	Plan name AIR CONDITIONING AND REFRIGERATION INDUSTRY RETIREMENT TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES AIR CONDITIONING AND REFRIGERATION	c EIN-PN 95-6035386-001
a	Plan name CONSTRUCTION INDUSTRY LABORERS PENSION FUND	
b	Name of plan sponsor CONSTRUCTION INDUSTRY LABORERS PENSION FUND	c EIN-PN 43-6060737-001
a	Plan name UTILITY WORKERS' UNION OF AMERICA NATIONAL HEALTH AND WELFARE FUND	
b	Name of plan sponsor TRUSTEES UTILITY WORKERS' UNION OF AMERICA NATIONAL HEALTH AND WELFARE	c EIN-PN 20-0027580-501
a	Plan name ARIZONA PIPE TRADES PENSION TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES ARIZONA PIPE TRADES PENSION PLAN	c EIN-PN 86-6025734-001
a	Plan name WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND	
b	Name of plan sponsor WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF TRUSTEES	c EIN-PN 91-6145047-001
a	Plan name SHEET METAL WORKERS LOCAL 218 (C) PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES SHEET METAL WORKERS LOCAL 218 (C) PENSION FUND	c EIN-PN 37-6083535-001
a	Plan name UNITED PARCEL SERVICES INC. LOCAL 177 IBT MULTI-EMPLOYER RETIREMENT PLAN	
b	Name of plan sponsor TRUSTEES UNITED PARCEL SERVICES INC. LOCAL 177 IBT MULTI-EMPLOYER RETI	c EIN-PN 13-1426500-419
a	Plan name KERN COUNTY ELECTRICAL WORKERS PENSION FUND	
b	Name of plan sponsor JOINT BOARD OF TRUSTEES KERN COUNTY ELECTRICAL WORKERS PENSION FUND	c EIN-PN 95-6123049-001
a	Plan name MCASF LOCAL 725 PENSION TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES ACRA LOCAL 725 PENSION PLAN	c EIN-PN 59-6123621-001
a	Plan name MCASF LOCAL 725 DEFINED CONTRIBUTION RETIREMENT TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES ACRA LOCAL 725 DEFINED CONTRIBUTION RETIREMENT PLAN	c EIN-PN 58-2490173-003

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.)			
a	Plan name	RETAIL FOOD EMPLOYEES & UFCW LOCAL 711 PENSION TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES RETAIL FOOD EMPLOYEES & UFCW LOCAL 711 PENSION TRUST	c EIN-PN 51-6031512-001
a	Plan name	SHEET METAL WORKERS LOCAL #218 (S) PENSION FUND	
b	Name of plan sponsor	SHEET METAL WORKERS LOCAL #218 (S) PENSION FUND	c EIN-PN 37-0843480-001
a	Plan name	TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND - RETIRED PLAN	
b	Name of plan sponsor	TEAMSTERS WESTERN REGION AND NEW JERSEY HEALTH CARE FUND	c EIN-PN 86-6052021-502
a	Plan name	PLUMBERS AND STEAMFITTERS LOCAL 137 PENSION FUND	
b	Name of plan sponsor	PLUMBERS AND STEAMFITTERS LOCAL 137 PENSION FUND BOARD OF TRUSTEES	c EIN-PN 36-6136791-001
a	Plan name	PIPE TRADES DISTRICT COUNCIL NO 36 PENSION TRUST	
b	Name of plan sponsor	BOARD OF TUSTEES PIPE TRADES DISTRICT COUNCIL NO 36 PENSION TRUST	c EIN-PN 94-6082956-001
a	Plan name	PENSION PLAN FOR UNION LOCAL NO 527 OF THE OPERATIVE PLASTERERS & CEMENT MASONS	
b	Name of plan sponsor	OPERATIVE PLASTERERS & CEMENT MASONS LOCAL 527 PENSION TRUST	c EIN-PN 51-0179270-001
a	Plan name	OPCMIA LOCAL 262 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OP PLASTERERS AND CEMENT MASONS LOCAL 262 PENSION FU	c EIN-PN 13-6369468-001
a	Plan name	CMTA-GMPP LOCAL 164B PENSION TRUST	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES CMTA-GMPP AND ALLIED WORKERS LOCAL 164B PENSIO	c EIN-PN 94-6129501-001
a	Plan name	IBEW LOCAL UNION 98 PENSION TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES IBEW LOCAL UNION 98 PENSION TRUST FUND	c EIN-PN 23-1990722-001
a	Plan name	IBEW LOCAL UNION 98 ZONE 2 PENSION TRUST FUND	
b	Name of plan sponsor	IBEW LOCAL UNION 98	c EIN-PN 23-6583334-001
a	Plan name	LOCAL UNION 903 PENSION PLAN	
b	Name of plan sponsor	LOCAL UNION 903 PENSION PLAN	c EIN-PN 64-6151461-001
a	Plan name	PIPE TRADES DISTRICT COUNCIL NO 36 PENSION TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES PIPE TRADES DISTRICT COUNCIL NO 36 PENSION TRUST	c EIN-PN 94-6082956-001

