

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) M, 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: FORD MOTOR COMPANY TRUST FUND REAL ESTATE; 1b Three-digit plan number (PN): 109; 1c Effective date of plan: 01/01/2012; 2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code; 2b Employer Identification Number (EIN): 36-7324188; 2c Plan Sponsor's telephone number: 313-322-3000; 2d Business code

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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u> (4) <input checked="" 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 _____

<p>SCHEDULE A (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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan FORD MOTOR COMPANY TRUST FUND REAL ESTATE</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>109</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 FORD MOTOR COMPANY</p>	<p>D Employer Identification Number (EIN) 36-7324188</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	030472	195261	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	25416843

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b** 0

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

A Name of plan FORD MOTOR COMPANY TRUST FUND REAL ESTATE	B Three-digit plan number (PN) ▶	109
C Plan sponsor's name as shown on line 2a of Form 5500 FORD MOTOR COMPANY	D Employer Identification Number (EIN) 36-7324188	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

TOWNSEND HOLDINGS LLC

45-3073569

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50 51	NONE KNOWN	2519293	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
24 27 28 50 51 52	NONE KNOWN	209082	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PRUDENTIAL BANK & TRUST COMPANY

58-0513395

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE KNOWN	207350	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

UBS REALTY INVESTORS LLC

10 STATE HOUSE SQUARE
12TH FLOOR
HARTFORD, CT 06103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	64872	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>FORD MOTOR COMPANY TRUST FUND REAL ESTATE</u>	B Three-digit plan number (PN) ▶	<u>109</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FORD MOTOR COMPANY</u>	D Employer Identification Number (EIN) <u>36-7324188</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: PRISA ACCOUNT

b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

c EIN-PN <u>22-1211670-038</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25416843</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: COMM PENS TR FD (STR PROP FD)

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN <u>13-6038770-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>30124078</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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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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.	OMB No. 1210-0110 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 FORD MOTOR COMPANY TRUST FUND REAL ESTATE	B Three-digit plan number (PN) ▶ 109
C Plan sponsor's name as shown on line 2a of Form 5500 FORD MOTOR COMPANY	D Employer Identification Number (EIN) 36-7324188

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2	2
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2824020	1381899
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	13896933	4813390
(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)	1330484069	1241464295
(6) Real estate (other than employer real property)	1c(6)	5159717	0
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	35334481	30124078
(10) Value of interest in pooled separate accounts	1c(10)	33865757	25416843
(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)	307577	191364

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	1421872556	1303391871
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	16289117	7745875
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	16289117	7745875
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1405583439	1295645996

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)	225479	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		225479
(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)	149030223	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	188707695	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-39677472
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-16070240	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-16070240

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-702381
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-2706049
(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		22863586
d Total income. Add all income amounts in column (b) and enter total	2d		-36067077

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)	2519293	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	2159509	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1711439	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		6390241
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6390241

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-42457318
l Transfers of assets:			
(1) To this plan	2l(1)		97133107
(2) From this plan	2l(2)		164613232

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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
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 _____.

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◆ **5% Report - Part A***Single Transaction in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
---------------------------------	------------------	------	-------------------	-------------------	--------------	-------------------	------	-----------------------------------	---------------

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 1,405,583,438.64

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◆ **5% Report - Part B***Series of Non-Security Transactions with Same Party in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
---------------------------------	------------------	------	-------------------	-------------------	--------------	-------------------	------	-----------------------------------	---------------

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 1,405,583,438.64

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◆ **5% Report - Part C Summary***Series of Transactions by Issue in Excess of 5%*

Security Description / Asset ID	Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
		Acquisition Price	Disposition Price				
FORD CUSTOM FD CUSIP: 345399778	Total acquisitions	114	172,691,303.89		0.00	172,691,303.89	172,691,303.89
	Total dispositions	22		181,774,847.43	0.00	181,774,847.43	181,774,847.43

