

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: NORTHERN TRUST COMMON SHORT-TERM INVESTMENT FUND
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): NORTHERN TRUST INVESTMENTS, INC.
2b Employer Identification Number (EIN): 36-6452394
2c Plan Sponsor's telephone number: 312-630-6000
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

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 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 _____

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>NORTHERN TRUST COMMON SHORT-TERM INVESTMENT FUND</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>NORTHERN TRUST INVESTMENTS, INC.</u>	D Employer Identification Number (EIN) <u>36-6452394</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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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)

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	4TH DISTRICT IBEW HEALTH FUND	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES OF 4TH DISTRICT IBEW HEALTH FUND	c EIN-PN 31-6068797-501
a	Plan name	ACCENTURE UNITED STATES BENEFIT TRUST	
b	Name of plan sponsor	ACCENTURE LLP	c EIN-PN 36-7274697-003
a	Plan name	AIR LINE PILOTS ASSOCIATION, INTERNATIONAL PILOT WELFARE BENEFIT TRUST	
b	Name of plan sponsor	AIR LINE PILOTS ASSOCIATION, INTERNATIONAL	c EIN-PN 36-0710830-523
a	Plan name	ALPA RETIREE HEALTH PLAN FOR JETBLUE PILOTS VEBA TRUST	
b	Name of plan sponsor	AIR LINE PILOTS ASSOCIATION, INTERNATIONAL	c EIN-PN 32-0584293-537
a	Plan name	ASCENSION WELFARE BENEFITS PLAN	
b	Name of plan sponsor	ASCENSION	c EIN-PN 45-3358926-512
a	Plan name	BC AND BS ASSOCIATION HEALTH AND LIFE INSURANCE PROGRAM	
b	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD ASSOCIATION	c EIN-PN 13-5656874-504
a	Plan name	BLUE CROSS BLUE SHIELD OF MICHIGAN LONG TERM DISABILITY PROGRAM	
b	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF MICHIGAN	c EIN-PN 38-2069753-527
a	Plan name	BLUE CROSS BLUE SHIELD OF MICHIGAN RETIREE MEDICAL BENEFIT PLAN	
b	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF MICHIGAN	c EIN-PN 38-2069753-504
a	Plan name	BUTLER-ZANESVILLE WORKS HOURLY AND SALARIED UNION RETIREES HEALTH CARE FUND	
b	Name of plan sponsor	BD OF TRUSTEES BUTLER-ZANESVILLE WORKS HOURLY AND SALARIED UNION RETIR	c EIN-PN 45-2029312-501
a	Plan name	CAROLINA TELEPHONE & TELEGRAPH CO. SICKNESS DEATH BENEFIT PLAN - VEBA	
b	Name of plan sponsor	CAROLINA TELEPHONE & TELEGRAPH CO.	c EIN-PN 56-0931189-539
a	Plan name	CATERPILLAR INC. GROUP INSURANCE MASTER TRUST	
b	Name of plan sponsor	CATERPILLAR INC.	c EIN-PN 36-6426495-020
a	Plan name	CHICAGO PAINTERS AND DECORATORS RETIREE WELFARE FUND	
b	Name of plan sponsor	TRUSTEES CHICAGO PAINTERS AND DECORATORS RETIREE WELFARE FUND	c EIN-PN 90-1034518-501