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.)			
a	Plan name	IBEW LOCAL NO 540 PENSION FUND	
b	Name of plan sponsor	IBEW LOCAL NO 540 PENSION FUND	c EIN-PN 34-6701444-001
a	Plan name	PENSION FUND UNITED SCENIC ARTISTS LOCAL 829	
b	Name of plan sponsor	BOARD OF TRUSTEES PENSION FUND	c EIN-PN 13-1982707-001
a	Plan name	HEAT AND FROST INSULATORS LOCAL NO. 33 PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES HEAT AND FROST INSULATORS LOCAL NO. 33 PENSION PLAN	c EIN-PN 51-6090208-001
a	Plan name	PLUMBERS & PIPEFITTERS UA LOCAL UNION 85 PENSION PLAN	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES PLUMBERS & PIPEFITTERS UA LOCAL UNION 85 PENSION PLAN	c EIN-PN 38-1752138-001
a	Plan name	LABORERS PENSION TRUST FUND - DETROIT AND VICINITY	
b	Name of plan sponsor	BOARD OF TRUSTEES LABORERS PENSION TRUST FUND - DETROIT AND VICINITY	c EIN-PN 51-6030973-001
a	Plan name	ALASKA UNITED FOOD AND COMMERCIAL WORKERS PENSION FUND	
b	Name of plan sponsor	ALASKA UNITED FOOD AND COMMERCIAL WORKERS PENSION FUND BOARD OF TRUSTEES	c EIN-PN 91-6123694-001
a	Plan name	BOILERMAKERS-BLACKSMITH NATIONAL PENSION TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES BOILERMAKERS-BLACKSMITH NATIONAL PENSION TRUST	c EIN-PN 48-6168020-001
a	Plan name	HAWAII LONGSHORE PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF HAWAII LONGSHORE PENSION PLAN	c EIN-PN 99-0314293-001
a	Plan name	NATIONAL ELECTRICAL ANNUITY PLAN	
b	Name of plan sponsor	TRUSTEES OF THE NATIONAL ELECTRICAL ANNUITY PLAN	c EIN-PN 52-6132372-001
a	Plan name	PLUMBERS & STEAMFITTERS PENSION FUND LOCAL UNION 373	
b	Name of plan sponsor	BOARD OF TRUSTEES LOCAL UNION 373 UA PENSION FUND	c EIN-PN 13-1758289-001
a	Plan name	MICHIGAN BAC PENSION FUND	
b	Name of plan sponsor	MICHIGAN BAC PENSION FUND	c EIN-PN 38-2895943-001
a	Plan name	1199 SEIU REGIONAL PENSION FUND	
b	Name of plan sponsor	TRUSTEES OF 1199 SEIU REGIONAL PENSION FUND	c EIN-PN 16-1112391-001

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.)			
a	Plan name	IBEW LOCAL 573 PENSION PLAN	
b	Name of plan sponsor	TRUSTEES OF IBEW LOCAL 573 PENSION PLAN	c EIN-PN 34-6570323-001
a	Plan name	OCU PENSION TRUST	
b	Name of plan sponsor	TRUSTEES OF THE OCU PENSION TRUST	c EIN-PN 26-1574440-001
a	Plan name	OCU HEALTH AND WELFARE TRUST	
b	Name of plan sponsor	OCU HEALTH AND WELFARE TRUST	c EIN-PN 26-1574455-501
a	Plan name	NATIONAL AUTO SPRINKLER WELFARE FUND	
b	Name of plan sponsor	NATIONAL AUTO SPRINKLER WELFARE FUND JOINT BOARD OF TRUSTEES	c EIN-PN 53-0215881-501
a	Plan name	LOCAL 703 I. B. OF T. GROCERY & FOOD EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor	TRUSTEES OF LOCAL 703 I. B. OF T. GROCERY & FOOD EMPLOYEES' PENSION PL	c EIN-PN 36-6491473-001
a	Plan name	WESTCHESTER HEAVY CONSTRUCTION LABORERS LOCAL 60 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES LOCAL 60 PENSION FUND	c EIN-PN 13-1962287-001
a	Plan name	CHICAGO & VICINITY LABORERS' DISTRICT COUNCIL FUND OFFICE STAFF PENSION PLAN	
b	Name of plan sponsor	BOT CHICAGO & VICINITY LABORERS' DISTRICT COUNCIL FUND OFFICE STAFF PE	c EIN-PN 36-6550487-001
a	Plan name	NORTHERN NEW ENGLAND BENEFIT TRUST DBA ALLEGIANT CARE	
b	Name of plan sponsor	NORTHERN NEW ENGLAND BENEFIT TRUST DBA ALLEGIANT CARE	c EIN-PN 02-6015031-501
a	Plan name	LINE CONSTRUCTION BENEFIT FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF LINE CONSTRUCTION BENEFIT FUND	c EIN-PN 36-6066988-501
a	Plan name	WATERFRONT EMPLOYERS - ILA PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES WATERFRONT EMPLOYERS - ILA PENSION PLAN	c EIN-PN 57-6027499-001
a	Plan name	SOUTHERN CALIFORNIA PLASTERING INSTITUTE PENSION TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES SOUTHERN CALIFORNIA PLASTERING INSTITUTE PENSION TRU	c EIN-PN 51-6052141-001
a	Plan name	SHEET METAL WORKERS LOCAL UNION 17 SUPPLEMENTAL PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES SHEET METAL WORKERS LOCAL UNION 17 SUPPLEMENTAL PENS	c EIN-PN 20-0845880-001