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 1,405,583,438.64

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◆ **5% Report - Part D***Series of Transactions with Same Party in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
---------------------------------	------------------	------	-------------------	-------------------	--------------	-------------------	------	-----------------------------------	---------------

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 1,405,583,438.64

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◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Non-Interest Bearing Cash - USD</i>			
EUR - Euro	0.000	0.00	0.00
JPY - Japanese yen	0.000	0.00	0.00
USD - United States dollar	1.580	1.58	1.58
Total - all currencies		1.58	1.58
Total Non-Interest Bearing Cash - USD		1.58	1.58
<i>Receivables - Other - USD</i>			
United States dollar	-1,678,205.260	0.00	0.00
Total - all currencies		0.00	0.00
Pending trade sales: United States dollar	0.000	2,543,249.58	2,543,249.58
Total - all currencies		2,543,249.58	2,543,249.58
Total Receivables - Other - USD		2,543,249.58	2,543,249.58
<i>Interest-Bearing Cash - USD</i>			
USD - United States dollar	4,813,389.490	4,813,389.49	4,813,389.49
Total - all currencies		4,813,389.49	4,813,389.49
Total Interest-Bearing Cash - USD		4,813,389.49	4,813,389.49

** All or a portion of this security participates in Securities Lending.

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◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Partnership/Joint Venture Interests			
Asia Region - USD			
AG KAI BO REALTY LP (USD) CUSIP: 993W37993	6,104,157.000	6,104,157.00	11,692,991.00
Total Asia Region - USD		6,104,157.00	11,692,991.00
Brazil - USD			
PROSPERITAS REAL ESTATE PARTNERS III CUSIP: 991411992	2,635,929.820	2,635,929.82	10,710.00
PROSPERITAS REAL ESTATE PARTNERS III (A) CUSIP: 991410994	2,628,413.490	2,628,413.49	10,695.00
PROSPERITAS REAL ESTATE PARTNERS III (B) CUSIP: 991409996	2,636,208.400	2,636,208.40	10,689.00
Total Brazil - USD		7,900,551.71	32,094.00
Canada - CAD			
Slate Canadian Real Estate Opportunity Fund I - SCREO Feeder II Inc. CUSIP: 992QWA998	23,663,593.580	17,956,080.92	3,792,531.00
SLATE CANADIAN REAL ESTATE OPPORTUNITY FUND II LP - SCREO II FEEDER II CUSIP: 993NWF993	24,188,989.000	18,770,942.08	24,492,219.22
Total Canada - CAD		36,727,023.00	28,284,750.22
China - USD			
CITIC CAPITAL CHINA RETAIL PROPERTIES INVESTMENT FEEDER FUND LP CUSIP: 991AMF994	24,570,397.920	24,570,397.92	18,607,721.00
Total China - USD		24,570,397.92	18,607,721.00
Europe Region - EUR			
CEREP III (SECONDARY) LP CUSIP: 9922ND995	1.000	1.11	82,830.68
CROSSBAY TOWNSEND FEEDER SCSP CUSIP: 993DZ1993	4,092,949.350	4,645,545.59	1,611,549.77
GRAMERCY PROPERTY EUROPE IV TOWNSEND FEEDER LIMITED CUSIP: 993CUX990	10,844,947.640	12,428,328.99	13,034,614.86
NREP NORDIC STRATEGIES FUND III, LP CUSIP: 992UHQ991	13,251,854.400	14,829,304.38	15,598,497.35

