

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: NEWTOWER TRUST COMPANY MULTI-EMPLOYER PROPERTY TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): NEWTOWER TRUST COMPANY
2b Employer Identification Number (EIN): 52-6218800
2c Plan Sponsor's telephone number: 240-235-9960
2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: Filed with authorized/valid electronic signature, Signature of plan administrator, Signature of employer/plan sponsor, and Signature of DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 0 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>NEWTOWER TRUST COMPANY MULTI-EMPLOYER PROPERTY TRUST</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>NEWTOWER TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>52-6218800</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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c EIN-PN

d Entity code

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d Entity code

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c EIN-PN

d Entity code

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

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c EIN-PN

d Entity code

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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 32BJ SCHOOL WORKERS PENSION FUND	
b	Name of plan sponsor THE BOARD OF TRUSTEES OF THE 32BJ SCHOOL WORKERS PENSION FUND	c EIN-PN 13-1957585-001
a	Plan name ADMINISTRATIVE DISTRICT COUNCIL 1 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES - ADMINISTRATIVE DISTRICT COUNCIL 1 PENSION PLAN	c EIN-PN 36-6489098-001
a	Plan name AFL-CIO STAFF RETIREMENT PLAN	
b	Name of plan sponsor AFL-CIO STAFF RETIREMENT PLAN	c EIN-PN 53-0228172-001
a	Plan name ALLIED WORKERS LOCAL 48 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF ASBESTOS WORKERS LOCAL 48 PENSION FUND	c EIN-PN 52-6117928-001
a	Plan name AMALGAMATED LOCAL 298 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES LOCAL 298 PENSION FUND	c EIN-PN 11-6049445-001
a	Plan name AMALGAMATED RETAIL RETIREMENT FUND	
b	Name of plan sponsor AMALGAMATED RETAIL RETIREMENT FUND	c EIN-PN 13-1599961-001
a	Plan name ANNUITY PLAN OF THE ELECTRICAL INDUSTRY	
b	Name of plan sponsor BOARD OF TRUSTEES FOR THE ANNUITY PLAN OF THE ELECTRICAL	c EIN-PN 13-6123600-003
a	Plan name ASBESTOS WORKERS LOCAL 2 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES PENSION PLAN OF ASBESTOS WORKERS LOCAL 2	c EIN-PN 23-6030054-001
a	Plan name ASBESTOS WORKERS LOCAL 6 PENSION FUND	
b	Name of plan sponsor ASBESTOS WORKERS LOCAL #6 PENSION FUND	c EIN-PN 51-6135057-001
a	Plan name ASBESTOS WORKERS LOCAL NO. 42 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES- ASBESTOS WORKERS LOCAL NO 42 PENSION	c EIN-PN 51-6011235-001
a	Plan name ASBESTOS WORKERS PHILADELPHIA FUNDS	
b	Name of plan sponsor JOINT BOT OF ASBESTOS WORKERS OF PHILADELPHIA PENSION FN	c EIN-PN 23-6406511-001
a	Plan name ASSOCIATION OF EQUIPMENT MANUFACTURERS PENSION PLAN TRUST	
b	Name of plan sponsor ASSOCIATION OF EQUIPMENT MANUFACTURERS	c EIN-PN 31-1796607-001

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 ATLANTA IRON WORKERS LOCAL 387 PENSION FUND	
b	Name of plan sponsor ATLANTA IRON WORKERS LOCAL 387 PENSION FUND	c EIN-PN 58-6051152-001
a	Plan name AUTOMOTIVE INDUSTRIES INDIVIDUAL ACCOUNT RETIREMENT PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF AUTOMOTIVE INDUSTRIES PENSION TRUST FUND	c EIN-PN 94-1133245-002
a	Plan name B.A.C. LOCAL NO. 4 PENSION FUND	
b	Name of plan sponsor B.A.C. LOCAL NO. 4 PENSION FUND BOARD OF TRUSTEES	c EIN-PN 22-6041493-001
a	Plan name BAC LOCAL 23 NORTH SHORE CHAPTER PENSION FUND	
b	Name of plan sponsor JOINT BOARD OF TRUSTEES OF BAC LOCAL 23 NORTH SHORE CHAPTER	c EIN-PN 62-1523674-001
a	Plan name BAC LOCAL NO. 1 WASHINGTON PENSION TRUST	
b	Name of plan sponsor BAC LOCAL NO. 1 WASHINGTON PENSION TRUST	c EIN-PN 91-6091466-001
a	Plan name BAKERY AND CONFECTIONERY UNION AND INDUSTRY INTERNATIONAL PENSION FUND	
b	Name of plan sponsor BAKERY AND CONFECTIONARY UNION AND INDUSTRY PENSION FUND	c EIN-PN 52-6118572-001
a	Plan name BEER INDUSTRY LOCAL UNION NO. 703 PENSION FUND	
b	Name of plan sponsor BEER INDUSTRY-LOCAL UNION NO.744 FUND TRUSTEES	c EIN-PN 36-6522619-001
a	Plan name BRICKLAYERS AND TROWEL TRADES INTERNATIONAL PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF BRICKLAYERS AND TROWEL TRADES PENSION FUND	c EIN-PN 52-6127746-001
a	Plan name BRICKLAYERS LOCAL #8 OF ILLINOIS PENSION FUND	
b	Name of plan sponsor BRICKLAYERS LOCAL 8 PENSION FUND	c EIN-PN 37-1043440-001
a	Plan name BRICKLAYERS OF INDIANA RETIREMENT PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES, BRICKLAYERS OF INDIANA RETIREMENT PLAN	c EIN-PN 35-6267233-001
a	Plan name BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA PENSION FUND	
b	Name of plan sponsor BRICKLAYERS UNION LOCAL NO. 6 OF IN	c EIN-PN 51-6113680-001
a	Plan name BRIMINGHAM PLUMBERS AND STEAMFITTER LOCAL UNION 91 PENSION PLAN	
b	Name of plan sponsor BOT BRIMINGHAM PLUMBERS AND STEAMFITTER LOCAL UNION 91 PENSION PLAN	c EIN-PN 63-0437949-001

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 BUILDING TRADES UNITED PENSION TRUST FUND MILWAUKEE & VICINITY	
b	Name of plan sponsor BUILDING TRADES UNITED PENSION TRUST FUND MILWAUKEE & VICINITY	c EIN-PN 51-6049409-001
a	Plan name CARPENTERS' ANNUITY TRUST FUND OF NORTHERN CALIFORNIA	
b	Name of plan sponsor BOT OF CARPENTERS ANNUITY TRUST FUND OF NORTHERN CALIFO	c EIN-PN 94-6534591-001
a	Plan name CARPENTERS LOCAL UNION NO. 345 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF CARPENTERS LOCAL UNION NO. 345 PENSION FUND	c EIN-PN 62-6112262-001
a	Plan name CARPENTERS PENSION FUND OF ILLINOIS	
b	Name of plan sponsor CARPENTERS PENSION FUND OF ILLINOIS	c EIN-PN 36-6147396-001
a	Plan name CARPENTERS PENSION FUND OF WEST VIRGINIA	
b	Name of plan sponsor TRUSTEES- CHEMICAL VALLEY PENSION TRUST FUND OF WEST VIRGINIA	c EIN-PN 55-6027998-001
a	Plan name CARPENTERS PENSION TRUST FUND FOR NORTHERN CALIFORNIA	
b	Name of plan sponsor BOT CARPENTERS PENSION TRUST FUND FOR NORTHERN CALI	c EIN-PN 94-6050970-001
a	Plan name CARPENTERS PENSION TRUST FUND OF KANSAS CITY	
b	Name of plan sponsor BOARD OF TRUSTEES CARPENTERS PENSION TRUST FUND OF KANSAS CITY	c EIN-PN 43-6108379-001
a	Plan name CEMENT MASONS' LOCAL 780 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE CEMENT MASONS LOCAL NO 780 PENSION FUND	c EIN-PN 13-1626710-001
a	Plan name CEMENT MASONS SOUTHERN CALIFORNIA PENSION TRUST	
b	Name of plan sponsor JOINT BOARD OF TRUSTEES, CEMENT MASONS PENSION TRUST	c EIN-PN 95-3379185-001
a	Plan name CEMENT MASONS UNION LOCAL NO. 502 PENSION FUND	
b	Name of plan sponsor CEMENT MASONS UNION LOCAL NO. 502 PENSION FUND	c EIN-PN 51-6034597-001
a	Plan name CENTRAL LABORERS PENSION FUND	
b	Name of plan sponsor CENTRAL LABORERS PENSION FUND BOARD OF TRUSTEES	c EIN-PN 37-6052379-001
a	Plan name CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN	
b	Name of plan sponsor BOT OF THE CENTRAL OHIO UFCW UNIONS AND EMPLOYERS PENSIO	c EIN-PN 31-6089169-001