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.)			
a	Plan name	NYS-ILA PENSION TRUST FUND AND PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES, NYS-ILA PENSION TRUST FUND AND PLAN	c EIN-PN 13-5652028-001
a	Plan name	WESTERN PENNSYLVANIA ELECTRICAL EMPLOYEES PENSION TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES, WESTERN PENNSYLVANIA ELECTRICAL EMPLOYEES PENSION T	c EIN-PN 25-6032108-001
a	Plan name	ROCKY MOUNTAIN UFCW UNIONS AND EMPLOYERS RETAIL AND MEAT PENSION PLAN	
b	Name of plan sponsor	TRUSTEES OF ROCKY MOUNTAIN UFCW UNIONS AND EMPLOYERS RETAIL AND MEAT P	c EIN-PN 84-6045986-001
a	Plan name	SEIU PENSION PLANS MASTER TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE SEIU PENSION PLANS MASTER TRUST	c EIN-PN 56-6680924-001
a	Plan name	IRON WORKERS LOCAL 8 WELFARE FUND - GENERAL FUND	
b	Name of plan sponsor	IRON WORKERS LOCAL 8 WELFARE FUND	c EIN-PN 39-0855190-501
a	Plan name	IRON WORKERS LOCAL 8 WELFARE FUND - FUTURE BENEFITS FUND	
b	Name of plan sponsor	IRON WORKERS LOCAL 8 WELFARE FUND	c EIN-PN 39-0955190-501
a	Plan name	MASSACHUSETTS LABORERS' HEALTH AND WELFARE FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF MASSACHUSETTS LABORERS' HEALTH AND WELFARE FUND	c EIN-PN 04-2214296-501
a	Plan name	TEAMSTERS' LOCAL 301 PENSION PLAN	
b	Name of plan sponsor	TRUSTEES OF TEAMSTERS' LOCAL 301	c EIN-PN 36-6492992-001
a	Plan name	SAN DIEGO COUNTY CONSTRUCTION LABORERS PENSION TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES SAN DIEGO COUNTY CONSTRUCTION LABORERS PENSION TRUST	c EIN-PN 95-6090541-001
a	Plan name	TUCKPOINTERS LOCAL 52 PENSION PLAN	
b	Name of plan sponsor	TUCKPOINTERS LOCAL 52 PENSION PLAN	c EIN-PN 36-6122163-001
a	Plan name	PIPE FITTERS LOCAL UNION NO 120 PENSION PLAN	
b	Name of plan sponsor	PIPE FITTERS LOCAL UNION NO 120 PENSION PLAN	c EIN-PN 34-6711591-001
a	Plan name	TRANSPORTATION HEALTH AND INSURANCE PLAN 443	
b	Name of plan sponsor	BOARD OF TRUSTEES LOCAL 443 HEALTH SERVICE AND INSURANCE PLAN	c EIN-PN 06-0942913-001

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.)			
a	Plan name	PENSION HOSPITALIZATION AND BENEFIT PLAN OF THE ELECTRICAL INDUSTRY	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE ELECTRICAL INDUSTRY	c EIN-PN 13-6123601-001
a	Plan name	ANNUITY PLAN OF THE ELECTRICAL INDUSTRY	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE ANNUITY PLAN OF THE ELECTRICAL INDUSTRY	c EIN-PN 13-6123600-003
a	Plan name	EDUCATIONAL AND CULTURAL TRUST FUND OF THE ELECTRICAL INDUSTRY	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE EDUCATIONAL AND CULTURAL TRUST FUND	c EIN-PN 11-6035960-504
a	Plan name	EMPLOYEES SECURITY FUND OF THE ELECTRICAL PRODUCTS INDUSTRIES	
b	Name of plan sponsor	JOINT COMM OF THE EMPLOYEES SECURITY FUND OF ELECTRICAL PRODUCTS INDUS	c EIN-PN 13-6100907-001
a	Plan name	JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY EMPLOYEES RETIREMENT INCOME PLAN TRUST	
b	Name of plan sponsor	JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY	c EIN-PN 13-0891035-005
a	Plan name	AUTOMOTIVE MACHINISTS PENSION TRUST	
b	Name of plan sponsor	AUTOMOTIVE MACHINISTS PENSION TRUST	c EIN-PN 91-6123687-001
a	Plan name	SOUTHERN CALIFORNIA LUMBER INDUSTRY RETIREMENT FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES SOUTHERN CALIFORNIA LUMBER	c EIN-PN 95-6035266-001
a	Plan name	INTERNATIONAL ASSOCIATION OF FIREFIGHTERS STAFF REPRESENTATIVES PENSION PLAN	
b	Name of plan sponsor	INTERNATIONAL ASSOCIATION OF FIREFIGHTERS	c EIN-PN 53-0088290-002
a	Plan name	INTERNATIONAL ASSOCIATION OF FIREFIGHTERS EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	INTERNATIONAL ASSOCIATION OF FIREFIGHTERS	c EIN-PN 53-0088290-001
a	Plan name	HOLLOW METAL PENSION FUND	
b	Name of plan sponsor	HOLLOW METAL PENSION FUND	c EIN-PN 11-2758544-001
a	Plan name	NATIONAL AUTOMATIC SPRINKLER INDUSTRY FUND OFFICE EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	BOT NATIONAL AUTOMATIC SPRINKLER INDUSTRY FUND OFFICE EMPLOYEE PENSION	c EIN-PN 53-0215881-002
a	Plan name	CONSTRUCTION LABORERS PENSION TRUST FOR SOUTHERN CALIFORNIA	
b	Name of plan sponsor	BOARD OF TRUSTEES CONSTRUCTION LABORERS PENSION TRUST	c EIN-PN 43-6159056-001

