

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) C

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>AFL-CIO BUILDING INVESTMENT TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u></p> <p><u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>52-6328901</u></p> <p>2c Plan Sponsor's telephone number <u>866-427-6885</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	MATT FALCIANI
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

A Name of plan <u>AFL-CIO BUILDING INVESTMENT TRUST</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>52-6328901</u>	

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

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

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

c EIN-PN

d Entity code

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

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

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d Entity code

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

c EIN-PN

d Entity code

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

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c EIN-PN

d Entity code

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c EIN-PN

d Entity code

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

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d Entity code

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

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c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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 ADMINISTRATIVE DISTRICT COUNCIL 1 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF ADMINISTRATIVE DISTRICT COUNCIL 1 PENSION FUND	c EIN-PN 36-6489098-001
a	Plan name AFL-CIO STAFF RETIREMENT PLAN	
b	Name of plan sponsor AFL-CIO STAFF RETIREMENT PLAN CONGRESS OF INDUSTRIAL ORGANIZATIONS	c EIN-PN 53-0228172-001
a	Plan name AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES	
b	Name of plan sponsor AMALGAMATED TRANSIT UNION	c EIN-PN 53-6014540-001
a	Plan name AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES PENSION PLAN	
b	Name of plan sponsor AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES	c EIN-PN 53-0025740-001
a	Plan name ANNUITY PLAN OF THE ELECTRICAL INDUSTRY	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE ANNUITY PLAN OF THE ELECTRICAL INDUSTRY	c EIN-PN 13-6123600-003
a	Plan name ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND	
b	Name of plan sponsor ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND	c EIN-PN 58-1233396-001
a	Plan name BAC #1 SUPPLEMENTAL RETIREMENT FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF BAC LOCAL 1 SUPPLEMENTAL RETIREMENT FUND	c EIN-PN 41-1868381-001
a	Plan name BAC LOCAL UNION 15 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES BAC LOCAL 15 PENSION FUND	c EIN-PN 43-6102453-001
a	Plan name BAKERY & CONFECTIONERY UNION & INDUSTRY INTERNATIONAL PENSION FUND	
b	Name of plan sponsor JOINT BOARD OF TRUSTEES, BAKERY & CONFECTIONERY UNION & INDUSTRY	c EIN-PN 52-6118572-001
a	Plan name BANK OF LABOR RETIREMENT PLAN	
b	Name of plan sponsor BANK OF LABOR	c EIN-PN 48-0150325-001
a	Plan name BIRMINGHAM P & S LOCAL UNION NO. 91 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE BIRMINGHAM P & S LU 91 PF	c EIN-PN 63-0437949-001
a	Plan name BOILERMAKER-BLACKSMITH NATIONAL PENSION TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES BOILERMAKER-BLACKSMITH NATIONAL	c EIN-PN 48-6168020-001