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 CERAMIC TILE AND TERRAZZO LOCAL 67 B.A.C. ANNUITY TRUST FUND	
b	Name of plan sponsor CERAMIC TILE AND TERRAZZO LOCAL 67 B.A.C ANNUITY TRUST FUND	c EIN-PN 36-3707316-001
a	Plan name CHICAGO AND VICINITY LABORERS' DISTRICT COUNCIL FUND OFFICE STAFF PENSION FUND	
b	Name of plan sponsor BOT OF THE PEN PLN FOR THE FUNDS OFF STAFF OF THE CHI DC OF LAB HW	c EIN-PN 36-6550487-001
a	Plan name CHICAGO AND VICINITY LABORERS' DISTRICT COUNCIL PENSION FUND	
b	Name of plan sponsor HEALTH AND WELFARE DEPT CONSTR & GENL LABRS DIST OF CHGO & VICINITY	c EIN-PN 36-2514514-002
a	Plan name CHICAGO AREA I.B. OF T. BENEFIT TRUST FUNDS	
b	Name of plan sponsor CHICAGO AREA I.B. OF T. PENSION TRUST FUND	c EIN-PN 36-2407063-001
a	Plan name CHICAGO PAINTERS AND DECORATORS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES CHICAGO PAINTERS & DECORATORS PENSION FUND	c EIN-PN 51-6030238-001
a	Plan name CHICAGO TILE INSTITUTE PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES CHICAGO TILE INSTITUTE PENSION PLAN	c EIN-PN 36-6033202-001
a	Plan name CHICAGOLAND RACE MEET OPERATORS AND LOCAL UNION 134 I.B.E.W. JOINT PENSION TRUST	
b	Name of plan sponsor TRUSTEES OF CHICAGOLAND RACE MEET OPERATIONS AND LO AL 134 IBEW	c EIN-PN 36-3825845-001
a	Plan name COMMUNICATIONS WORKERS LOCAL 1109 PENSION FUND	
b	Name of plan sponsor COMMUNICATION WORKERS LOCAL 1109 PENSION FUND	c EIN-PN 22-6298155-001
a	Plan name COMMUNICATIONS WORKERS OF AMERICA PLAN FOR EMPLOYEES PENSIONS	
b	Name of plan sponsor COMMUNICATIONS WORKERS OF AMERICA	c EIN-PN 53-0246709-001
a	Plan name COMPOSITION ROOFERS LOCAL 4 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF COMPOSITION ROOFERS LOCAL 4 PENSION FUND	c EIN-PN 22-6172741-001
a	Plan name CONNECTICUT HEALTH CARE ASSOCIATES	
b	Name of plan sponsor CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND	c EIN-PN 06-1313462-001
a	Plan name CONSTRUCTION LABORERS PENSION TRUST FUND FOR SOUTHERN CALIFORNIA	
b	Name of plan sponsor BOT CONSTRUCTION LABORERS PENSION TRUST FUND FOR SOUTH CA	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 CUMBERLAND MARYLAND AND VICINITY BUILDING AND CONSTRUCTION EMPLOYEES' PENSION TRUST FUND	
b	Name of plan sponsor TRUSTEES - CUMBERLAND MD & VICINITY BUILDING & CONSTRUCTION EMPLOYEES	c EIN-PN 52-6061646-001
a	Plan name DISTRICT COUNCIL 82 PAINTING INDUSTRY PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES - DISTRICT COUNCIL 82 PAINTING INDUSTRY PENSION PLAN	c EIN-PN 90-0585687-001
a	Plan name EASTERN ATLANTIC STATES	
b	Name of plan sponsor BOARD OF ADMIN CARPENTERS PENSION & ANNUITY FUND OF PHILA & VICINITY	c EIN-PN 23-1613018-001
a	Plan name EIGHTH DISTRICT ELECTRICAL PENSION FUND	
b	Name of plan sponsor EIGHTH DISTRICT ELECTRICAL PENSION FUND	c EIN-PN 84-6100393-001
a	Plan name ELECTRICAL WORKERS DEFERRED INCOME FUND, LOCAL 103, I.B.E.W.	
b	Name of plan sponsor BOT OF ELECTRICAL WORKERS DEFERRED INCOME FUND LOCAL IBEW 103	c EIN-PN 04-2471895-002
a	Plan name ELECTRICAL WORKERS LOCAL NO. 26 PENSION TRUST FUND	
b	Name of plan sponsor BOT OF ELECTRICAL WORKERS LOCAL NO. 26 PENSION TRUST FUND	c EIN-PN 52-6117919-001
a	Plan name ELECTRICAL WORKERS, LOCAL 103 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF ELECTRICAL WORKERS, LOCAL 103 PENSION FUND	c EIN-PN 04-6063734-001
a	Plan name ELEVATOR CONSTRUCTORS UNION LOCAL NO. 1 ANNUITY FUND	
b	Name of plan sponsor ELEVATOR CONSTRUCTORS LOCAL NO. 1 ANNUITY FUND	c EIN-PN 51-6124191-001
a	Plan name EMPLOYEES SECURITY FUND OF THE ELECTRICAL PRODUCTS INDUSTRIES PENSION PLAN	
b	Name of plan sponsor BOT OF EES SEC FUND OF ELECTRICAL PRODUCTS INDUSTRIES PEN PLAN	c EIN-PN 13-6100907-001
a	Plan name EMPLOYER-INDUSTRIAL SHEET METAL WORKERS LOCAL NO. 16 PENSION TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES EMPLOYER - INDUSTRIAL SHEET METAL WORKERS 16	c EIN-PN 51-0171397-001
a	Plan name FLINT PLUMBING AND PIPEFITTING INDUSTRY PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES FLINT PLUMBING & PIPEFITTING INDUSTRY PENSION FUND	c EIN-PN 38-6254230-001
a	Plan name FOX VALLEY AND VICINITY LABORERS PENSION FUND	
b	Name of plan sponsor FOX VALLEY & VICINITY LABORERS PENSION FUND	c EIN-PN 36-6147409-001