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.)			
a	Plan name	WAREHOUSE EMPLOYEES LOCAL NO 570 TRUST PLAN	
b	Name of plan sponsor	WAREHOUSE EMPLOYEES LOCAL NO 570 TRUST FUND	c EIN-PN 52-6048847-501
a	Plan name	DRYWALL PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES DRYWALL PENSION FUND	c EIN-PN 13-3875056-001
a	Plan name	DRYWALL TAPERS ANNUITY FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES DRYWALL TAPERS ANNUITY FUND	c EIN-PN 13-3539244-001
a	Plan name	THE DEFINED RETIREMENT PLAN OF USMX, NYSA, CCCSC	
b	Name of plan sponsor	THE TRUSTEES OF THE DEFINED RETIREMENT PLAN OF USMX, NYSA, CCCSC	c EIN-PN 13-2871925-001
a	Plan name	LIMA PLUMBERS AND PIPEFITTERS LOCAL NO 776 PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES PENSION PLAN FOR PLUMBERS AND PIPEFITTERS LOCAL 776	c EIN-PN 34-6682531-001
a	Plan name	INTERNATIONAL ASSOCIATION PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES INTERNATIONAL ASSOCIATION PENSION PLAN	c EIN-PN 52-6128563-002
a	Plan name	BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN LONG ISLAND PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN LON	c EIN-PN 13-6146226-001
a	Plan name	IRONWORKERS LOCAL UNION NO. 167 PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES - IRONWORKERS LOCAL UNION NO. 167 PENSION PLAN	c EIN-PN 62-0787578-001
a	Plan name	PLUMBERS LOCAL NO. 55 PENSION PLAN	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES PLUMBERS UNION LOCAL 55 PENSION PLAN	c EIN-PN 34-6514703-001
a	Plan name	LOCAL 338 RETIREMENT FUND	
b	Name of plan sponsor	TRUSTEES LOCAL 338 RETIREMENT FUND	c EIN-PN 13-6533678-001
a	Plan name	LOCAL 338 HEALTH AND WELFARE FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES L338 HEALTH AND WELFARE FUND	c EIN-PN 13-2980858-501
a	Plan name	IBEW LOCAL 683 PENSION FUND	
b	Name of plan sponsor	IBEW LOCAL 683 BOARD OF TRUSTEES	c EIN-PN 34-1442087-001

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.)			
a	Plan name	PLUMBERS LOCAL 9 PENSION FUND	
b	Name of plan sponsor	PLUMBERS LOCAL 9 PENSION FUND	c EIN-PN 51-0219541-001
a	Plan name	CHICAGOLAND RACE MEET OPERATORS AND LOCAL 134 IBEW JOINT PENSION TRUST	
b	Name of plan sponsor	TRUSTEES OF CHICAGOLAND RACE MEET OPERATORS AND LOCAL 134 IBEW JOINT P	c EIN-PN 36-3825845-001
a	Plan name	ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND	
b	Name of plan sponsor	ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND	c EIN-PN 58-1233396-001
a	Plan name	RECYCLING AND GENERAL INDUSTRIAL UNION LOCAL 108 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES - RECYCLING AND GENERAL INDUSTRIAL UNION LOCAL 108	c EIN-PN 13-6366378-001
a	Plan name	IRONWORKERS LOCAL 549-550 PENSION PLAN	
b	Name of plan sponsor	IRONWORKERS LOCAL 549-550 PENSION PLAN	c EIN-PN 55-6027928-001
a	Plan name	NYSA-PPGU PENSION FUND AND PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES - NYSA-PPGU PENSION FUND AND PLAN	c EIN-PN 13-6188644-001
a	Plan name	ALLIED WELFARE FUND	
b	Name of plan sponsor	ALLIED WELFARE FUND	c EIN-PN 22-6062974-501
a	Plan name	UNITED WIRE AND MACHINE PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES UNITED WIRE AND MACHINE PENSION FUND	c EIN-PN 13-6596940-001
a	Plan name	UNITED WIRE AND MACHINE WELFARE FUND	
b	Name of plan sponsor	UNITED WIRE, METAL & MACHINE HEALTH & WELFARE FUND	c EIN-PN 13-5608135-501
a	Plan name	LOCAL 810 AFFILIATED PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF LOCAL 810 AFFILIATED PENSION PLAN	c EIN-PN 11-6027518-001
a	Plan name	TRUSTEES OF PLUMBERS AND STEAMFITTERS LOCAL 267 INSURANCE FUND	
b	Name of plan sponsor	PLUMBERS AND STEAMFITTERS LOCAL 267 INSURANCE FUND	c EIN-PN 15-6025166-501
a	Plan name	NORTHERN CALIFORNIA ELECTRICAL WORKERS PENSION TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES NORTHERN CALIFORNIA ELECTRICAL WORKERS PENSION TRUST	c EIN-PN 94-6062674-001

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.)