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	CONSTELLATION DISABILITY BENEFIT PLAN	
b	Name of plan sponsor	CONSTELLATION ENERGY GENERATION LLC	c EIN-PN 23-3064219-507
a	Plan name	CONSTELLATION EMPLOYEES' LIFE INSURANCE PLAN	
b	Name of plan sponsor	CONSTELLATION ENERGY GENERATION LLC	c EIN-PN 23-3064219-505
a	Plan name	CONSTELLATION HEALTH CARE PROGRAM	
b	Name of plan sponsor	CONSTELLATION ENERGY GENERATION LLC	c EIN-PN 23-3064219-501
a	Plan name	CONSTELLATION NEW ENGLAND UNION POST-EMPLOYMENT MEDICAL SAVINGS ACCOUNT PLAN	
b	Name of plan sponsor	CONSTELLATION ENERGY GENERATION LLC	c EIN-PN 23-3064219-509
a	Plan name	CONSTELLATION PECO ENERGY COMPANY RETIREE MEDICAL PLAN	
b	Name of plan sponsor	CONSTELLATION ENERGY GENERATION LLC	c EIN-PN 23-3064219-508
a	Plan name	CSRA 1992 EMPLOYEE WELFARE BENEFITS PLAN	
b	Name of plan sponsor	GENERAL DYNAMICS CORPORATION	c EIN-PN 13-1673581-680
a	Plan name	DOMINION ENERGY OHIO UNION RETIREE HEALTH AND WELFARE PLAN	
b	Name of plan sponsor	DOMINION ENERGY, INC.	c EIN-PN 54-1229715-951
a	Plan name	DOMINION ENERGY PEOPLES UNION RETIREE HEALTH AND WELFARE PLAN	
b	Name of plan sponsor	DOMINION ENERGY, INC.	c EIN-PN 54-1229715-954
a	Plan name	DOMINION ENERGY TRANSMISSION UNION RETIREE HEALTH AND WELFARE PLAN	
b	Name of plan sponsor	DOMINION ENERGY, INC.	c EIN-PN 54-1229715-952
a	Plan name	DOMINION RETIREE HEALTH AND WELFARE PLAN	
b	Name of plan sponsor	DOMINION ENERGY, INC.	c EIN-PN 54-1229715-507
a	Plan name	ELECTROLUX HOME PRODUCTS, INC. WELFARE BENEFITS PLAN FOR RETIRED EMPLOYEES	
b	Name of plan sponsor	ELECTROLUX HOME PRODUCTS, INC.	c EIN-PN 34-1694736-730
a	Plan name	ENTERTAINMENT INDUSTRY FLEX PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES, ENTERTAINMENT INDUSTRY FLEX PLAN	c EIN-PN 95-6832043-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	EXELON CORPORATION DISABILITY BENEFIT PLAN	
b	Name of plan sponsor	EXELON CORPORATION	c EIN-PN 23-2990190-512
a	Plan name	EXELON CORPORATION HEALTH CARE PROGRAM	
b	Name of plan sponsor	EXELON CORPORATION	c EIN-PN 23-2990190-504
a	Plan name	EXXONMOBIL RETIREE MEDICAL PLAN	
b	Name of plan sponsor	EXXON MOBIL CORPORATION	c EIN-PN 13-5409005-540
a	Plan name	FEDEX PILOTS POST-MEDICARE RETIREE PREMIUM REIMBURSEMENT PLAN	
b	Name of plan sponsor	AIR LINE PILOTS ASSOCIATION INTERNATIONAL	c EIN-PN 36-0710830-530
a	Plan name	FREEMAN UNITED COAL MINING COMPANY BENEFIT PLAN FOR UMWA REPRESENTED EMPLOYEES	
b	Name of plan sponsor	GENERAL DYNAMICS CORPORATION	c EIN-PN 13-1673581-586
a	Plan name	GAS TECHNOLOGY INSTITUTE WELFARE BENEFIT PLAN	
b	Name of plan sponsor	GAS TECHNOLOGY INSTITUTE	c EIN-PN 36-2170137-510
a	Plan name	GENERAL DYNAMICS CORPORATION EMPLOYMENT TRANSITION BENEFIT PLAN	
b	Name of plan sponsor	GENERAL DYNAMICS CORPORATION	c EIN-PN 13-1673581-608
a	Plan name	GENERAL DYNAMICS CORPORATION LONG TERM DISABILITY PLAN	
b	Name of plan sponsor	GENERAL DYNAMICS CORPORATION	c EIN-PN 13-1673581-544
a	Plan name	GENERAL DYNAMICS LAND SYSTEMS EXTENDED DISABILITY WELFARE PLAN FOR UAW AND UPGWA EMPLOYEES	
b	Name of plan sponsor	GENERAL DYNAMICS CORPORATION	c EIN-PN 13-1673581-575
a	Plan name	GENERAL DYNAMICS MISSION SYSTEMS RETIREE BENEFITS PLAN	
b	Name of plan sponsor	GENERAL DYNAMICS CORPORATION	c EIN-PN 13-1673581-565
a	Plan name	GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN	
b	Name of plan sponsor	GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN	c EIN-PN 23-7007718-501
a	Plan name	GROUP INSURANCE & HEALTH BENEFITS FOR GENERAL DYNAMICS LAND SYSTEMS BARGAINING EMPLOYEES	
b	Name of plan sponsor	GENERAL DYNAMICS CORPORATION	c EIN-PN 13-1673581-570