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 HAGERSTOWN MOTOR CARRIERS AND TEAMSTERS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES HAGERSTOWN TEAMSTERS PENSION FUND	c EIN-PN 52-6045424-001
a	Plan name HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 47 RETIREMENT TRUST FUND	
b	Name of plan sponsor BOT OF ASBESTOS WORKERS LOCAL NO. 47 RETIREMENT TRUST FUND	c EIN-PN 38-6059001-001
a	Plan name HEATING, PIPING AND REFRIGERATION PENSION FUND	
b	Name of plan sponsor HEATING, PIPING AND REFRIGERATION PENSION FUND	c EIN-PN 52-1058013-001
a	Plan name I.B.E.W LOCAL NO. 269 DEFINED BENEFIT PENSION FUND	
b	Name of plan sponsor BOT OF I.B.E.W LOCAL NO. 269 DEFINED BENEFIT PENSION FUND	c EIN-PN 23-7301491-001
a	Plan name I.B.E.W. LOCAL 1430 PENSION FUND	
b	Name of plan sponsor JOINT BOARD LOCAL 1430 IBEW LOCAL PENSION	c EIN-PN 13-6367144-001
a	Plan name I.B.E.W. LOCAL 56 PENSION PLAN	
b	Name of plan sponsor INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION #56	c EIN-PN 25-6149244-001
a	Plan name I.B.E.W. LOCAL NO. 223 DEFERRED INCOME TRUST FUND	
b	Name of plan sponsor IBEW LOCAL 223 - DEFERRED INCOME PLAN TRUSTEES	c EIN-PN 04-6626914-002
a	Plan name I.B.E.W. PACIFIC COAST PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE I.B.E.W. PACIFIC COAST PENSION FUND	c EIN-PN 94-6128032-001
a	Plan name IBEW LOCAL #701 PENSION FUND	
b	Name of plan sponsor INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 701 PENSION FUND	c EIN-PN 36-6455509-001
a	Plan name IBEW LOCAL 150 PENSION PLAN	
b	Name of plan sponsor TRUSTEES UNDER IBEW LOCAL 150 PENSION FUND	c EIN-PN 36-6140629-001
a	Plan name IBEW LOCAL 25 RETIREMENT FUNDS	
b	Name of plan sponsor BOARD OF TRUSTEES OF IBEW LOCAL 25 RETIREMENT FUNDS	c EIN-PN 90-1065945-001
a	Plan name IBEW LOCAL 505 - NECA PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE 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	IBEW LOCAL 573 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF IBEW LOCAL 573 PENSION FUND	c EIN-PN 34-6570323-001
a	Plan name	IBEW LOCAL 573 PROFIT SHARING PLAN	
b	Name of plan sponsor	PROFIT SHARING PLAN AND TRUST NO. 573 PENSION TRUST FUND	c EIN-PN 34-1667617-002
a	Plan name	IBEW LOCAL 697 PENSION PLAN	
b	Name of plan sponsor	LOCAL 697 IBEW & ELECTRICAL INDUSTRY PENSION PLAN	c EIN-PN 51-6133048-001
a	Plan name	IBEW LOCAL 769 MANAGEMENT PENSION TRUST FUND	
b	Name of plan sponsor	IBEW LOCAL 769	c EIN-PN 86-6049763-001
a	Plan name	IBEW LOCAL 98 PENSION TRUST FUND	
b	Name of plan sponsor	IBEW LOCAL UNION PENSION FUND	c EIN-PN 23-1990722-001
a	Plan name	IBEW LOCAL NO. 540 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES IBEW LOCAL NO 540	c EIN-PN 34-6701444-001
a	Plan name	IBEW LOCAL UNION NO. 223 PENSION FUND	
b	Name of plan sponsor	IBEW LOCAL 223 PENSION FUND	c EIN-PN 04-2780301-005
a	Plan name	IBEW LOCAL UNION NO. 237 ANNUITY PLAN	
b	Name of plan sponsor	TRUSTEES IBEW LOCAL NO. 237 ANNUITY FUND	c EIN-PN 16-1378286-001
a	Plan name	IBEW LOCAL UNION NO. 237 PENSION FUND	
b	Name of plan sponsor	TRUSTEES IBEW LOCAL UNION NO. 237 PENSION FUND	c EIN-PN 16-6094914-001
a	Plan name	IBEW LOCAL UNION NO. 648 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF IBEW LOCAL UNION NO. 648 PENSION FUND	c EIN-PN 31-6134845-001
a	Plan name	IBEW LOCAL UNION NO. 915 PENSION - ANNUITY FUND	
b	Name of plan sponsor	IBEW LOCAL 915 PENSION TRUST FUND FIRST BENEFITS INC.	c EIN-PN 59-6518568-001
a	Plan name	INDIANA STATE COUNCIL OF CARPENTERS PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES INDIANA STATE COUNCIL OF CARPENTERS PENSION FUND	c EIN-PN 35-6060378-001

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 INDUSTRIAL CARPENTERS & PRECAST INDUSTRY PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES INDUSTRIAL CARPENTERS AND PRECAST	c EIN-PN 94-6284211-001
a	Plan name INSULATOR WORKERS LOCAL 78 DEFINED CONTRIBUTION PENSION PLAN	
b	Name of plan sponsor BOT INSULATORS LOCAL 78 MONEY PURCHASE PENSION PLAN	c EIN-PN 63-0732852-002
a	Plan name INSULATORS LOCAL 96 PENSION FUND	
b	Name of plan sponsor INTL ASSO OF HT & FRST INSULAT & ASBS WRKERS LOC UN NO. 96 PEN FUND	c EIN-PN 58-6110889-002
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 INTNL BROTHERHOOD OF ELECTRIC WRKERS LOCAL 654 PEN FUND	
b	Name of plan sponsor LOCAL UNION NO. 654 DEFINED	c EIN-PN 23-6538183-001
a	Plan name INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 445 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES, IBEW LOCAL 445 PENSION FUND	c EIN-PN 38-6142222-001
a	Plan name INTERNATIONAL FOUNDATION EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS, INC.	c EIN-PN 39-1034021-003
a	Plan name INTERNATIONAL UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS MASTER TRUST	
b	Name of plan sponsor INTNL UN OF BRICKLAYERS & ALLI CRAFTWORKERS,SLRIED EES PEN PLAN	c EIN-PN 53-0038250-004
a	Plan name INTERNATIONAL UNION OF OPERATING ENGINEERS GENERAL PENSION PLAN	
b	Name of plan sponsor PEN BRD OF THE GEN PENS PLN OF THE INTNL UNION OF THE OP ENGINEERS	c EIN-PN 52-6124299-001
a	Plan name INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL NO. 132 PENSION FUND	
b	Name of plan sponsor TRUSTEES- INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 132	c EIN-PN 55-6015364-001
a	Plan name INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL NO. 478 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES I.U.O.E. LOCAL 478 PENSION FUND	c EIN-PN 06-0733831-001
a	Plan name IRON WORKERS DISTRICT COUNCIL OF NEW ENGLAND PENSION FUND	
b	Name of plan sponsor BOT IRONWORKERS DISTRICT COUNCIL OF NEW ENGLAND PENSION FUND	c EIN-PN 04-2591016-001