a	Plan name	PENSION FUND LOCAL 96 - IBEW	c	EIN-PN	
b	Name of plan sponsor	BOARD OF TRUSTEES PENSION FUND LOCAL 96 - IBEW	c	EIN-PN	04-6295080-001
a	Plan name	IRONWORKERS DISTRICT COUNCIL OF NEW ENGLAND PENSION FUND			
b	Name of plan sponsor	BOARD OF TRUSTEES IRONWORKERS DISTRICT COUNCIL OF NEW ENGLAND PENSION	c	EIN-PN	04-2591016-001
a	Plan name	WEST VIRGINIA LABORERS' PENSION TRUST FUND			
b	Name of plan sponsor	WEST VIRGINIA LABORERS' PENSION TRUST FUND	c	EIN-PN	55-6026775-001
a	Plan name	U.S.W.U. LOCAL 74 WELFARE FUND			
b	Name of plan sponsor	BOARD OF TRUSTEES U.S.W.U. LOCAL 74 WELFARE FUND	c	EIN-PN	13-1912506-501
a	Plan name	THE NEWSPAPER GUILD INTERNATIONAL PENSION PLAN			
b	Name of plan sponsor	THE NEWSPAPER GUILD INTERNATIONAL PENSION PLAN	c	EIN-PN	52-1082662-001
a	Plan name	SOUTHERN CALIFORNIA UFCW UNIONS AND FOOD EMPLOYERS JOINT PENSION TRUST FUND			
b	Name of plan sponsor	BOARD OF TRUSTEES SOUTHERN CALIFORNIA UFCW UNIONS AND FOOD EMPLOYERS J	c	EIN-PN	95-1939092-001
a	Plan name	EXCAVATORS UNION LOCAL 731 PENSION FUND			
b	Name of plan sponsor	EXCAVATORS UNION LOCAL 731 PENSION FUND	c	EIN-PN	13-1809825-002
a	Plan name				
b	Name of plan sponsor		c	EIN-PN	
a	Plan name				
b	Name of plan sponsor		c	EIN-PN	
a	Plan name				
b	Name of plan sponsor		c	EIN-PN	
a	Plan name				
b	Name of plan sponsor		c	EIN-PN	
a	Plan name				
b	Name of plan sponsor		c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 ULLICO INFRASTRUCTURE TAX EXEMPT FUND LP	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ULLICO INVESTMENT ADVISORS INC	D Employer Identification Number (EIN) 90-0622302

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)	17487522
		18089913
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	4604547126
(6) Real estate (other than employer real property)	1c(6)	5287582909
(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	4622034648	5305672822
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	17487522	18089913
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	17487522	18089913
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4604547126	5287582909

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(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)	308039555	
(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)		9651552
(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		140935787
d Total income. Add all income amounts in column (b) and enter total	2d		458626894

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)	79967	
(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)	2637453	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2717420
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2717420

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		455909474
l Transfers of assets:			
(1) To this plan	2l(1)		458267725
(2) From this plan	2l(2)		231141416

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: ERNST & YOUNG

(2) EIN: 34-6565596

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.)		X	
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?		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 _____.

**Ullico Infrastructure
Tax-Exempt Fund, L.P.**
Financial Statements
December 31, 2024

Ullico Infrastructure Tax-Exempt Fund, L.P.
Index
December 31, 2024

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Report of Independent Auditors

To the Partners of
Ullico Infrastructure Tax-Exempt Fund, L.P.

We have audited the financial statements of Ullico Infrastructure Tax-Exempt Fund, L.P. (the “Partnership”), which comprise the statement of assets, liabilities and partners’ capital as of December 31, 2024, and the related statement of operations, changes in limited partners’ capital and cash flows for the year then ended, and the related notes (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 Partnership at December 31, 2024, and the results of its operations, changes in its partners’ capital and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

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 of material misstatement, whether due to fraud or error.

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

Auditor’s Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Partnership's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Partnership's ability to continue as a going concern for a reasonable period of time.

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

Ernst + Young LLP

April 29, 2025

Ullico Infrastructure Tax-Exempt Fund, L.P.
Statement of Assets, Liabilities and Partners' Capital
December 31, 2024

Assets

Investment in Master Fund, at fair value	\$ 5,287,582,909
Receivable from Master Fund	18,089,913
Total assets	<u>5,305,672,822</u>

Liabilities

Withdrawal payable for management fees	18,089,913
Total liabilities	<u>18,089,913</u>

Partners' Capital

Limited partners' capital	<u>\$ 5,287,582,909</u>
---------------------------	--------------------------------

	Tax-Exempt Fund Unit Class
Units outstanding	17,763,633
Net asset value per unit	<u>\$ 297.66</u>

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

See attached consolidated financial statements of Ullico Infrastructure Master Fund, L.P.

Ullico Infrastructure Tax-Exempt Fund, L.P.
Statement of Operations
Year Ended December 31, 2024

Net investment income allocated from Master Fund	
Investment income	\$ 142,999,768
Operating expenses allocated from Master Fund	
Professional fees	2,583,350
Bank fees	79,967
Operating expenses	54,103
Total operating expenses	<u>2,717,420</u>
Net investment income before taxes	140,282,348
Deferred tax benefit	10,655,746
Net investment income after taxes	<u>150,938,094</u>
Net realized and unrealized gain on investments and foreign currency allocated from Master Fund	
Net realized gain	9,651,552
Net change in unrealized appreciation from investments	309,756,705
Net change in unrealized depreciation from foreign currency	(1,717,150)
Deferred taxes on change in unrealized appreciation	(12,719,727)
Net realized and unrealized gains	<u>304,971,380</u>
Net increase in limited partners' capital from operations	<u>\$ 455,909,474</u>

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

See attached consolidated financial statements of Ullico Infrastructure Master Fund, L.P.

Ullico Infrastructure Tax-Exempt Fund, L.P.
Statement of Changes in Limited Partners' Capital
Year Ended December 31, 2024

Limited partners' capital at January 1, 2024	\$ 4,604,547,126
Limited partners' transactions	
Capital contributions from limited partners	401,500,000
Capital contributions from reinvested distributions from limited partners	56,767,725
Capital distributions to limited partners	(95,056,567)
Capital withdrawals to limited partners	(63,337,729)
Withdrawals for management fees	(72,747,120)
Net increase in partners' capital from capital transactions	<u>227,126,309</u>
Increase in partners' capital from operations	
Net investment income	150,938,094
Net realized gain allocated from Master Fund	9,651,552
Net change in unrealized and realized gains from investments and foreign currency after taxes allocated from Master Fund	<u>295,319,828</u>
Net increase in partners' capital from operations	<u>455,909,474</u>
Net increase in partners' capital	<u>683,035,783</u>
Limited partners' capital at December 31, 2024	<u>\$ 5,287,582,909</u>

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

See attached consolidated financial statements of Ullico Infrastructure Master Fund, L.P.