** All or a portion of this security participates in Securities Lending.

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◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Partnership/Joint Venture Interests			
Europe Region - EUR			
STANDARD LIFE INVESTMENTS EUROPEAN REAL ESTATE CLUB II LP CUSIP: 9924Z5995	22,901,319.460	25,314,733.31	0.00
Total Europe Region - EUR		57,217,913.38	30,327,492.66
France - EUR			
CVI EREP P3 LTD CUSIP: 992LUB999	1,511,925.690	1,814,465.16	70,138.53
Total France - EUR		1,814,465.16	70,138.53
France - USD			
CVI EREP TG LTD CUSIP: 991WPY992	1.000	1.00	114,176.00
Total France - USD		1.00	114,176.00
Global Region - EUR			
PERELLA WEINBERG REAL ESTATE FUND II CUSIP: 991LH7994	8,199,304.020	9,701,338.83	4,751,462.71
Total Global Region - EUR		9,701,338.83	4,751,462.71
Global Region - USD			
Ares Industrial Real Estate Fund --FORMERLY BLACK CREEK INDL FD OP LP CUSIP: 993QSK990	24,396,234.130	24,396,234.13	40,247,081.00
BROOKFIELD STRATEGIC REAL ESTATE PARTNERS A LP CUSIP: 991HRH990	7,019,032.000	7,019,032.00	2,750,000.00
Total Global Region - USD		31,415,266.13	42,997,081.00
Japan - JPY			
FORTRESS JAPAN OPPORTUNITY DOMESTIC FUND(C-II), LP CUSIP: 9914UT999	13,494,244.000	92,070.09	6,055.77
FORTRESS JAPAN OPPORTUNITY DOMESTIC FUNDB, LP CUSIP: 9914US991	8,403,754.000	57,114.25	0.01
Total Japan - JPY		149,184.34	6,055.78

** All or a portion of this security participates in Securities Lending.

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◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Partnership/Joint Venture Interests			
Latin America Region - USD			
HEMISFERIO SUL INVESTIMENTOS FUND IV CUSIP: 991AZG998	6,669,464.160	6,669,464.16	610,131.00
HEMISFERIO SUL INVESTIMENTOS FUND IV (A) CUSIP: 991AZH996	6,669,464.160	6,669,464.16	610,131.00
HEMISFERIO SUL INVESTIMENTOS FUND IV (B) CUSIP: 991AZJ992	6,669,464.170	6,669,464.17	610,131.00
Total Latin America Region - USD		20,008,392.49	1,830,393.00
United Kingdom - GBP			
BROCKTON CAPITAL FUND II (USA) CUSIP: 9916LV999	2,158,991.510	3,078,186.92	1.35
TTG FRELD FEEDER LIMITED PARTNERSHIP CUSIP: 994KHK994	11,511,902.510	14,672,555.29	13,311,608.25
Total United Kingdom - GBP		17,750,742.21	13,311,609.60
United States - USD			
ALMANAC REALTY SECURITIES VII (SIDECAR VII), LP CUSIP: 992RX9998	6,636,943.000	6,636,943.00	10,724,126.00
ALMANAC REALTY SECURITIES VII LP CUSIP: 991XHS992	18,697,673.000	18,697,673.00	16,128,762.00
ALMANAC REALTY SECURITIES VIII, L.P. CUSIP: 993194992	23,856,884.000	23,856,884.00	24,381,738.00
ALTERRA IOS VENTURE II LP CUSIP: 994AKW996	35,122,137.490	35,122,137.49	41,867,459.00
ASANA PARTNERS FUND I, LP CUSIP: 992D78990	21,521,472.140	21,521,472.14	38,696,230.00
ASANA PARTNERS FUND III, LP CUSIP: 994EHS991	21,733,333.320	21,733,333.32	20,203,269.00
BGO COLD STORAGE INVESTORS II, LP CUSIP: 993T77996	28,717,574.000	28,717,574.00	32,750,585.00
BLACKSTONE REAL ESTATE PARTNERS VI LP CUSIP: 9916QP997	396,602.050	396,602.05	7,468.00
BMF 2 FEEDER, LP CUSIP: 9948P3990	18,189,669.090	18,189,669.09	15,683,125.00
BRIDGE LOGISTICS US VENTURE I, L.P. CUSIP: 9949GX992	28,685,758.740	28,685,758.74	27,396,846.00

** All or a portion of this security participates in Securities Lending.

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Account number FDRLES
Account Name FORD- REAL ESTATE