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 GROUP INSURANCE & HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS	
b	Name of plan sponsor GENERAL DYNAMICS CORPORATION	c EIN-PN 13-1673581-569
a	Plan name GROUP INSURANCE PLAN FOR RETIRED EMPLOYEES OF AMERICAN WATER WORKS CO., INC. & ITS DESIGNATED SUBSIDIARIES & AFFILIATES	
b	Name of plan sponsor AMERICAN WATER WORKS COMPANY, INC.	c EIN-PN 51-0063696-507
a	Plan name GULFSTREAM AEROSPACE CORPORATION POST RETIREMENT MEDICAL CARE PLAN	
b	Name of plan sponsor GENERAL DYNAMICS CORPORATION	c EIN-PN 13-1673581-590
a	Plan name HAWAIIAN PILOTS POST-MEDICARE HEALTH PLAN	
b	Name of plan sponsor AIR LINE PILOTS ASSOCIATION, INTERNATIONAL	c EIN-PN 36-0710830-536
a	Plan name HCSC POST RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE CO	c EIN-PN 36-1236610-512
a	Plan name HOLLOW METAL TRUST FUND	
b	Name of plan sponsor HOLLOW METAL TRUST FUND	c EIN-PN 11-2750720-501
a	Plan name HYATT CORPORATION WELFARE PLAN	
b	Name of plan sponsor HYATT CORPORATION	c EIN-PN 94-1649123-503
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 INTERNATIONAL UNION OF OPERATING ENGINEERS AND PIPELINE EMPLOYERS HEALTH & WELFARE FUND	
b	Name of plan sponsor INTERNATIONAL UNION OF OPERATING ENGINEERS AND PIPELINE H&W FUND	c EIN-PN 23-7134462-501
a	Plan name IRON WORKERS DISTRICT COUNCIL OF SO OH & VICINITY BENEFIT TRUST	
b	Name of plan sponsor IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY	c EIN-PN 31-0557391-501
a	Plan name KELLANOVA RETIREE WELFARE BENEFIT PLAN	
b	Name of plan sponsor KELLANOVA	c EIN-PN 38-0710690-515
a	Plan name KOMATSU AMERICA CORP. RETIREE WELFARE PLAN	
b	Name of plan sponsor KOMATSU AMERICA CORP.	c EIN-PN 94-1715128-506

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	KRAFT HEINZ COMPANY GROUP BENEFITS PLAN	
b	Name of plan sponsor	KRAFT HEINZ FOOD COMPANY	c EIN-PN 25-0542520-512
a	Plan name	KRAFT HEINZ COMPANY RETIREE GROUP BENEFITS PLAN	
b	Name of plan sponsor	KRAFT HEINZ FOOD COMPANY	c EIN-PN 25-0542520-623
a	Plan name	LOCAL 580 INSURANCE FUND	
b	Name of plan sponsor	LOCAL 580 - INSURANCE FUND	c EIN-PN 13-6178513-501
a	Plan name	LOCAL 804 WELFARE TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES LOCAL 804 WELFARE TRUST FUND	c EIN-PN 11-1637886-501
a	Plan name	LONG TERM DISABILITY PLAN OF CUMMINS INC	
b	Name of plan sponsor	CUMMINS INC	c EIN-PN 35-0257090-513
a	Plan name	LUMEN RETIREE AND INACTIVE HEALTH PLAN	
b	Name of plan sponsor	LUMEN TECHNOLOGIES, INC.	c EIN-PN 72-0651161-511
a	Plan name	MARITIME ASSOCIATION - I.L.A. WELFARE FUND	
b	Name of plan sponsor	THE BOARD OF TRUSTEES OF THE MARITIME ASSOC. - I.L.A. WELFARE FUND	c EIN-PN 74-1721447-501
a	Plan name	MID-AMERICA CARPENTERS REGIONAL COUNCIL HEALTH FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF MID-AMERICA CARPENTERS REG COUNCIL HEALTH FUND	c EIN-PN 36-6597428-501
a	Plan name	MIDWEST OPERATING ENGINEERS RETIREE WELFARE PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES MIDWEST OPERATING ENGINEERS RETIREE WELFARE PLAN	c EIN-PN 37-1752023-502
a	Plan name	MIDWEST OPERATING ENGINEERS WELFARE FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES MIDWEST OPERATING ENGINEERS RETIREE WELFARE FUND	c EIN-PN 36-6109395-501
a	Plan name	MINNESOTA LABORERS HEALTH AND WELFARE FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF MINNESOTA LABORERS HEALTH AND WELFARE FUND	c EIN-PN 41-6187750-501
a	Plan name	NAVISTAR, INC. RETIREE HEALTH BENEFIT AND LIFE INSURANCE PLAN	
b	Name of plan sponsor	NAVISTAR, INC.	c EIN-PN 36-1264810-584