Ullico Infrastructure Tax-Exempt Fund, L.P.
Statement of Cash Flows
Year Ended December 31, 2024

Cash flows from operating activities	
Net increase in partners' capital from operations	\$ 455,909,474
Adjustments to reconcile net increase in partners' capital from operations to net cash used in operating activities:	
Net investment income allocated from Master Fund	(150,938,094)
Net change in unrealized and realized gains from investments and foreign currency after taxes allocated from Master Fund	(304,971,380)
Capital contributions to Master Fund	(401,500,000)
Capital contributions from reinvested distributions to Master Fund	(56,767,725)
Capital distributions from Master Fund	95,056,567
Capital withdrawals from Master Fund	63,337,729
Withdrawals from Master Fund for management fees	72,144,729
Net cash used in operating activities	<u>(227,728,700)</u>
Cash flow from financing activities	
Capital contributions from limited partners	401,500,000
Capital distributions to limited partners	(38,288,842)
Capital withdrawals to limited partners	(63,337,729)
Withdrawals for management fees	(72,144,729)
Net cash provided by financing activities	<u>227,728,700</u>
Net change in cash	-
Cash and cash equivalents	
Beginning of year	-
End of year	<u>\$ -</u>

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

See attached consolidated financial statements of Ullico Infrastructure Master Fund, L.P.

Ullico Infrastructure Tax-Exempt Fund, L.P.

Notes to Financial Statements

December 31, 2024

1. Organization

Ullico Infrastructure Tax-Exempt Fund, L.P. (the “Partnership”), a Delaware limited partnership, was organized and commenced operations on April 17, 2012. The Partnership had its first closing on April 17, 2012.

The Partnership is designed to permit U.S. tax-exempt investors, including principally multiemployer plans subject to the Taft-Hartley Act, to commingle a portion of their assets for investment. Admission to participate in the Partnership is restricted to accredited investors as defined by Securities and Exchange Commission (“SEC”) rules and regulations.

Substantially all of the Partnership’s assets are invested in units issued by Ullico Infrastructure Master Fund, L.P. (the “Master Fund”), a Delaware limited partnership. The Master Fund was created by the General Partner to facilitate tax structuring for the acquisition and administration of investments for the Partnership and any parallel funds. The General Partner may establish additional master funds in the future. The Master Fund makes investments on behalf of the Partnership with both minority and controlling interests in a diverse portfolio of quality infrastructure businesses, focusing on underserved and growing markets of the United States and Canada. Certain investments are made through a U.S. blocker corporation established to reduce the recognition of Unrelated Business Taxable Income (“UBTI”) as defined by IRS Section 512. The Master Fund seeks to achieve risk-adjusted returns with significant annual cash yield and relatively low volatility. There can be no assurance that the Partnership’s or the Master Fund’s investment objectives will be achieved.

UIF GP, LLC (“General Partner”), a Delaware limited liability company, is the General Partner of the Partnership. The General Partner has retained Ullico Investment Advisors, Inc. (the “Manager”) as the investment manager for the Partnership, which is responsible for all investment decisions and operations of the Partnership. The Manager is a corporation organized under the laws of the state of Maryland and is registered with the SEC as an investment advisor under the Investment Advisers Act of 1940, as amended. The Manager is a wholly owned subsidiary of Ullico Inc., a financial services holding company. The Manager has entered into a sub-advisory arrangement with one of its controlled affiliates, Ullico Infrastructure Management Company, LLC (the “Sub-Advisor”) pursuant to which the Manager has delegated to the Sub-Advisor the investment management of the Master Fund and Partnership. The Sub-Advisor is jointly owned by the Manager and the current infrastructure senior management.

Capitalized terms are as defined in the Limited Partnership Agreement (the “Partnership Agreement”) unless otherwise defined herein.

2. Significant Accounting Policies

The Partnership follows the accounting and reporting guidance in the Financial Accounting Standards Board’s Accounting Standards Codification 946 Financial Services – Investment Companies. The following is a summary of selected significant accounting policies consistently applied by the Partnership.

Basis of Presentation

The Partnership’s financial statements are prepared in accordance with U.S. generally accepted accounting principles (“US GAAP”).

Ullico Infrastructure Tax-Exempt Fund, L.P.

Notes to Financial Statements (continued)

December 31, 2024

Use of Estimates

The preparation of financial statements in accordance with US GAAP requires the General Partner to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the year. The most significant estimates relate to the valuation of investments held by the Master Fund, whose value has been estimated by the General Partner in the absence of readily ascertainable market values. Actual results could differ from those estimates and such differences could be material to the financial statements.

Investment in the Master Fund

The investment in the Master Fund is valued at fair value and is based upon the Partnership's percentage ownership of the net assets of the Master Fund. The performance of the Fund is directly affected by the performance of the Master Fund. In accordance with the authoritative guidance on fair value measurements, the Master Fund discloses the fair value of its investments in a hierarchy that prioritizes the inputs to valuation techniques used to measure the fair value. Valuation of investments held by the Master Fund and the applicable disclosures regarding fair value of its investments are included in the notes to the attached Master Fund's financial statements.