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 IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO AND VICINITY PENSION TRUST	
b	Name of plan sponsor IRON WORKERS DISTRICT COUNCIL OF SOUTH OH & VICINITY PENS TRUSTEES	c EIN-PN 31-6038516-001
a	Plan name IRON WORKERS LOCAL 568 RETIREMENT PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE IRON WORKERS 568 RETIREMENT PLAN	c EIN-PN 32-0124306-002
a	Plan name IRON WORKERS LOCAL NO. 25 PENSION FUND	
b	Name of plan sponsor IRON WORKERS LOCAL NO. 25 PENSION FUND	c EIN-PN 38-6056780-001
a	Plan name IRON WORKERS ST. LOUIS DISTRICT COUNCIL PENSION TRUST	
b	Name of plan sponsor BOT OF IRONWORKERS ST. LOUIS DISTRICT COUNCIL PENSION TRUST	c EIN-PN 43-6052659-001
a	Plan name IRON WORKERS-LABORERS PENSION PLAN OF CUMBERLAND, MD	
b	Name of plan sponsor TRUSTEES OF THE IRON WORKERS- LABORERS PENSION PLAN OF CUMBERLAND	c EIN-PN 52-6067609-001
a	Plan name IRONWORKERS LOCAL 11 ANNUITY	
b	Name of plan sponsor TRUSTEES OF THE IRONWORKERS LOCAL 11 ANNUITY FUND	c EIN-PN 51-6135653-001
a	Plan name IRONWORKERS LOCAL 11 PENSION	
b	Name of plan sponsor TRUSTEES OF THE IRONWORKERS LOCAL 11 PENSION FUND	c EIN-PN 22-6243387-001
a	Plan name IRONWORKERS LOCAL 597 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES IRON WORKERS LOCAL 597 PENSION FUND	c EIN-PN 59-6195918-001
a	Plan name IRONWORKERS LOCAL UNION 167 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES IRONWORKERS LOCAL UNION NO. 167 PENSION PLAN	c EIN-PN 62-0787578-001
a	Plan name IRONWORKERS NATIONAL PENSION PLAN	
b	Name of plan sponsor IRONWORKERS NATIONAL PENSION FUND BOARD OF TRUSTEES	c EIN-PN 52-6122274-001
a	Plan name JACKSONVILLE PLUMBERS AND PIPEFITTERS PENSION FUND	
b	Name of plan sponsor JACKSONVILLE PLUMBERS & PIPEFITTERS PENSION FUND	c EIN-PN 59-6168181-001
a	Plan name KERN COUNTY ELECTRICAL PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES - KERN COUNTY ELECTRICAL PENSION FUND	c EIN-PN 95-6123049-001

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	LABORERS' DISTRICT COUNCIL CONSTRUCTION INDUSTRY PENSION FUND	
b	Name of plan sponsor	LABORERS DISTRICT COUNCIL CONSTRUCTION INDUSTRY PENSION FUND	c EIN-PN 23-6235338-001
a	Plan name	LABORERS LOCAL 231 ANNUITY FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES LABORERS LOCAL NO. 231 ANNUITY FUND	c EIN-PN 37-1230607-001
a	Plan name	LABORERS LOCAL NO. 231 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES LABORERS LOCAL 231 PENSION FUND	c EIN-PN 37-6040563-001
a	Plan name	LABORERS PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE LABORERS PENSION FUND	c EIN-PN 54-6111015-001
a	Plan name	LABORERS PENSION TRUST FUND - DETROIT AND VICINITY	
b	Name of plan sponsor	LABORERS PENSION TRUST FUND - DETROIT & VICINITY	c EIN-PN 51-6030973-001
a	Plan name	LABORERS PENSION TRUST FUND FOR NORTHERN CALIFORNIA	
b	Name of plan sponsor	BOARD OF TRUSTEES LABORERS PENSION	c EIN-PN 94-6277608-001
a	Plan name	LAUNDRY, DRY CLEANING WORKERS & ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED	
b	Name of plan sponsor	TRSTEES OF THE LNDRY, DRY CLNING WORKERS & ALLIED INDUSTR RE FUND	c EIN-PN 13-5521921-001
a	Plan name	LOCAL 282 PENSION TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE LOCAL 282 PENSION FUND	c EIN-PN 11-6245313-001
a	Plan name	LOCAL 580 ANNUITY FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES LOCAL 580 ANNUITY FUND	c EIN-PN 13-6178512-001
a	Plan name	LOCAL 580 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES LOCAL 580 PENSION FUND	c EIN-PN 13-6178514-001
a	Plan name	LOCAL 705 I.B.T. PENSION TRUST FUND	
b	Name of plan sponsor	LOCAL 705 IBT PENSION TRUST FUND	c EIN-PN 36-6492502-001
a	Plan name	LOCAL 804 I.B.T. AND LOCAL 447 I.A.M. - UPS, INC. MULTI-EMPLOYER RETIREMENT FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF LOCAL 804 I B T AND LOCAL 447 I A M	c EIN-PN 51-6117726-001

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 LOCAL NO. 8 IBEW RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES LOCAL NO 8 IBEW	c EIN-PN 34-6596899-001
a	Plan name LOCAL UNION NO. 124 I.B.E.W. PENSION TRUST FUND	
b	Name of plan sponsor I.B.E.W. LOCAL UNION NO. 124 PENSION TRUST FUND	c EIN-PN 43-0817626-001
a	Plan name MARBLE INDUSTRY ANNUITY TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE MARBLE INDUSTRY PENSION TRUST FUND	c EIN-PN 13-2967109-074
a	Plan name MARBLE, TILE AND TERRAZZO WORKERS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE MARBLE, TILE & TERRAZZO WORKERS PENSION FUND	c EIN-PN 52-6117426-001
a	Plan name MARITIME ASSOCIATION - I.L.A. PENSION FUND	
b	Name of plan sponsor MARITIME ASSOCIATION-BOARD OF TRUSTEES	c EIN-PN 74-1721447-001
a	Plan name MARYLAND ELECTRICAL INDUSTRY PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF MARYLAND ELECTRICAL INDUSTRY PENSION FUND	c EIN-PN 52-1057284-001
a	Plan name MASSACHUSETTS LABORERS' ANNUITY FUND	
b	Name of plan sponsor MASSACHUSETTS LABORERS ANNUITY FUND	c EIN-PN 04-6553616-001
a	Plan name MECHANICAL CONTRACTORS U.A. LOCAL 119 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE MECHANICAL CONTRACTORS UA LOCAL 119 PENSION	c EIN-PN 63-6055121-001
a	Plan name MICHIANA ELECTRICAL WORKERS PENSION FUND	
b	Name of plan sponsor MICHIANA AREA ELECTRICAL WORKERS PENSION FUND TRUSTEES	c EIN-PN 35-6269273-001
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 MID-AMERICA CARPENTERS REGIONAL COUNCIL PENSION FUND	
b	Name of plan sponsor BOT OF MID-AMERICA CARPENTERS REGIONAL COUNCIL PEN FUND	c EIN-PN 36-6130207-001
a	Plan name MID-ATLANTIC REGIONAL COUNCIL OF CARPENTERS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES - MARC PENSION PLAN	c EIN-PN 52-6051388-001