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 BOSTON PLASTERERS' & CEMENT MASONS' UNION LOCAL 534 PENSION FUND	
b	Name of plan sponsor BOT-BOSTON PLASTERERS&CEMENT MASON UNION LOCAL 534 PENSION FUND	c EIN-PN 04-6127786-001
a	Plan name BRICKLAYERS & TROWEL TRADES INTERNATIONAL PENSION FUND	
b	Name of plan sponsor BRICKLAYERS & TROWEL TRADES INTL PENSION FD BD OF TRUSTEE	c EIN-PN 52-6127746-001
a	Plan name BRICKLAYERS AND MASONS LOCAL NO. 22 PENSION PLAN	
b	Name of plan sponsor BRICKLAYERS AND MASONS LOCAL NO. 22 PENSION PLAN	c EIN-PN 51-6029523-001
a	Plan name BRICKLAYERS AND STONE MASONS OF ILLINOIS DC NO.1, B.A.C. ANNUITY FUND	
b	Name of plan sponsor TRUSTEES OF BRICKLAYERS AND STONE MASONS IL DC NO. 1 B.A.C. ANNUITY FU	c EIN-PN 36-3794397-001
a	Plan name BRICKLAYERS AND TROWEL TRADES INT'L RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BRICKLAYERS AND TROWEL TRADES INTERNATIONAL PENSION FUND	c EIN-PN 52-6127746-003
a	Plan name BRICKLAYERS LOCAL NO. 1 OF KY. PENSION TRUST FUND	
b	Name of plan sponsor JOINT BOARD OF TRUSTEES BRICKLAYER UNION NO. 1 OF KY. PENSION TRUST	c EIN-PN 61-6043094-001
a	Plan name BRICKLAYERS LOCAL NO. 55 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES, BRICKLAYERS LOCAL NO. 55 PENSION PLAN	c EIN-PN 31-6126985-001
a	Plan name BRICKLAYERS LOCAL NO. 8 AND EMPLOYERS PENSION PLAN	
b	Name of plan sponsor BOT OF BRICKLAYERS LOCAL NO. 8 AND EMPLOYERS PENSION PLAN	c EIN-PN 37-1043440-001
a	Plan name BRICKLAYERS OF INDIANA RETIREMENT PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES BRICKLAYERS OF INDIANA RETIREMENT PLAN	c EIN-PN 35-6267233-001
a	Plan name BRICKLAYERS' PENSION TRUST FUND-METROPOLITAN AREA	
b	Name of plan sponsor JOINT BOARD OF TRUSTEES BRICKLAYER PENSION TRUST FUND	c EIN-PN 51-6030972-001
a	Plan name BRICKLAYERS SUPPLEMENTAL ANNUITY FUND	
b	Name of plan sponsor BOARD OF TRUSTEES BRICKLAYERS SUPPLEMENTAL ANNUITY FUND	c EIN-PN 51-6135078-002
a	Plan name BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA PENSION FUND	
b	Name of plan sponsor BOT BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA PENSION FUN	c EIN-PN 51-6113680-001