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 NESTLE RETIREE MEDICAL REIMBURSEMENT ACCOUNT PLAN	
b	Name of plan sponsor NESTLE USA, INC.	c EIN-PN 95-1572209-609
a	Plan name NEW JERSEY BUILDING LABORERS STATEWIDE WELFARE FUND	
b	Name of plan sponsor BOARD OF TRUSTEES, NEW JERSEY BLDG STATEWIDE WELFARE FD	c EIN-PN 22-1764453-501
a	Plan name NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS HEALTH FUND	
b	Name of plan sponsor BOARD OF JOINT TRUSTEES OF NORTH CENTRAL STATES REGIONAL COUNCIL OF	c EIN-PN 39-6069788-501
a	Plan name NORTHERN CALIFORNIA TILE INDUSTRY HEALTH & WELFARE TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES, NORTHERN CALIFORNIA TILE INDUSTRY	c EIN-PN 94-6173454-501
a	Plan name NORTHERN TRUST COMMON 1-5 YEAR CREDIT BOND INDEX FUND - NON-LENDING	
b	Name of plan sponsor NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 46-7353066-001
a	Plan name NORTHERN TRUST COMMON AGGREGATE BOND INDEX FUND - LENDING	
b	Name of plan sponsor NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 36-7010255-001
a	Plan name NORTHERN TRUST COMMON AGGREGATE BOND INDEX FUND - NON-LENDING	
b	Name of plan sponsor NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 27-6124985-001
a	Plan name NORTHERN TRUST COMMON ALL COUNTRY WORLD EX-US INVESTABLE MARKET INDEX FUND - NON-LENDING	
b	Name of plan sponsor NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 26-6380133-001
a	Plan name NORTHERN TRUST COMMON ALL COUNTRY WORLD INDEX (ACWI) EX-US FUND - LENDING	
b	Name of plan sponsor NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 20-3280779-001
a	Plan name NORTHERN TRUST COMMON ALL COUNTRY WORLD INVESTABLE MARKET INDEX FUND - NON-LENDING	
b	Name of plan sponsor NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 26-6411809-001
a	Plan name NORTHERN TRUST COMMON CREDIT BOND INDEX FUND - NON-LENDING	
b	Name of plan sponsor NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 36-7147064-001
a	Plan name NORTHERN TRUST COMMON EAFE INDEX FUND - LENDING	
b	Name of plan sponsor NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 36-6826396-001

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	NORTHERN TRUST COMMON EAFE INDEX FUND - NON- LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 45-6626196-001
a	Plan name	NORTHERN TRUST COMMON EMERGING MARKETS INDEX FUND - NON-LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 27-6482678-001
a	Plan name	NORTHERN TRUST COMMON GOVERNMENT BOND INDEX FUND - LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 36-7145602-001
a	Plan name	NORTHERN TRUST COMMON GOVERNMENT/CREDIT BOND INDEX FUND - LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 36-6826395-001
a	Plan name	NORTHERN TRUST COMMON LABOR SELECT RUSSELL 3000 INDEX FUND - LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 36-7385649-001
a	Plan name	NORTHERN TRUST COMMON QUALITY LOW VOLATILITY US FUND - LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 85-6560792-001
a	Plan name	NORTHERN TRUST COMMON RUSSELL 1000 GROWTH INDEX FUND - LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 45-6138593-001
a	Plan name	NORTHERN TRUST COMMON RUSSELL 1000 INDEX FUND - LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 45-6138592-001
a	Plan name	NORTHERN TRUST COMMON RUSSELL 1000 INDEX FUND - NON- LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 26-6566721-001
a	Plan name	NORTHERN TRUST COMMON RUSSELL 1000 VALUE INDEX FUND - LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 45-6138594-001
a	Plan name	NORTHERN TRUST COMMON RUSSELL 2000 GROWTH INDEX FUND - LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 32-6015615-001
a	Plan name	NORTHERN TRUST COMMON RUSSELL 2000 INDEX FUND - LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 32-6015614-001