At December 31, 2024, the Partnership owned 17,763,633 units that represented 85.84% of the Master Fund's units.

Cash and Cash Equivalents

The Partnership has defined cash and cash equivalents as cash and short-term, highly liquid investments with original maturities of three months or less. Cash and cash equivalents are carried at cost, plus accrued interest, which approximates fair value. The Partnership's cash and cash equivalents are subject to the risk that cash balances at banks exceed federally insured limits and that issuers of cash equivalents default or otherwise do not fulfill their obligations. For the year ended December 31, 2024, the Partnership had no cash and cash equivalents.

Income and Expense Recognition

Investment transactions are recorded on trade/contract date. The Partnership records its proportionate share of the Master Fund's income, expenses and realized and unrealized gains and losses on a quarterly basis.

Expenses that are directly attributable to the Partnership are recorded on the accrual basis as incurred and consist of permitted expenses in accordance with the terms of the Partnership Agreement. These Partnership expenses include, but are not limited to, operational expenses and other expenses associated with the operation of the Partnership, as described in the Partnership Agreement.

Fees and Expenses

Each limited partner, not the Partnership, pays the fees of the Manager for management services ("Management Fees") rendered to the Partnership. Effective July 1, 2024, the limited partnership agreements were amended to reduce the annual Management Fees to 1.50% of limited partners' capital of the first \$75 million, 1.15% in excess of \$75 million up to \$250 million, and 0.90% in excess of \$250 million (adjusted for partial quarterly periods in the event of contributions or redemptions during the fiscal quarter). Prior to the amendment, the Management Fees were 1.60%, 1.25% and 1.00%, respectively. Such fees are paid quarterly in arrears through a redemption of limited partners' capital. The amount that was withdrawn from limited partners' capital for the year ended December 31, 2024 to pay Management Fees was \$72,747,120. The

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December 31, 2024

Manager or the General Partner may, in its sole discretion, elect to waive the management fee due from any limited partner or the Partnership.

Income Taxes

The Partnership is not required to pay income taxes on income or gains. Each partner's applicable share of the Partnership's income or gains is reported on the partner's income tax returns in accordance with the laws of the applicable jurisdictions.

The Partnership files tax returns as prescribed by the tax law of the jurisdiction in which it operates. In the normal course of business, the Partnership is subject to examination by federal, state, and local jurisdictions, where applicable. As of December 31, 2024, the tax years that remain subject to examination by the major tax jurisdictions under the statute of limitations are from year 2021 forward.

The General Partner is responsible for determining whether a tax position taken by the Partnership is more likely than not to be sustained on the merits. The Partnership has no material unrecognized tax benefits and has not recognized in these financial statements any interest or penalties related to income taxes.

3. Related Party Transactions

The Manager may, from time to time, incur expenses on behalf of the Partnership and the Master Fund pertaining to organization expenses and deal-related expenses on due diligence efforts for potential investments. These expenses are then accrued by the Master Fund and will be reimbursed to the Manager periodically.

4. Partners' Capital

Capital Commitments and Contributions

The beneficial interest of each limited partner in the Partnership is represented by units of equal interest in the Partnership. Each unit represents an individual proportionate interest in all net assets of the Partnership, without priority or preference over other Partnership units. As of the close of business on the last business day of each fiscal quarter, the General Partner determines the value of each Partnership unit, which equals the value of the Partnership's net assets divided by the number of Partnership units outstanding on the valuation date. The Partnership has an unlimited number of units authorized.

Units are offered at the net asset value at the time of purchase. As of December 31, 2024, the Partnership has total capital commitments of \$4,471,465,000, of which limited partners have contributed \$4,369,115,000 or 97.7% of the total commitments.

Unit transactions during the year ended December 31, 2024, were as follows:

Units outstanding at January 1, 2024	16,961,099
Units issued for contributions	1,412,276
Units issued for contributions from reinvested distributions	199,089
Units redeemed for distributions	(333,394)
Units redeemed for withdrawals	(222,565)
Units redeemed to pay management fees	(252,872)
Units outstanding at December 31, 2024	<u>17,763,633</u>

Ullico Infrastructure Tax-Exempt Fund, L.P.

Notes to Financial Statements (continued)

December 31, 2024

Distributions

During 2024, the General Partner distributed \$95,056,567 to the limited partners. Distributions are paid through a redemption of limited partner's capital. The General Partner intends to make distributions of available cash from operations on at least an annual basis. Cash from operations generally will consist of distributions from the Master Fund, as well as amounts earned on the Partnership's cash balances and short term investments. Such cash from operations that is available for distribution will be reduced by all fees and expenses and by amounts the General Partner deems necessary to create appropriate reserves for expenses, liabilities and obligations to the Partnership. Additionally, a portion of such cash from operations may be required to be used to satisfy redemption requests as determined by the General Partner in its sole discretion, and therefore, may not be available for distribution. Any distributions made will be made to all limited partners on a pro rata basis based upon the relative percentage of units owned at the time of distribution.

Allocation of Profits and Losses

Except as provided for in the Partnership Agreement, any profits of the Partnership will be allocated to the limited partners in the same manner and proportions as cash is distributed (other than cash representing a return of capital contributions); losses of the Partnership will be allocated to the limited partners in proportion to their percentage interests in the investment from which such losses arose, provided, that no item of deduction or loss shall be allocated to the limited partners to the extent the allocation would cause a negative balance in such limited partner's capital account, and any such item that cannot be allocated to such limited partners shall be allocated to the General Partner.