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 MIDDLE TENNESSEE CARPENTERS AND MILLWRIGHTS PENSION FUND	
b	Name of plan sponsor BOT OF MID TN CARPENTERS AND MILLWRIGHTS PENSION FUND	c EIN-PN 62-6101275-001
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 MIDWEST PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF MIDWEST PENSION PLAN	c EIN-PN 36-6512748-001
a	Plan name MILLWRIGHT LOCAL 1192 PENSION FUND	
b	Name of plan sponsor BOT MILLWRIGHTS AND MACHINERY ERECTORS LOCAL 1192 PENSION PLAN	c EIN-PN 63-0935670-001
a	Plan name MILLWRIGHTS' LOCAL NO. 1102 SUPPLEMENTAL PENSION FUND	
b	Name of plan sponsor MILLWRIGHTS LOCAL NO. 1102 SUPPLEMENTAL PENSION FUND	c EIN-PN 38-6216941-001
a	Plan name MILWAUKEE DRIVERS PENSION TRUST FUND	
b	Name of plan sponsor MILWAUKEE DRIVERS PENSION TRUST FUND	c EIN-PN 39-6045229-001
a	Plan name MINNESOTA AND NORTH DAKOTA BRICKLAYERS AND ALLIED CRAFTWORKERS PENSION FUND	
b	Name of plan sponsor BOT OF MN AND N DAKOTA BRICKLAYERS AND ALLIED CRAFTWORKERS PEN FUND	c EIN-PN 51-6029930-001
a	Plan name NALC ANNUITY TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE NALC ANNUITY TRUST FUND	c EIN-PN 52-6038252-001
a	Plan name NATIONAL ASBESTOS WORKERS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE NATIONAL ASBESTOS WORKERS PENSION FUND	c EIN-PN 52-6038497-001
a	Plan name NATIONAL AUTOMATIC SPRINKLER METAL TRADES PENSION FUND	
b	Name of plan sponsor NATIONAL AUTOMATIC SPRINKLER METAL TRADES PENSION FUND	c EIN-PN 52-6133856-001
a	Plan name NATIONAL ELECTRICAL ANNUITY PLAN	
b	Name of plan sponsor NATIONAL ELECTRICAL ANNUITY PLAN	c EIN-PN 52-6132372-001
a	Plan name NATIONAL ELEVATOR INDUSTRY PENSION PLAN	
b	Name of plan sponsor NATIONAL ELEVATOR INDUSTRY PENSION PLAN BOARD OF TRUSTEES	c EIN-PN 23-2694291-001

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 LOCAL NO. 176 PENSION PLAN	
b	Name of plan sponsor	TRUSTEES OF THE NECA - IBEW LOCAL NO. 176 PENSION TRUST FUND	c EIN-PN 36-2953263-001
a	Plan name	NEW ENGLAND HEALTH CARE EMPLOYEES	
b	Name of plan sponsor	NEW ENGLAND HEALTH CARE EMPLOYEES PENSION FUND	c EIN-PN 22-3071963-001
a	Plan name	NEW ORLEANS CARPENTERS PENSION PLAN	
b	Name of plan sponsor	TRUSTEES - NEW ORLEANS CARPENTERS PENSION PLAN	c EIN-PN 72-1489654-001
a	Plan name	NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS PENSION FUND	
b	Name of plan sponsor	NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS PENSION FUND	c EIN-PN 51-0174276-001
a	Plan name	NEWSPAPER GUILD OF NEW YORK LOCAL REPRESENTATIVE GUILD PENSION PLAN	
b	Name of plan sponsor	NEWSPAPER GUILD OF NEW YORK	c EIN-PN 13-1105115-002
a	Plan name	NORTH ATLANTIC STATES CARPENTERS GUARANTEED ANNUITY FUND	
b	Name of plan sponsor	BOT OF THE NORTH ATLANTIC STATES CARPENTERS GUARANTEED ANNUITY FUND	c EIN-PN 04-2776873-001
a	Plan name	NORTH ATLANTIC STATES CARPENTERS PENSION FUND	
b	Name of plan sponsor	BOT OF THE NORTH ATLANTIC STATES CARPENTERS PENSION FUND	c EIN-PN 51-6040899-001
a	Plan name	NORTHERN CALIFORNIA GLAZIERS, ARCHITECTURAL, METAL AND GLASS WORKERS PENSION TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES - NORTHERN CALIFORNIA GLAZIERS	c EIN-PN 94-6083001-001
a	Plan name	NORTHWEST BRICKLAYERS PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES NORTHWEST BRICKLAYERS PENSION TRUST FUND	c EIN-PN 93-6034946-001
a	Plan name	OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION PENSION FUND	
b	Name of plan sponsor	OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION	c EIN-PN 53-0175463-001
a	Plan name	OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION, LOCAL #153 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES LOCAL 153 PENSION FUND	c EIN-PN 13-2864289-001
a	Plan name	OFFICE AND PROFESSIONAL EMPLOYEES PENSION TRUST FUND LOCAL 3	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE OFFICE AND PROFESSIONAL EMPLOYEES	c EIN-PN 94-6110868-001

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	OFFICERS AND EMPLOYEES OF LOCAL UNION 478 AND FUNDS EMPLOYEES PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OFFICERS & EMPLOYEES OF LOCAL 478 & FUNDS	c EIN-PN 06-6140282-001
a	Plan name	OHIO CARPENTERS' PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE OHIO CARPENTERS PENSION PLAN	c EIN-PN 34-6574360-001
a	Plan name	OPERATING ENGINEERS CONSTRUCTION INDUSTRY AND MISCELLANEOUS PENSION FUND	
b	Name of plan sponsor	OP ENGINEERS CONST IND & MISC. LOCAL 66 PEN FUND BD OF TRUSTEES	c EIN-PN 25-6135579-001
a	Plan name	OPERATING ENGINEERS LOCAL 77 PENSION TRUST FUND	
b	Name of plan sponsor	OPERATING ENGINEERS LOCAL NO. 77	c EIN-PN 52-6038506-001
a	Plan name	OPERATING ENGINEERS LOCAL UNION NO. 474 DEFINED CONTRIBUTION PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OPEARTING ENGINEERS LOCAL 474	c EIN-PN 58-6209482-002
a	Plan name	OPERATIVE PLASTERERS AND CEMENT MASONS LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND	
b	Name of plan sponsor	OP PLASTERERS AND CEMENT MASONS LOCAL UNION OFFICERS AND EE PEN FUND	c EIN-PN 52-6135348-002
a	Plan name	OREGON AND SOUTHWEST WASHINGTON PAINTERS PENSION TRUST FUND	
b	Name of plan sponsor	OREGON AND SOUTHWEST WASHINGTON PAINTERS PENSION BOARD	c EIN-PN 93-6022791-001
a	Plan name	OREGON SHEET METAL WORKERS PENSION TRUST	
b	Name of plan sponsor	OREGON SHEET METAL WORKERS BOARD OF TRUSTEES MASTER RETIREMENT TR	c EIN-PN 93-6018501-001
a	Plan name	PACIFIC COAST ROOFERS PENSION PLAN	
b	Name of plan sponsor	PACIFIC COAST ROOFERS PENSION PLAN	c EIN-PN 94-6051377-001
a	Plan name	PACIFICORP/IBEW LOCAL 57 RETIREMENT TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF PACIFICORP/IBEW LOCAL 57 RETIREMENT TRUST FUND	c EIN-PN 87-0640888-001
a	Plan name	PAINTERS DISTRICT COUNCIL NO. 3 PENSION FUND	
b	Name of plan sponsor	PAINTERS DISTRICT COUNCIL 3 PENSION FUND	c EIN-PN 43-6098242-001
a	Plan name	PENSION AND INSURANCE FUND OF LOCAL 1783, I.B.E.W.	
b	Name of plan sponsor	TRUSTEES OF LOCAL 1783 IBEW PENSION	c EIN-PN 13-1889643-001