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◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Partnership/Joint Venture Interests			
United States - USD			
BRIDGE LOGISTICS US VENTURE II LP CUSIP: 994VBS999	4,314,828.490	4,314,828.49	4,514,119.00
BROADVIEW REAL ESTATE PARTNERS FUND, L.P CUSIP: 9936ND995	12,565,529.000	12,565,529.00	15,230,579.00
BROOKFIELD PREMIER REAL ESTATE PARTNERS LP CUSIP: 992BK0996	22,161,495.930	22,161,495.93	35,869,820.00
BRV PARTNERS FUND I LP CUSIP: 991XM8990	6,577,476.840	6,577,476.84	5,247,923.00
BUCKINGHAM BTR FUND I, L.P. CUSIP: 995FDG997	2,360,416.680	2,360,416.68	2,206,213.00
CARLYLE CHINA ROME LOGISTICS, LP CUSIP: 992SCX996	17,895,384.000	17,895,384.00	8,915,552.00
CARLYLE PROPERTY INVESTORS LP CUSIP: 9927YP995	14,246,453.600	14,246,453.60	26,697,103.00
CARROLL MULTIFAMILY REAL ESTATE FUND V, LP CUSIP: 992MJW994	1,831,578.390	1,831,578.39	1,796,124.00
CARROLL MULTIFAMILY VENTURE VII, LP CUSIP: 9949A4992	13,915,831.220	13,915,831.22	7,664,338.00
CF UBS TRUMBULL PROPERTY FUND CUSIP: 994041424	1,201.180	11,768,007.81	10,420,488.75
CIREP V INSTITUTIONAL FEEDER, LP CUSIP: 993TP2997	21,751,972.210	21,751,972.21	29,111,319.00
CORTLAND GROWTH AND INCOME, LP CUSIP: 9931Y2998	21,542,475.000	21,542,475.00	23,413,933.00
DREAM US INDUSTRIAL FUND LP CUSIP: 9942S5995	38,991,466.420	38,991,466.42	56,419,222.00
FJOF3 RESIDENTIAL COINVESTMENT FUND (DOLLAR II) LP CUSIP: 994QWQ991	1.000	1.00	19,951,934.00
FORTRESS JAPAN OPPORTUNITY FUND IV (DOLLAR B) LP CUSIP: 992UHK994	4,496,323.640	4,496,323.64	15,981,166.00
GERRITY RETAIL FUND 2 LP CUSIP: 991XDY993	17,705,931.860	17,705,931.86	14,792,840.00
GID Mainstay Fund LP CUSIP: 994AGG996	40,793,169.440	40,793,169.44	40,575,014.00
GIG MAGNOLIA ACQUISITION LLC CUSIP: 992MGY993	12,096,744.000	12,096,744.00	6,425,237.00