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	BUFFALO LABORERS PENSION FUND	
b	Name of plan sponsor	TRUSTEES OF BUFFALO LABORERS PENSION FUND	c EIN-PN 16-0845094-002
a	Plan name	BUILDING TRADES UNITED PENSION TRUST FUND MILWAUKEE AND VICINITY	
b	Name of plan sponsor	BUILDING TRADES UNITED PENSION TRUST FUND	c EIN-PN 51-6049409-001
a	Plan name	CARPENTERS ANNUITY TRUST FUND FOR NORTHERN CALIFORNIA	
b	Name of plan sponsor	CARPENTERS ANNUITY TRUST FUND FOR NORTHERN CALIFORNIA	c EIN-PN 94-6534591-001
a	Plan name	CARPENTERS LABOR-MANAGEMENT PENSION PLAN	
b	Name of plan sponsor	UNITED BROTHERHOOD OF CARPENTERS LABOR-MGMT PF TRUSTEE	c EIN-PN 51-6091982-001
a	Plan name	CARPENTERS PENSION FUND OF ILLINOIS	
b	Name of plan sponsor	BOARD OF TRUSTEES OF CARPENTERS PENSION FUND OF ILLINOIS	c EIN-PN 36-6147396-001
a	Plan name	CASCADE PENSION TRUST MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor	CASCADE PENSION TR MONEY PURCHASE BOARD OF TRUSTEES	c EIN-PN 93-6105946-001
a	Plan name	CENTRAL CALIFORNIA IBEW-NECA PENSION TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES, CENTRAL CALIFORNIA IBEW-NECA	c EIN-PN 95-6209008-001
a	Plan name	CENTRAL LABORERS ANNUITY PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF CENTRAL LABORERS ANNUITY PLAN	c EIN-PN 37-6052379-002
a	Plan name	CHICAGO & VICINITY LABORERS' DISTRICT COUNCIL PENSION PLAN	
b	Name of plan sponsor	BD OF TRUSTEES, CHICAGO & VICINITY LABORERS DISTR. COUNCIL PENS FUND	c EIN-PN 36-2514514-002
a	Plan name	CHICAGO AND MIDWEST REGIONAL PENSION FUND	
b	Name of plan sponsor	TRUSTEES OF THE CHICAGO AND MIDWEST REGIONAL PENSION FUND	c EIN-PN 31-6126267-001
a	Plan name	CHICAGO PAINTERS AND DECORATORS PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF CHICAGO PAINTERS AND DECORATORS PENSION FD	c EIN-PN 51-6030238-001
a	Plan name	CONSOLIDATED RETIREMENT PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES CONSOLIDATED RETIREMENT FUND	c EIN-PN 13-3177000-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CONSTRUCTION LABORERS PENSION TRUST OF GREATER ST.	
b	Name of plan sponsor CONSTRUCTION LABORERS PENSION TRUST OF GREATER ST. LOUIS TRUSTEES	c EIN-PN 43-6142465-001
a	Plan name CONSTRUCTION WORKERS PENSION TRUST FUND - LAKE COUNTY AND VICINITY PENSION PLAN	
b	Name of plan sponsor TRUSTEES OF CONSTRUCTION WORKERS - LAKE COUNTY PENSION	c EIN-PN 35-6030666-001
a	Plan name CORE PROPERTY INDEX TRUST	
b	Name of plan sponsor IDR INVESTMENT MANAGEMENT, LLC	c EIN-PN 83-6319108-001
a	Plan name CWA/ITU NEGOTIATED PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES CWA/ITU NEGOTIATED PENSION PLAN	c EIN-PN 13-6212879-001
a	Plan name DETROIT FREE PRESS, INC. NEWSPAPER GUILD OF DETROIT PENSION PLAN	
b	Name of plan sponsor JOINT BOARD OF ADMINISTRATION C/O BENESYS	c EIN-PN 45-4395876-003
a	Plan name DISTRICT COUNCIL 82 PAINTING INDUSTRY PENSION PLAN	
b	Name of plan sponsor TRUSTEES OF DISTRICT COUNCIL 82 PAINTING INDUSTRY PENSION PLAN	c EIN-PN 90-0585687-001
a	Plan name EASTERN ATLANTIC STATES CARPENTERS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES EASTERN ATLANTIC STATES CARPENTERS PENSION FUND	c EIN-PN 23-1613018-001
a	Plan name EIGHTH DISTRICT ELECTRICAL PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES, EIGHTH DISTRICT ELECTRICAL PENSION	c EIN-PN 84-6100393-001
a	Plan name ELECTRICAL CONSTRUCTION INDUSTRY PENSION PLAN	
b	Name of plan sponsor ELECTRICAL CONSTRUCTION INDUSTRY PENSION PLAN BOARD OF TRUSTEES	c EIN-PN 39-1291994-002
a	Plan name ELECTRICAL WORKERS LOCAL NO. 26 PENSION FUND	
b	Name of plan sponsor ELECTRICAL WORKERS LOCAL NO 26 PENSION TRUST FUND	c EIN-PN 52-6117919-001
a	Plan name ELECTRICAL WORKERS LOCAL NO. 292 DEFINED CONTRIBUTION AND 401K PLAN	
b	Name of plan sponsor TRUSTEES ELECTRICAL WORKERS LOCAL NO.292 DEFINED CONTRIBUTION AND 401K	c EIN-PN 41-1760754-002
a	Plan name ELECTRICAL WORKERS LOCAL NO. 292 PENSION PLAN	
b	Name of plan sponsor TRUSTEES ELECTRICAL WORKERS LOCAL NO.292 PENSION PLAN	c EIN-PN 41-6035616-001