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	NORTHERN TRUST COMMON RUSSELL 2000 INDEX FUND - NON- LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 45-6626214-001
a	Plan name	NORTHERN TRUST COMMON RUSSELL 2000 VALUE INDEX FUND - LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 32-6015616-001
a	Plan name	NORTHERN TRUST COMMON RUSSELL 3000 INDEX FUND - LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 45-6138591-001
a	Plan name	NORTHERN TRUST COMMON S&P 400 INDEX FUND - LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 36-7197064-001
a	Plan name	NORTHERN TRUST COMMON S&P 500 INDEX FUND - LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 36-7361150-001
a	Plan name	NORTHERN TRUST COMMON S&P 500 INDEX FUND - NON- LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 45-6138596-001
a	Plan name	NORTHERN TRUST COMMON SECURITIZED BOND INDEX FUND - NON -LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 36-3835999-001
a	Plan name	NORTHERN TRUST COMMON SHORT TERM GOVERNMENT BOND INDEX FUND - LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 36-7385651-001
a	Plan name	NORTHERN TRUST COMMON TREASURY INFLATION-PROTECTED SECURITIES TIPS INDEX FUND - LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 80-6025228-001
a	Plan name	NORTHERN TRUST COMMON UNITED STATES INVESTABLE MARKET INDEX FUND - NON-LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 26-6380149-001
a	Plan name	NORTHERN TRUST COMMON US MARKET CAP INDEX FUND - LENDING	
b	Name of plan sponsor	NORTHERN TRUST INVESTMENTS, INC.	c EIN-PN 36-7126302-001
a	Plan name	NORTHWESTERN ENERGY EMPLOYEE BENEFIT PLAN	
b	Name of plan sponsor	NORTHWESTERN CORPORATION	c EIN-PN 46-0172280-530

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 NORTHWESTERN UNIVERSITY EMPLOYEE WELFARE BENEFIT PLAN	
b	Name of plan sponsor NORTHWESTERN UNIVERSITY	c EIN-PN 36-2167817-575
a	Plan name OPERATING ENGINEERS LOCAL NO 37 HEALTH AND WELFARE FUND	
b	Name of plan sponsor OPERATING ENGINEERS LOCAL NO 37 HEALTH & WELFARE FUND	c EIN-PN 52-6039006-501
a	Plan name PIPE FITTERS WELFARE FUND, LOCAL 597	
b	Name of plan sponsor TRUSTEES OF PIPE FITTERS WELFARE FUND LOCAL 597	c EIN-PN 36-2141703-501
a	Plan name PITNEY BOWES LONG TERM DISABILITY PLAN	
b	Name of plan sponsor PITNEY BOWES INC.	c EIN-PN 06-0495050-502
a	Plan name PLUMBERS AND PIPEFITTERS LOCAL NO. 421 HEALTH AND WELFARE FUND	
b	Name of plan sponsor TRUSTEES OF PLUMBERS & PIPEFITTERS LOC NO. 421 HEALTH AND WELFARE FUND	c EIN-PN 56-6085074-501
a	Plan name PLUMBERS LOCAL UNION NO 24 WELFARE FUND	
b	Name of plan sponsor PLUMBERS LOCAL UNION NO 24 WELFARE FUND	c EIN-PN 22-6044230-501
a	Plan name PNM RESOURCES, INC. COMPREHENSIVE RETIREE HEALTH PLAN	
b	Name of plan sponsor PNM RESOURCES, INC.	c EIN-PN 85-0468296-604
a	Plan name PORTLAND GENERAL ELECTRIC COMPANY INACTIVE HEALTH AND WELFARE PLAN	
b	Name of plan sponsor PORTLAND GENERAL ELECTRIC COMPANY	c EIN-PN 93-0256820-506
a	Plan name R. R. DONNELLEY AND SONS COMPANY RETIREE WELFARE BENEFITS PLAN	
b	Name of plan sponsor R.R. DONNELLEY AND SONS COMPANY	c EIN-PN 36-1004130-512
a	Plan name SOLUTIA, INC. RETIREE WELFARE PLAN	
b	Name of plan sponsor SOLUTIA INC.	c EIN-PN 43-1781797-532
a	Plan name SOUTHERN CALIFORNIA DRUG BENEFIT FUND	
b	Name of plan sponsor BOARD OF TRUSTEES, SOUTHERN CALIFORNIA DRUG BENEFIT FUND	c EIN-PN 95-6474516-501
a	Plan name TEAMSTERS LOCAL 631 SECURITY PLAN FOR SOUTHERN NEVADA	
b	Name of plan sponsor BOARD OF TRUSTEES-TEAMSTERS LOCAL 631 SECURITY PLAN FOR SO NV	c EIN-PN 88-0231734-501