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 - TECHNICAL ENGINEERING DIVISION, LOCAL 130, U.A.	
b	Name of plan sponsor	TRSTEES OF THE PEN FUND TECHL ENGIN DIV LOCAL UNION 130, UA AFL-CIO	c EIN-PN 36-6493093-001
a	Plan name	PENSION FUND FOR HOSPITAL AND HEALTH CARE EMPLOYEES PHILADELPHIA AND VICINITY 1199C	
b	Name of plan sponsor	PEN FUND FOR HOSP & HEALTHCARE EES, PHIL & VICINITY, 1199C	c EIN-PN 23-2627428-001
a	Plan name	PENSION FUND FOR NURSING HOME AND HEALTH CARE EMPLOYEES-PHILADELPHIA AND VICINITY	
b	Name of plan sponsor	TRUSTEE PENSION FUND FOR NURSING HOME EMPLOYEES	c EIN-PN 23-2774706-001
a	Plan name	PENSION FUND LOCAL 96 - IBEW	
b	Name of plan sponsor	PENSION FUND LOCAL 96 - IBEW	c EIN-PN 04-6295080-001
a	Plan name	PENSION, HOSPITALIZATION AND BENEFIT PLAN OF THE ELECTRICAL INDUSTRY PENSION TRUST	
b	Name of plan sponsor	JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY	c EIN-PN 13-6123601-001
a	Plan name	PHILADELPHIA PLUMBERS UNION LOCAL #690 OF PHILADELPHIA AND VICINITY PENSION FUND	
b	Name of plan sponsor	PLUMBERS UNION LOCAL 690 OF PHILADELPHIA PENSION FUND	c EIN-PN 23-6405018-001
a	Plan name	PIPE TRADES SERVICES MN PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF TWIN CITY PIPE TRADES PENSION PLAN	c EIN-PN 41-6131800-001
a	Plan name	PLUMBERS & PIPEFITTERS LOCAL NO. 152 PENSION FUND	
b	Name of plan sponsor	JOINT BOT OF THE PLUMBERS & PIPEFITTERS LOCAL 152 PEN TRUST FUND	c EIN-PN 55-6029095-001
a	Plan name	PLUMBERS AND FITTERS LOCAL 101 PENSION TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES PLUMBERS & FITTERS LOCAL 101 PENION PLAN	c EIN-PN 37-6025801-001
a	Plan name	PLUMBERS AND PIPEFITTERS 562 PENSION FUND	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES PLUMBERS & PIPEFITTERS LOCAL 562 PENSION FUND	c EIN-PN 43-0759836-001
a	Plan name	PLUMBERS AND PIPEFITTERS LOCAL 99 PENSION FUND	
b	Name of plan sponsor	LOCAL NO. 99 UNITED ASSOC OF PLUMBERS AND PIPEFITTERS PEN FUND	c EIN-PN 51-6119432-001
a	Plan name	PLUMBERS AND PIPEFITTERS LOCAL UNION 625 PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES PLUMBERS & PIPEFITTERS LOCAL UNION 625 PENSION PLAN	c EIN-PN 55-0759747-001

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 AND PIPEFITTERS LOCAL UNION NO. 421 PENSION FUND TRUST	
b	Name of plan sponsor BOT OF PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 421 PEN FND TRST	c EIN-PN 57-0524232-001
a	Plan name PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 776, LIMA, OHIO PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES PLUMBERS & PIPEFITTERS PENSION PLAN	c EIN-PN 34-6682531-001
a	Plan name PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 803 PENSION FUND	
b	Name of plan sponsor TRUSTEES OF PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 803	c EIN-PN 59-6228172-001
a	Plan name PLUMBERS AND PIPEFITTERS OF THE CAROLINAS DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor BOT OF PLUMBERS & PIPEFITTERS OF THE CAROLINAS PEN-ANNUITY TRST FND	c EIN-PN 56-1442440-001
a	Plan name PLUMBERS AND STEAMFITTERS LOCAL #137 PENSION FUND	
b	Name of plan sponsor PLUMBERS & STEAMFITTERS LOCAL 137 PENSION FUND BOARD OF TRUSTEES	c EIN-PN 36-6136791-001
a	Plan name PLUMBERS AND STEAMFITTERS LOCAL 150 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL NO 150 PENSION	c EIN-PN 58-6116699-001
a	Plan name PLUMBERS AND STEAMFITTERS LOCAL 248 PENSION FUND	
b	Name of plan sponsor TRUSTEES OF PLUMBERS & STEAMFITTERS LOCAL UNION 248 PENSION TRUST FUND	c EIN-PN 31-1017514-001
a	Plan name PLUMBERS AND STEAMFITTERS LOCAL 396 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 396 PENSION FUND	c EIN-PN 34-6727007-001
a	Plan name PLUMBERS AND STEAMFITTERS LOCAL 43 PENSION FUND TRUST	
b	Name of plan sponsor BOT OF PLUMBERS & STEAMFITTERS LOCAL 43 PENSION FUND TRUST	c EIN-PN 62-6101288-001
a	Plan name PLUMBERS AND STEAMFITTERS LOCAL 486 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF PLUMBERS AND STEAMFITTERS LOCAL 486 PENSION FUND	c EIN-PN 52-6124449-001
a	Plan name PLUMBERS AND STEAMFITTERS LOCAL 60 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF PLUMBERS & STEAMFITTERS LOCAL 60	c EIN-PN 72-6025640-001
a	Plan name PLUMBERS AND STEAMFITTERS LOCAL NO. 131 PENSION PLAN AND TRUST	
b	Name of plan sponsor PLUMBERS AND STEAMFITTERS LOCAL NO. 131 PENSION PLAN AND TRUST	c EIN-PN 51-6029575-001

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 AND STEAMFITTERS LOCAL NO. 42 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION	c EIN-PN 23-7404110-001
a	Plan name PLUMBERS LOCAL #210 RETIREMENT FUND	
b	Name of plan sponsor TRUSTEES OF PLUMBERS LOCAL NO 210 RETIREMENT FUND	c EIN-PN 32-0100178-001
a	Plan name PLUMBERS LOCAL 12 PENSION FUND	
b	Name of plan sponsor PLUMBERS UNION LOCAL NO. 12 PENSION FUND BOARD OF TRUSTEES	c EIN-PN 04-6023174-001
a	Plan name PLUMBERS LOCAL 360 PENSION FUND	
b	Name of plan sponsor PLUMBERS LOCAL 360 PENSION FUND	c EIN-PN 37-1186588-001
a	Plan name PLUMBERS LOCAL UNION NO. 17 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES PLUMBERS LOCAL 17 PENSION FUND	c EIN-PN 62-6104660-001
a	Plan name PLUMBERS PENSION FUND, LOCAL 130, U.A.	
b	Name of plan sponsor PLUMBERS PENSION FUND, LOCAL 130, U.A.	c EIN-PN 36-6489579-001
a	Plan name POINTERS, CLEANERS AND CAULKERS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF POINTERS, CLEANERS & CAULKERS PENSION FUND	c EIN-PN 13-3208565-001
a	Plan name PUGET SOUND ELECTRICAL WORKERS PENSION FUND	
b	Name of plan sponsor PUGET SOUND ELECTRICAL WORKERS PENSION PLAN	c EIN-PN 91-6180333-001
a	Plan name RECYCLING & GENERAL INDUSTRIAL UNION LOCAL 108 ANNUITY FUND	
b	Name of plan sponsor BOARD OF TRUSTEES RECYCLING AND GENERAL INDUSTRIAL UNION LOCAL 108	c EIN-PN 61-1429515-002
a	Plan name RECYCLING AND GENERAL INDUSTRIAL UNION LOCAL 108 PENSION FUND	
b	Name of plan sponsor BOT -RECYCLING AND GENL IND UNION LOCAL 108 PEN TRUST	c EIN-PN 13-6366378-001
a	Plan name RESILIENT FLOOR COVERING PENSION FUND	
b	Name of plan sponsor RESILIENT FLOOR COVERING PENSION FUND	c EIN-PN 94-6284071-001
a	Plan name RET AND PEN PLN FOR OFFICERS AND EES OF THE NY DIST CNCL OF CRPENTRS AND RLTD ORG	
b	Name of plan sponsor BOT OF THE RET AND PEN PLAN FOR OFCRS AND EES OF THE NY DIST CNCL OF	c EIN-PN 51-0167964-001