Redemption Rights

The General Partner will permit a limited partner to redeem all or a portion of its units after the expiration of a four year lock-up period beginning on the limited partner's admission date to the Partnership. Upon 45 days notice to the General Partner, the limited partner will be placed in a redemption queue. A limited partner who is next up in the redemption queue will be able to have all or a portion of its requested units redeemed.

There are two sources of liquidity available to satisfy redemption requests for limited partners who are in the redemption queue. The first source of liquidity is triggered when new limited partners are admitted to the Partnership to the extent of the new limited partner commitments. If the new limited partner commitments are less than the requested redemption amount, only the portion of the requested redemption amount equal to the amount of new limited partner commitments will be redeemed and the balance of the requested redemption amount will remain in the redemption queue. The General Partner will call capital from existing limited partners up to the amount that is permitted to be redeemed, which will be used for the redemption payment.

The second source of liquidity for limited partners in the redemption queue is triggered when the Master Fund generates available proceeds from a sale, exchange, refinancing or other disposition of investments in the ordinary course of the Master Fund's business. To the extent there are available proceeds from the sale, exchange, refinancing or other disposition, less amounts set aside for the Master Fund's reserves or other working capital purposes as the General Partner shall determine, then that portion will be used to redeem the portion of the units which correspond to the limited partner's pro rata share of the amount of available proceeds generated from the sale of the investment and any balance of the requested redemption amount will remain in the redemption queue.

Ullico Infrastructure Tax-Exempt Fund, L.P.
Notes to Financial Statements (continued)
December 31, 2024

All proceeds available to satisfy redemption requests will be used to redeem the permitted portion of the requested units effective on the last business day of the fiscal quarter in which such proceeds become available based on the unit value as of the withdrawal day.

In addition, the General Partner may redeem all of a portion of a limited partner's units at any time where the General Partner determines, in good faith, that the continued participation of such limited partner in the Partnership would cause the Partnership to violate any applicable law, rule or regulation.

5. Concentration of Market, Credit, Industry and Liquidity Risk

The Partnership's investment is subject to various risk factors including market, credit, and industry risk. Market risk represents the potential loss in value of financial instruments caused by movements in market variables, such as interest and equity value. The Master Fund has concentration of risk in twenty-seven privately-held companies, two in the water and waste industry, three in the electricity transmission, three in the fossil generation industry, nine in the renewable generation industry, two in the regulated utility industry, one in the social infrastructure industry, two in the digital industry, one in the district energy industry, one in the energy transition industry and three in the transportation industry. Illiquidity in the markets in which the Master Fund invests could adversely impact the performance and the valuation of the Master Fund's underlying investments.

The Partnership's investment is also subject to the risk associated with investing in private securities. Investment in private securities are illiquid, can be subject to various restrictions on resale, and there can be no assurance that the Master Fund will be able to realize the value of such investment in a timely manner. Furthermore, the illiquid nature of the Master Fund's investments may impact the limited partners' ability to redeem units. The General Partner and the Manager review the concentration of market, credit, industry, and liquidity risk on a regular basis.

6. Indemnifications

In the normal course of business, the Partnership and the Master Fund enter into contracts that contain a variety of representations and warranties and which provide general indemnifications, including with respect to the General Partner and certain affiliates. Contracts containing indemnification obligations include, but are not limited to, agreements with the General Partner, the Manager and their affiliates and other service providers, under certain circumstances. The Partnership and the Master Fund's maximum exposure under these arrangements is unknown, as this would involve future claims that may be made against the Partnership and the Master Fund that have not yet occurred. However, based on experience, the General Partner expects the risk of loss to be remote.

Ullico Infrastructure Tax-Exempt Fund, L.P.
Notes to Financial Statements (continued)
December 31, 2024

7. Financial Highlights

Financial highlights for the year ended December 31, 2024, were as follows:

	Tax-Exempt Fund Unit Class
Per unit operating performance	
Net asset value at beginning of year	\$ 271.48
Net investment income	8.69
Net realized and unrealized gain from investments	17.49
Net asset value at end of year	<u>\$ 297.66</u>
Total return (Gross of management fee) *	9.65%
Total return (Net of management fee to average net assets) *	8.17%
Ratio of operating expenses to average net assets	0.05%
Ratio of operating expenses to average net assets, net of deferred tax benefit	(0.16%)
Ratio of net investment income to average net assets	3.05%

* See Note 2

The net investment income from investments per unit is calculated using the net investment income from investments for the year divided by the quarterly average units outstanding.

The net investment income and operating expense ratios exclude management fees paid through redemptions.

An individual investor's return may vary from these returns based on the timing of contributions and withdrawals. Similarly, an individual investor's ratio of net investment income and operating expenses to average net assets may also vary from these ratios based on the timing of contributions and withdrawals.

8. Subsequent Events

The General Partner has evaluated subsequent events through April 29, 2025, the date the financial statements were issued. During 2025, the Partnership had the following capital activity:

Additional capital commitments	\$63,000,000
Additional capital called and contributed	\$94,850,000
Additional capital distributions	\$64,099,333
Additional capital reinvested	\$38,548,267

Schedule H, Line 4i - Schedule of Assets (Held At End of Year)

Name of Plan Ullico Infrastructure Tax Exempt Fund LP			Plan Number 001	Sponsor's EIN 90-0622302	
			Totals:	3,549,615,277	5,305,672,822
(a)	(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value	
1	INVESTMENT IN MASTER FUND		3,531,525,364	5,287,582,909	
2	RECEIVABLE FROM MASTER FUND		18,089,913	18,089,913	