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 ELECTRICAL WORKERS PENSION PLAN LOCAL 103 I.B.E.W.	
b	Name of plan sponsor JOINT BOARD OF TRUSTEES ELECTRICAL WORKERS LOCAL 103 IBEW	c EIN-PN 04-6063734-001
a	Plan name ELECTRICIANS LOCAL UNION NO. 606 PENSION-ANNUITY FUND	
b	Name of plan sponsor TRUSTEES OF ELECTRICIANS LOCAL UNION NO. 606 PENSION-ANNUITY FUND	c EIN-PN 59-1917970-001
a	Plan name ELECTRICIANS' SALARY DEFERRAL PLAN OF LOCAL 1, IBEW- ST. LOUIS CHAPTER NECA	
b	Name of plan sponsor BD OF TRUSTEES OF ELECTRICIANS SALARY DEFERRAL PLAN OF LOCAL 1 IBEW-	c EIN-PN 43-1529993-001
a	Plan name ELEVATOR CONSTRUCTORS UNION LOCAL NO. 1 ANNUITY & 401(K) FUND	
b	Name of plan sponsor BOT OF ELEVATOR CONSTRUCTORS UNION LOCAL NO. 1 ANNUITY & 401K FUND	c EIN-PN 51-6124191-001
a	Plan name EMPLOYEES SECURITY FUND OF THE ELECTRICAL PRODUCTS INDUSTRY-PENSION PLAN	
b	Name of plan sponsor JOINT PENSION COMM OF THE EES SEC FUND OF THE ELEC PROD IND	c EIN-PN 13-6100907-001
a	Plan name EMPLOYERS - ILA N.C. PORTS PENSION PLAN	
b	Name of plan sponsor TRUSTEES OF EMPLOYERS - ILA N.C. PORTS PENSION PLAN	c EIN-PN 51-6102977-001
a	Plan name EMPLOYERS AND CEMENT MASONS LOCAL 90 PENSION PLAN	
b	Name of plan sponsor EMPLOYERS AND CEMENT MASONS LOCAL 90 PENSION PLAN	c EIN-PN 37-6060397-001
a	Plan name EMPLOYERS AND LABORERS LOCALS 100 & 397 PENSION FUND	
b	Name of plan sponsor EMPLOYERS AND LABORERS LOCALS 100 & 397 PENSION FUND	c EIN-PN 37-6085017-001
a	Plan name FLINT PLUMB & PIPE PENSION FUND	
b	Name of plan sponsor TRUSTEES FLINT PLUMBING PENSION FUN	c EIN-PN 38-6254230-001
a	Plan name FORT WAYNE PUBLIC TRANSPORTATION CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor FORT WAYNE PUBLIC TRANSPORTATION CORPORATION RETIREMENT PLAN	c EIN-PN 35-1147407-001
a	Plan name FOX VALLEY & VICINITY CONSTRUCTION WORKERS PENSION FUND	
b	Name of plan sponsor TRUSTEES OF THE FOX VALLEY CONST WORKERS PENSION	c EIN-PN 36-6147407-001
a	Plan name GLAZIERS LOCAL UNION NO 558 PENSION FUND	
b	Name of plan sponsor GLAZIERS LOCAL UNION NO 558 PENSION FUND	c EIN-PN 43-6106206-001