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	TEXAS INSTRUMENTS INCORPORATED WELFARE BENEFITS PLAN	
b	Name of plan sponsor	TEXAS INSTRUMENTS INCORPORATED	c EIN-PN 75-0289970-501
a	Plan name	THE DOW CHEMICAL COMPANY RETIREMENT HEALTH CARE ASSISTANCE MASTER TRUST	
b	Name of plan sponsor	THE DOW CHEMICAL COMPANY	c EIN-PN 38-1285128-555
a	Plan name	THE ELI LILLY AND COMPANY RETIREE HEALTH PLAN	
b	Name of plan sponsor	ELI LILLY AND COMPANY	c EIN-PN 35-0470950-504
a	Plan name	THE LILLY EMPLOYEE WELFARE PLAN	
b	Name of plan sponsor	ELI LILLY AND COMPANY	c EIN-PN 35-0470950-503
a	Plan name	THE MEMBERS RETIREMENT PLAN	
b	Name of plan sponsor	TRUSTEES OF THE MEMBERS RETIREMENT PLAN	c EIN-PN 36-2164320-001
a	Plan name	THE TIMKEN COMPANY BARGAINING UNIT WELFARE BENEFIT PLAN FOR RETIREES	
b	Name of plan sponsor	THE TIMKEN COMPANY	c EIN-PN 34-0577130-502
a	Plan name	TRANSCANADA USA SERVICES INC. RETIREE BENEFITS PLAN	
b	Name of plan sponsor	TRANSCANADA USA SERVICES INC.	c EIN-PN 98-0460263-529
a	Plan name	UNIROYAL HOLDING, INC. WELFARE BENEFIT PLAN FOR SALARY EMPLOYEES AND RETIREES	
b	Name of plan sponsor	UNIROYAL HOLDING, INC.	c EIN-PN 06-1148485-510
a	Plan name	UNIROYAL HOLDING, INC. WELFARE BENEFIT PLAN FOR WAGE RETIREES	
b	Name of plan sponsor	UNIROYAL HOLDING, INC.	c EIN-PN 06-1148485-537
a	Plan name	UNITED AIRLINES PILOT LONG-TERM DISABILITY PLAN	
b	Name of plan sponsor	UNITED AIRLINES, INC.	c EIN-PN 74-2099724-512
a	Plan name	UNITED AIRLINES PILOT RETIREE HEALTH ACCOUNT PLAN VEBA TRUST	
b	Name of plan sponsor	UNITED AIRLINES, INC.	c EIN-PN 90-0166428-001
a	Plan name	UNITED AIRLINES TECHNICIANS & RELATED EMPLOYEE HRA/RHA MASTER TRUST	
b	Name of plan sponsor	UNITED AIRLINES, INC.	c EIN-PN 82-0776185-001

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 NORTHERN TRUST COMMON SHORT-TERM INVESTMENT FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHERN TRUST INVESTMENTS, INC.	D Employer Identification Number (EIN) 36-6452394

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	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	8546319	6125096
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1554063113	959061000
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	270567485	693715906
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	457000000	637000000

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	2290176917	2295902002
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	25656753	8918293
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	25656753	8918293
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2264520164	2286983709

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)	80216269	
(B) U.S. Government securities.....	2b(1)(B)	1271250	
(C) Corporate debt instruments.....	2b(1)(C)	28452448	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	11719936	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		121659903
(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)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	415034104	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	414862750	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		171354
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		121831257

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		
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)	23618	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	203061	
(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)	1313	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		227992
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		227992

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		121603265
l Transfers of assets:			
(1) To this plan.....	2l(1)		15126944813
(2) From this plan	2l(2)		15226084533

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 _____.