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Partnership/Joint Venture Interests			
United States - USD			
GREENFIELD ACQUISITION PARTNERS VII, LP CUSIP: 9921AT996	1.000	1.00	1,117,226.00
GREENFIELD MULTI-STATE PARTNERS LP CUSIP: 991M82993	2,528,312.470	2,528,312.47	8,607.00
GREYSTAR GROWTH AND INCOME FUND CUSIP: 992NWE997	18,821,522.000	18,821,522.00	14,745,276.00
H/2 SPECIAL OPPORTUNITIES II, LP CUSIP: 9916CP992	1,733,377.570	1,733,377.57	201,753.00
H/2 SPECIAL OPPORTUNITIES III, L.P. CUSIP: 991VFT996	9,560,297.100	9,560,297.10	7,332,221.00
HEITMAN MANDARIN JV CUSIP: 992BH8993	624,436.000	624,436.00	283,969.00
HSRE QUAD V, LP CUSIP: 9923D6999	10,791,789.330	10,791,789.33	11,501,626.00
IGIS Asia Data Center 2 LP CUSIP: 994VTU995	2,861,442.000	2,861,442.00	1,625,796.00
IRON POINT REAL ESTATE PARTNERS II-TE LP CUSIP: 991FHD994	12,670,144.010	12,670,144.01	5,308,690.00
JADIAN IOS FUND I-A, LP CUSIP: 995121993	12,279,677.000	12,279,677.00	12,122,211.00
JADIAN REAL ESTATE FUND I -B POV CUSIP: 994MDL992	645,713.000	645,713.00	3,642,013.00
JADIAN REAL ESTATE FUND I-B, LP CUSIP: 993PX2996	35,216,437.000	35,216,437.00	62,530,287.00
KAYNE ANDERSON CORE REAL ESTATE LP (KACORE) CUSIP: 992WUD991	35,045,791.350	35,045,791.35	37,991,063.00
KKR REAL ESTATE SECURITIES DISLOCATION OPPORTUNITY CO-INVESTMENT FUND LP CUSIP: 993NZ4995	4,135,763.000	4,135,763.00	2,275,227.00
LION INDUSTRIAL TRUST PROPERTIES LP CUSIP: 992Q64991	34,399,145.620	34,399,145.62	66,982,440.00
METLIFE CORE PROPERTY FUND CUSIP: 9932XG996	26,869,603.610	26,869,603.61	30,430,017.00
NB PARTNERS FUND III, LP CUSIP: 993VP0996	20,249,500.390	20,249,500.39	23,941,777.00
NF IV-VA SSCI, LLC CUSIP: 993U70998	19,269,920.000	19,269,920.00	24,394,371.00

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Partnership/Joint Venture Interests			
United States - USD			
NORTHLIGHT REAL ESTATE OPPORTUNITY FUND I CUSIP: 991RKN992	5,700,367.030	5,700,367.03	5,037,176.00
OAKTREE REAL ESTATE OPPORTUNITIES FUND VIII, LP CUSIP: 9944YC999	28,520,668.000	28,520,668.00	31,755,385.00
PRETIUM SINGLE-FAMILY RENTAL FUND V, LP CUSIP: 9943BR993	14,399,763.660	14,399,763.66	18,028,894.00
PRIME PROPERTY FUND LLC CUSIP: 9915CA997	1.000	1.00	31,281,425.00
RESMARK MODEL HOME SALE LEASEBACK VENTURE 1 BLOCKER, LLC CUSIP: 9941C4997	2,360,295.040	2,360,295.04	2,700,338.00
SAVANNA REAL ESTATE FUND IIA, LP CUSIP: 991L91996	19,189,320.340	19,189,320.34	66,643.00
TPG REAL ESTATE GENPAR III, L.P. CUSIP: 9947UD994	12,891,183.000	12,891,183.00	12,586,558.00
TRIGATE PROPERTY PARTNERS II LP CUSIP: 991HMB998	3,669,996.740	3,669,996.74	746,986.00
TTG BTR AGGREGATOR, LLC CUSIP: 995FDF999	185,529.360	185,529.36	43,154.00
UNICO CORE PLUS PARTNERS LP CUSIP: 9935RE991	27,281,112.190	27,281,112.19	5,921,616.00
USAA EAGLE REAL ESTATE FEEDER I LP CUSIP: 991KYL996	10,997,597.690	10,997,597.69	41,563,660.00
VENTAS LIFE SCIENCE AND HEALTHCARE REAL ESTATE FUND, LP CUSIP: 993FSR999	19,986,790.000	19,986,790.00	22,866,229.00
Waterton Residential KJ Bond Venture II, LLC CUSIP: 992PWH995	2,253.000	2,253.00	1.00
WATERTON RESIDENTIAL PROPERTY VENTURE XI, LP CUSIP: 9919PF994	2,204,926.000	2,204,926.00	1,186,513.00
WCP NewCold III, L.P. CUSIP: 995CLL994	5,966,058.200	5,966,058.20	6,329,337.00
WCP NEWCOLD II, LP CUSIP: 993XBY993	8,910,037.280	8,910,037.28	13,945,360.00
WOLFF CREDIT PARTNERS II LP CUSIP: 992WAF998	554,719.040	554,719.04	1.00
WOLFF CREDIT PARTNERS III, L.P. CUSIP: 994CF0998	25,940,042.090	25,940,042.09	26,614,400.00