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	GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT P	
b	Name of plan sponsor	GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT PLAN TRUSTEES	c EIN-PN 36-6034076-001
a	Plan name	GMP & EMPLOYERS PENSION PLAN	
b	Name of plan sponsor	GMP & EMPLOYERS PENSION PLAN	c EIN-PN 31-0947939-001
a	Plan name	I.B.E.W. LOCAL 1579 PENSION PLAN	
b	Name of plan sponsor	I.B.E.W LOCAL 1579 PENSION PLAN BOARD OF TRUSTEES	c EIN-PN 58-1254974-001
a	Plan name	I.B.E.W. LOCAL 38 PENSION PLAN	
b	Name of plan sponsor	IBEW LOCAL 38 PENSION PLAN	c EIN-PN 34-6574238-001
a	Plan name	I.B.E.W. LOCAL UNION 481 DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	IBEW LOCAL UNION 481 DEFINED CONTRIBUTION	c EIN-PN 35-1501496-003
a	Plan name	I.U.O.E. LOCAL 57 PENSION PLAN	
b	Name of plan sponsor	TRUSTEES OF I.U.O.E. LOCAL 57	c EIN-PN 05-0298773-001
a	Plan name	IBEW LOCAL 43 & ELECTRICAL CONTRACTORS PENSION FUND	
b	Name of plan sponsor	IBEW LOCAL 43 & ELECTRICAL CONTRACTORS PENSION FUND	c EIN-PN 16-6153389-001
a	Plan name	IBEW LOCAL 701 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES, 701 PENSION FUND	c EIN-PN 36-6455509-001
a	Plan name	IBEW LOCAL NO. 117 PENSION FUND	
b	Name of plan sponsor	TRUSTEES OF IBEW LOCAL NO. 117 PENSION FUND	c EIN-PN 36-6474808-001
a	Plan name	IBEW LOCAL UNION NO. 915 PENSION-ANNUITY FUND	
b	Name of plan sponsor	IBEW LOCAL NO. 915 PENSION-ANNUITY FUND	c EIN-PN 59-6518568-001
a	Plan name	INDIANA LABORERS PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES - INDIANA LABORERS PENSION FUND	c EIN-PN 35-6027150-001
a	Plan name	INDIANA STATE COUNCIL OF CARPENTERS PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES INDIANA STATE COUNCIL OF CARPENTERS PENSION FUND	c EIN-PN 35-6060378-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS PENSION FUND	
b	Name of plan sponsor BOT INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL CARPENTERS PE	c EIN-PN 51-6123713-001
a	Plan name INLAND REFRIGERATION AND AIR CONDITIONING RETIREMENT TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES, INLAND REFRIGERATION AND AIR	c EIN-PN 95-6377502-001
a	Plan name INSULATORS LOCAL NO. 96 PENSION FUND	
b	Name of plan sponsor INSULATORS LOCAL NO. 96 PENSION FUND	c EIN-PN 58-6110889-002
a	Plan name INTERNATIONAL ASSOC OF HEAT AND FROST INSULATORS LOCAL 17 PENSION FUND	
b	Name of plan sponsor TRUSTEES OF INTL ASSOC. OF HEAT AND FROST INSUL LOCAL 17 PENSION FUND	c EIN-PN 51-6033290-001
a	Plan name INTERNATIONAL ASSOCIATION OF SHEET METAL, AIR, RAIL AND TRANSPORTATION WORKERS (SMART) LOCAL UNION NO. 36 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF SMART LOCAL UNION NO. 36 PENSION FUND	c EIN-PN 43-0727853-001
a	Plan name INTERNATIONAL ASSOCIATION PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES, INTERNATIONAL ASSOCIATION PENSION PLAN	c EIN-PN 52-6128563-002
a	Plan name INTERNATIONAL BROTHERHOOD OF BOILERMAKERS OFFICERS AND EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor TRUSTEES OF THE INTNL BRTHRHD OF BOILERMAKERS IRON SHIP BLDRS, ET AL.	c EIN-PN 48-6031851-001
a	Plan name INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION NO. 99 ANNUITY PLAN	
b	Name of plan sponsor IBEW LOCAL UNION NO. 99	c EIN-PN 05-6049537-002
a	Plan name INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION NO. 99 RETIREMENT PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES IBEW LOCAL UNION NO. 99 RETIREMENT PLAN	c EIN-PN 05-6049538-001
a	Plan name INTERNATIONAL FOUNDATION EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS, INC.	c EIN-PN 39-1034021-003
a	Plan name INTERNATIONAL LONGSHOREMEN'S ASSOCIATION AFL-CIO EMPLOYERS PENSION FUND	
b	Name of plan sponsor INTERNATIONAL LONGSHOREMENS ASSOCIATION (AFL-CIO)EMPLOYERS PE	c EIN-PN 59-6130114-001
a	Plan name INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY ANNUITY PLAN	
b	Name of plan sponsor INTL PAINTERS & ALLIED TRADES IND. PENSION FUND-	c EIN-PN 52-6073909-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN	
b	Name of plan sponsor INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BOARD OF TRUSTEES	c EIN-PN 52-6073909-001
a	Plan name INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS OFFICERS AND EMPLOYEES PENSION PLAN	
b	Name of plan sponsor INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS	c EIN-PN 23-0725260-001
a	Plan name INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA PENSION PLAN	
b	Name of plan sponsor INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA	c EIN-PN 53-0159200-001
a	Plan name INT'L ASSN OF HEAT & FROST INSULATORS & ASBESTOS WORKERS LOCAL 127 PENSION FUND	
b	Name of plan sponsor TRUSTEES OF INTL ASSN OF HEAT & FROST I & ASBESTOS WORKERS LOCAL 127	c EIN-PN 51-0167810-001
a	Plan name INT'L ASSOC. OF S.M.A.R.T. WORKERS LOCAL UNION 268 PENSION TRUST & PLAN AGREEMENT	
b	Name of plan sponsor SHEET METAL WORKERS LOCAL UNION NO. 268	c EIN-PN 37-0557803-001
a	Plan name INTL. BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION NO. 1919 ANNUITY FUND	
b	Name of plan sponsor TRUSTEES OF IBEW LOCAL 1919 ANNUITY	c EIN-PN 23-6580339-002
a	Plan name IRON WORKERS DISTRICT COUNCIL OF NEW ENGLAND PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES IRON WORKERS	c EIN-PN 04-2591016-001
a	Plan name IRON WORKERS LOCAL 498 DEFINED BENEFIT PLAN	
b	Name of plan sponsor TRUSTEES OF THE IRON WORKERS LOCAL 498 DEFINED BENEFIT PLAN	c EIN-PN 36-3119818-003
a	Plan name IRON WORKERS LOCAL NO. 5 & IWEA EMPLOYEES PENSION TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES, IRON WORKERS LOCAL NO. 5 & IWEA	c EIN-PN 52-1075473-001
a	Plan name IRON WORKERS' MID-AMERICA PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF IW MID-AMERICA PENSION PLAN	c EIN-PN 36-6488227-001
a	Plan name IRON WORKERS PENSION PLAN OF WESTERN PENNSYLVANIA	
b	Name of plan sponsor BOARD OF TRUSTEES IRON WORKERS PENSION PLAN OF WESTERN PA	c EIN-PN 25-1283169-001
a	Plan name IRON WORKERS ST. LOUIS DISTRICT COUNCIL PENSION TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES OF IRON WORKERS ST. LOUIS DISTRICT COUNCIL PENSION	c EIN-PN 43-6052659-001