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 RETIREMENT PLAN FOR EMPLOYEES OF INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, LOCAL 134	
b	Name of plan sponsor RET PLAN FOR EES OF INTNLL BRTHRHOOD OF ELECTRIC WRKERS, LOCAL 134	c EIN-PN 36-1264170-001
a	Plan name RHODE ISLAND LABORERS' ANNUITY FUND	
b	Name of plan sponsor BOARD OF TRUSTEES RHODE ISLAND LABORERS ANNUITY FUND	c EIN-PN 05-0417267-001
a	Plan name RHODE ISLAND LABORERS PENSION FUND	
b	Name of plan sponsor RHODE ISLAND LABORERS PENSION FUND BOARD OF TRUSTEES	c EIN-PN 51-6095806-001
a	Plan name ROOFERS AND WATERPROOFERS LOCAL 44 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES ROOFERS AND WATERPROOFERS LOCAL 44 PENSION PLAN	c EIN-PN 34-6611397-001
a	Plan name ROOFERS' LOCAL 33 PENSION FUND	
b	Name of plan sponsor ROOFERS UNION LOCAL NO. 33 PENSION FUND TRUST	c EIN-PN 04-2228135-001
a	Plan name SAN DIEGO COUNTY CEMENT MASONS PENSION TRUST	
b	Name of plan sponsor SAN DIEGO COUNTY CEMENT MASONS PENSION TRUST	c EIN-PN 95-6267660-001
a	Plan name SAN DIEGO COUNTY CONSTRUCTION LABORERS PENSION FUND	
b	Name of plan sponsor SAN DIEGO COUNTY CONSTRUCTION LABORERS PENSION FUND	c EIN-PN 95-6090541-001
a	Plan name SAN DIEGO ELECTRICAL PENSION TRUST FUND	
b	Name of plan sponsor SAN DIEGO ELECTRICAL PENSION TRUST	c EIN-PN 95-6101801-001
a	Plan name SEIU LOCAL NO.1 PENSION TRUST FUND	
b	Name of plan sponsor TRUSTEES OF LOCAL 1 PENSION TRUST FUND	c EIN-PN 51-6055057-001
a	Plan name SERVICE EMPLOYEES INTERNATIONAL UNION PENSION PLANS MASTER TRUST	
b	Name of plan sponsor SEIU PENSION PLAN MASTER TRUST	c EIN-PN 56-6680924-001
a	Plan name SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION LOCAL 28 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF SMWIA LU NO. 28 PENSION FUND	c EIN-PN 11-2480671-001
a	Plan name SHEET METAL WORKERS LOCAL 17 ANNUITY FUND	
b	Name of plan sponsor SHEET METAL WORKERS LOCAL 17 ANNUITY FUND	c EIN-PN 04-6394579-003

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 SHEET METAL WORKERS LOCAL 20 INDIANAPOLIS PENSION FUND	
b	Name of plan sponsor TRSTEES OF SHEET METAL WRKERS LOCAL NO. 20 IN PENS FUND	c EIN-PN 51-0168516-001
a	Plan name SHEET METAL WORKERS LOCAL 218 (C) PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF SHEET METAL WORKERS LOCAL 218 (C) PENSION FUND	c EIN-PN 37-6083535-001
a	Plan name SHEET METAL WORKERS LOCAL 265 PENSION FUND	
b	Name of plan sponsor SHEET METAL WORKERS LOCAL #265 PENSION FUND	c EIN-PN 36-6168611-001
a	Plan name SHEET METAL WORKERS LOCAL NO. 20 GARY AREA PENSION FUND	
b	Name of plan sponsor TRUSTEES OF SHEET METAL WORKERS LOCAL 20 GARY AREA PENSION FUND	c EIN-PN 35-6057213-001
a	Plan name SHEET METAL WORKERS LOCAL UNION NO. 17 SUPPLEMENTAL PENSION FUND	
b	Name of plan sponsor BOT SHEET METAL WORKERS LOCAL 17 SUPP PEN PLAN	c EIN-PN 20-0845880-001
a	Plan name SHEET METAL WORKERS LOCAL UNION NO. 32 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES SHEET METAL WORKERS LOCAL UNION NO 32 PENSION	c EIN-PN 59-6152610-001
a	Plan name SHEET METAL WORKERS NATIONAL PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES SHEET METAL WORKERS NATIONAL PENSION FUND	c EIN-PN 52-6112463-001
a	Plan name SHEET METAL WORKERS PENSION FUND OF LOCAL UNION NO. 19	
b	Name of plan sponsor SHEET METAL WORKERS PENSION FUND OF LOCAL UNION NO. 19	c EIN-PN 23-1494364-001
a	Plan name SHEET METAL WORKERS TRUST FUNDS OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA	
b	Name of plan sponsor SHEET METAL WRKERS TRST FND OF SO CA, AZ & NV	c EIN-PN 95-6052257-001
a	Plan name SOUTHERN ELECTRICAL RETIREMENT FUND	
b	Name of plan sponsor BOARD OF TRUSTEES SOUTHERN ELECTRICAL RETIREMENT FUND	c EIN-PN 62-6125711-001
a	Plan name SOUTHERN IRON WORKERS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF SOUTHERN IRON WORKERS PENSION FUND	c EIN-PN 59-6227091-001
a	Plan name SOUTHERN NEVADA CULINARY & BARTENDERS PENSION TRUST	
b	Name of plan sponsor SOUTHERN NEVADA CULINARY AND BARTENDER PENSION TRUST	c EIN-PN 88-6016617-001

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 SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND	
b	Name of plan sponsor SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND	c EIN-PN 14-1595069-001
a	Plan name STA OF BALTIMORE - I.L.A. PENSION FUND	
b	Name of plan sponsor STATE OF BALTIMORE HOLABIRD INDUSTRIAL PARK	c EIN-PN 52-6036829-001
a	Plan name STATIONARY ENGINEERS LOCAL 39 PENSION TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE STATIONARY ENGINEERS LOCAL 39	c EIN-PN 94-6118939-001
a	Plan name STEAMFITTERS LOCAL 449 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES FOR THE STEAMFITTERS LOCAL 449 PENSION PLAN	c EIN-PN 25-6032401-001
a	Plan name STEAMFITTERS LOCAL 449 RETIREMENT SECURITY FUND	
b	Name of plan sponsor BOARD OF TRUSTEES FOR STEAMFITTERS LOCAL 449 RETIREMENT SECURITY PLAN	c EIN-PN 25-6135334-001
a	Plan name STEAMFITTERS PENSION FUND LOCAL UNION NO. 475	
b	Name of plan sponsor BOARD OF TRUSTEES STEAMFITTERS PENSION FUND LOCAL UNION NO. 475	c EIN-PN 22-6029738-001
a	Plan name STONE SETTERS ANNUITY FUND LOCAL 84	
b	Name of plan sponsor BOARD OF TRUSTEES STONE SETTERS ANNUITY FUND LOCAL 84	c EIN-PN 13-6121379-002
a	Plan name STONE SETTERS PENSION FUND, LOCAL 84	
b	Name of plan sponsor BOARD OF TRUSTEES OF STONE SETTERS PENSION FUND	c EIN-PN 13-6121379-001
a	Plan name TAMPA MARITIME ASSOCIATION - INTERNATIONAL LONGSHOREMEN'S ASSOCIATION PENSION PLAN	
b	Name of plan sponsor TAMPA MARITIME ASSOCIATION - INTERNATIONAL LONGSHOREMEN'S ASSOCIATION	c EIN-PN 59-6145175-001
a	Plan name TEAMSTERS LOCAL 11 PENSION FUND	
b	Name of plan sponsor THE BOARD OF TRUSTEES TEAMSTERS LOCAL 11 PENSION PLAN	c EIN-PN 22-6172223-001
a	Plan name TEAMSTERS LOCAL 301 PENSION FUND	
b	Name of plan sponsor TRUSTEES OF TEAMSTERS LOCAL 301	c EIN-PN 36-6492992-001
a	Plan name THE STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON, D.C. PENSION PLAN	
b	Name of plan sponsor BOT OF STONE AND MARBLE MASONS METRO WA D.C. PEN TRST FND	c EIN-PN 52-6117940-001