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Partnership/Joint Venture Interests			
United States - USD			
X CO-INVESTMENT I LP CUSIP: 993BU0994	6,978,361.000	6,978,361.00	9,257,551.00
Total United States - USD		912,015,025.47	1,089,438,329.75
Total Partnership/Joint Venture Interests		1,125,374,458.64	1,241,464,295.25
Value of Interest In Common/Collective Trusts			
United States - USD			
CF JPMCB STRATEGIC PROPERTY FUND CUSIP: 99089IWA0	2,724,681.420	24,251,532.75	30,124,077.78
Total United States - USD		24,251,532.75	30,124,077.78
Total Value of Interest In Common/Collective Trusts		24,251,532.75	30,124,077.78
Pooled Separate Accounts			
United States - USD			
CF PRISA FUND CUSIP: 99089LZF9	331.450	19,190,683.23	25,416,843.26
Total United States - USD		19,190,683.23	25,416,843.26
Total Pooled Separate Accounts		19,190,683.23	25,416,843.26
Other			
International Region - USD			
CF FIR TREE REAL ESTATE FD (KY)LTD CL D-NR MERGED SER 0414 FD-56 CUSIP: 359991452	1.510	15,108.61	12,450.63
CF FIR TREE REAL ESTATE FD (KY)LTD CL D-NR MERGED SER 0514 FD-56 CUSIP: 359991411	5.990	59,899.64	49,639.78
CF FIR TREE REAL ESTATE FUND III (CAYMAN)LTD CL D-NR SER 0914 FD-56 CUSIP: 359994910	0.570	5,699.72	4,555.49
CF FIR TREE REAL ESTATE FUND III(CAYMAN)LTD CL D-NR MERGED SERIES 0114 FD-56 CUSIP: 359991445	1.810	18,104.19	15,144.98

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Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
International Region - USD			
CF FIR TREE REAL ESTATE FUND III(CAYMAN)LTD CL D-NR MERGED SERIES 0214 FD-56 CUSIP: 359994852	2.350	23,495.47	19,682.31
CF FIR TREE REAL ESTATE FUND III(CAYMAN)LTD CL D-NR MERGED SERIES 0314 FD-56 CUSIP: 359994860	1.580	15,795.74	13,060.25
CF FIR TREE REAL ESTATE FUND III(CAYMAN)LTD CL D-NR MERGED SERIES 0614 FD-56 CUSIP: 359994894	6.480	64,804.59	53,686.44
CF FIR TREE REAL ESTATE FUND III(CAYMAN)LTD CL D-NR MERGED SERIES 1213 FD-56 CUSIP: 359994902	1.460	15,661.70	13,403.78
Total International Region - USD		218,569.66	181,623.66
United States - USD			
&&& CF UBS TRUMBULL PROPERTY FUND CUSIP: 000990937	9,740.620	0.00	9,740.62
Total United States - USD		0.00	9,740.62
Total Other		218,569.66	191,364.28
<i>Other Liabilities</i>			
Other Payables: United States dollar	0.000	-7,745,874.73	-7,745,874.73
Total - all currencies		-7,745,874.73	-7,745,874.73
Total Other Liabilities		-7,745,874.73	-7,745,874.73
Total		1,168,646,010.20	1,296,807,346.49

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◆ **Schedule of Acquisitions & Dispositions**