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	TILE INDUSTRY RETIREMENT SAVINGS FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES TILE INDUSTRY RETIREMENT	c EIN-PN 95-6118656-001
a	Plan name	TOLEDO NEWSPAPER UNIONS-BLADE PENSION PLAN AND TRUST	
b	Name of plan sponsor	TOLEDO NEWSPAPER UNIONS - BLADE PENSION PLAN	c EIN-PN 34-6074138-001
a	Plan name	TRANSPORT WORKERS UNION OF AMERICA, LOCAL 100 STAFF PENSION PLAN	
b	Name of plan sponsor	TRANSPORT WORKERS UNION OF AMERICA, LOCAL 100	c EIN-PN 13-1395076-001
a	Plan name	TRI-STATE DISTRICT COUNCIL OF CARPENTERS OF CHATTANOOGA AND VICINITY PENSION FUND	
b	Name of plan sponsor	BOT, CONSTRUCTION LABORERS PENS TRST FUND FOR SO CA	c EIN-PN 62-0976048-001
a	Plan name	TWIN CITY CARPENTERS PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF TWIN CITY CARPENTERS PENSION FUND	c EIN-PN 41-6043137-001
a	Plan name	U.A. LOCAL 447 PENSION TRUST FUND	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES U.A. LOCAL NO. 447 PENSION FUND	c EIN-PN 94-6269669-001
a	Plan name	U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND	
b	Name of plan sponsor	U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND	c EIN-PN 52-1178032-333
a	Plan name	U.A. PLUMBERS AND STEAMFITTERS LOCAL NO. 22 PENSION FUND	
b	Name of plan sponsor	TRUSTEES OF UA PLUMBERS & STEAMFITTERS LOCAL 22 PENSION FUND	c EIN-PN 16-0920434-001
a	Plan name	UA LOCAL 190 PLUMBERS/PIPEFITTERS/SERVICE TECHNICIANS/GAS DISTRIBUTION PENSION TRUST	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES UA LOCAL NO. 190	c EIN-PN 38-6065579-001
a	Plan name	UFCW HEARTLAND PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF UFCW HEARTLAND PENSION FUND	c EIN-PN 31-6056028-001
a	Plan name	UFCW INTERNATIONAL UNION-INDUSTRY PENSION FUND	
b	Name of plan sponsor	TRUSTEES PF UFCW INTERNATIONAL UNION INDUSTRY PENSION FUND	c EIN-PN 51-6055922-001
a	Plan name	UFCW LOCAL 655 FOOD EMPLOYERS JOINT PENSION PLAN	
b	Name of plan sponsor	UNITED FOOD AND COMMERCIAL WORKERS UNION LOCAL 655	c EIN-PN 43-6058365-001

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 UNION MUTUAL FUND	
b	Name of plan sponsor BOARD OF TRUSTEES UNION MUTUAL FUND PENSION PLAN	c EIN-PN 22-6073058-001
a	Plan name UNITE HERE HEALTH STAFF PENSION PLAN	
b	Name of plan sponsor UNITED HERE HEALTH	c EIN-PN 23-7385560-001
a	Plan name UNITE HERE NORTHWEST PENSION TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES, HOTEL EMPLOYEES RESTAURANT EMPLOYEES PENSION PLAN	c EIN-PN 91-6145131-001
a	Plan name UNITED ASSOCIATION NATIONAL PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF UNITED ASSOCIATION NATIONAL PENSION FUND	c EIN-PN 52-6088636-001
a	Plan name UNITED ASSOCIATION OF JOURNEYMEN PLUMBERS AND JOURNEYMEN STEAMFITTERS AND PIPEFITTERS LOCAL 357 PENSION PLAN	
b	Name of plan sponsor BOT OF THE KALAMAZOO PLUMBERS & PIPEFITTERS 357 PEN PLAN	c EIN-PN 38-6152409-001
a	Plan name UNITED ASSOCIATION OF PLUMBERS AND STEAMFITTERS LOCAL 521 PENSION TRUST FUND	
b	Name of plan sponsor TRUSTEES UNITED ASSOCIATION OF PLUMBERS & STEAMFITTERS LOCAL 521	c EIN-PN 55-6039031-001
a	Plan name UNITED FOOD AND COMMERCIAL WORKERS UNION LOCAL PENSION FUND	
b	Name of plan sponsor UNITED FOOD AND COMMERCIAL WORKERS UNION LOCAL 1546 PENSION FUND	c EIN-PN 51-6049165-001
a	Plan name UNITED MINE WORKERS OF AMERICA 1985 CONSTRUCTION WORKERS PENSION PLAN	
b	Name of plan sponsor UNITED MINE WORKERS OF AMERICA 1985 CONSTRUCTION WORKERS PENSION PLAN	c EIN-PN 52-6283006-001
a	Plan name UNITED UNION OF ROOFERS, WATERPROOFERS AND ALLIED WORKERS LOCAL UNION NO. 86 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES ROOFERS LOCAL UNION NO. 86 PENSION PLAN	c EIN-PN 31-6127876-001
a	Plan name WASHINGTON STATE PLUMBING AND PIPEFITTING INDUSTRY PENSION TRUST	
b	Name of plan sponsor WASHINGTON STATE PLUMBING & PIPEFITTING INDUSTRY PENSION PLAN	c EIN-PN 91-6029141-001
a	Plan name WESTERN GLAZIERS RETIREMENT TRUST	
b	Name of plan sponsor WESTERN GLAZIERS RETIREMENT TRUST	c EIN-PN 91-6050587-001
a	Plan name WESTERN GLAZIERS RETIREMENT TRUST, LOCAL #740	
b	Name of plan sponsor WESTERN GLAZIERS RETIREMENT TRUST, LOCAL 740	c EIN-PN 93-6074376-001

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 NEWTOWER TRUST COMPANY MULTI-EMPLOYER PROPERTY TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NEWTOWER TRUST COMPANY	D Employer Identification Number (EIN) 52-6218800

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	53714235 26727459
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	9543332122 9064402025
(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)	2316058 1452778

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	9599362415	9092582262
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	4054142648	3856137398
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4054142648	3856137398
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5545219767	5236444864

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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1811253	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)	45557930	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		47369183
(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)		0
(3) Rents.....	2b(3)		298254682
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	221575486	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	233966671	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-12391185
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	-453842060	
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-453842060

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		71804285
d Total income. Add all income amounts in column (b) and enter total	2d		-48805095

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)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		77683092
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)	59887316	
(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)	18038327	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		77925643
j Total expenses. Add all expense amounts in column (b) and enter total	2j		155608735

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-204413830
l Transfers of assets:			
(1) To this plan	2l(1)		779
(2) From this plan	2l(2)		104361852

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

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

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

a single-employer plan a DFE (specify) C

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan NEWTOWER TRUST COMPANY MULTI-EMPLOYER PROPERTY TRUST</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) NEWTOWER TRUST COMPANY 7315 WISCONSIN AVENUE, SUITE 350W BETHESDA MD 20814</p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) 52-6218800</p> <hr/> <p>2c Plan Sponsor's telephone number 240-235-9960</p> <hr/> <p>2d Business code (see instructions)</p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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

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	<i>Ian M. Butler</i>	8/7/2025	IAN BUTLER
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 0 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____