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C993QSK990	Ares Industrial Real Estate Fund	--FORMERLY BLACK CREEK INDL FD OP LP			
		Acquisitions	743,021.17	-743,021.17	
		Dispositions	-18,180,685.65		18,180,685.65
C991XHS992	ALMANAC REALTY SECURITIES VII LP				
		Acquisitions	330,611.00	-330,611.00	
		Dispositions	-544,996.00		544,996.00
C993194992	ALMANAC REALTY SECURITIES VIII, L.P				
		Acquisitions	5,053,466.00	-5,053,466.00	
		Dispositions	-193,333.00		193,333.00
C9916QP997	BLACKSTONE REAL ESTATE PARTNERS VI LP				
		Acquisitions	18,538.22	-18,538.22	
		Dispositions	-89,769.84		89,769.84
C994VBS999	BRIDGE LOGISTICS US VENTURE II LP				
		Acquisitions	16,075,326.46	-16,075,326.46	
		Dispositions	-14,829,237.74		14,829,237.74
C9936ND995	BROADVIEW REAL ESTATE PARTNERS FUND, L.P				
		Acquisitions	3,306,889.00	-3,306,889.00	
		Dispositions	-3,089,542.00		3,089,542.00
C991HRH990	BROOKFIELD STRATEGIC REAL ESTATE PARTNERS A LP				
		Acquisitions	618,710.00	-618,710.00	
		Dispositions	-1,437,115.00		1,437,115.00
C991XM8990	BRV PARTNERS FUND I LP				
		Acquisitions	163,161.00	-163,161.00	
		Dispositions	-242,176.00		242,176.00
C993TP2997	CIREP V INSTITUTIONAL FEEDER, LP				
		Acquisitions	1,184,908.53	-1,184,908.53	
		Dispositions	-18.74		18.74
C9942S5995	DREAM US INDUSTRIAL FUND LP				
		Acquisitions	894,212.48	-894,212.48	
		Dispositions	-2,767,085.89		2,767,085.89
C994QWQ991	FJOF3 RESIDENTIAL COINVESTMENT FUND (DOLLAR II) LP				
		Acquisitions	873,670.16	-873,670.16	
		Dispositions	-873,670.16		873,670.16
C992UHK994	FORTRESS JAPAN OPPORTUNITY FUND IV (DOLLAR B) LP				
		Acquisitions	1,664,054.36	-1,664,054.36	
		Dispositions	-6,920,072.03		6,920,072.03
C991FHD994	IRON POINT REAL ESTATE PARTNERS II-TE LP				
		Acquisitions	86,441.00	-86,441.00	

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◆ **Schedule of Acquisitions & Dispositions**

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Dispositions	-1,012,282.00		1,012,282.00
C995121993	JADIAN IOS FUND I-A, LP	Acquisitions	12,569,824.00	-12,569,824.00	
		Dispositions	-1,880,246.00		1,880,246.00
C994MDL992	JADIAN REAL ESTATE FUND I -B POV	Acquisitions	188,160.00	-188,160.00	
		Dispositions	-12,742,341.00		12,742,341.00
C992WUD991	KAYNE ANDERSON CORE REAL ESTATE LP (KACORE)	Acquisitions	7,912,639.35	-7,912,639.35	
		Dispositions	-1,802,378.00		1,802,378.00
C992Q64991	LION INDUSTRIAL TRUST PROPERTIES LP	Acquisitions	746,079.95	-746,079.95	
		Dispositions	-19,797,683.22		19,797,683.22
C9944YC999	OAKTREE REAL ESTATE OPPORTUNITIES FUND VIII, LP	Acquisitions	6,000,000.00	-6,000,000.00	
		Dispositions	-200,000.00		200,000.00
C991HMB998	TRIGATE PROPERTY PARTNERS II LP	Acquisitions	683,193.58	-683,193.58	
		Dispositions	-3,415,967.91		3,415,967.91
C9919PF994	WATERTON RESIDENTIAL PROPERTY VENTURE XI, LP	Acquisitions	-2,229,935.00	-31,164.00	
		Dispositions	-72,000.00		72,000.00
C995CLL994	WCP NewCold III, L.P.	Acquisitions	6,600,000.00	-6,600,000.00	
		Dispositions	-633,941.80		633,941.80
C994CF0998	WOLFF CREDIT PARTNERS III, L.P.	Acquisitions	6,531,815.85	-6,531,815.85	
		Dispositions	-2,391,695.46		2,391,695.46