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 IRONWORKERS 568 RETIREMENT PLAN	
b	Name of plan sponsor THE BOARD OF TRUSTEES OF THE IRONWORKERS 568 RETIREMENT PLAN	c EIN-PN 32-0124306-002
a	Plan name IRONWORKERS LOCAL #16 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES IRONWORKERS LOCAL #16 PENSION FUND	c EIN-PN 52-6148924-001
a	Plan name IRONWORKERS LOCAL NO. 6 PROFIT SHARING PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES, IRONWORKERS LOCAL NO. 6 PROFIT SHARING PLAN	c EIN-PN 26-1899241-001
a	Plan name IUE-CWA PENSION PLAN	
b	Name of plan sponsor TRUSTEES OF IUE- CWA AFL-CIO PENSION FUND	c EIN-PN 22-6250252-001
a	Plan name IUOE STATIONARY ENGINEERS LOCAL 39 PENSION PLAN	
b	Name of plan sponsor BOT OF IUOE STATIONARY ENGINEERS LOCAL 39 PENSION PLAN	c EIN-PN 94-6118939-001
a	Plan name JACKSONVILLE PLUMBERS AND PIPEFITTERS PENSION PLAN	
b	Name of plan sponsor TRUSTEES OF JACKSONVILLE PLUMBERS AND PIPEFITTERS PENSION PLAN	c EIN-PN 59-6168181-001
a	Plan name KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND	
b	Name of plan sponsor KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST	c EIN-PN 48-6171387-001
a	Plan name LABORERS' DISTRICT COUNCIL CONSTRUCTION INDUSTRY PENSION FUND	
b	Name of plan sponsor LABORERS DISTRICT COUNCIL CONSTRUCTION INDUSTRY PENSION FUND	c EIN-PN 23-6235338-001
a	Plan name LABORERS DISTRICT COUNCIL PENSION AND DISABILITY TRUST FUND NO. 2	
b	Name of plan sponsor LABORERS DISTRICT COUNCIL PENSION AND DISABILITY TRUST FUND NO. 2	c EIN-PN 52-0749130-001
a	Plan name LABORERS NATIONAL PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE LABORERS NATIONAL PENSION FUND	c EIN-PN 75-1280827-001
a	Plan name LABORERS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES LABORERS PENSION FUND	c EIN-PN 54-6111015-001
a	Plan name LIUNA STAFF AND AFFILIATES PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF LIUNA STAFF AND AFFILIATES PENSION FUND	c EIN-PN 52-0743575-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name LOCAL 1922 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE LOCAL 1922 PENSION FUND	c EIN-PN 51-6128660-001
a	Plan name LOCAL 202 SHEET METAL WORKERS PENSION FUND	
b	Name of plan sponsor TRUSTEES OF THE LOCAL 202 SHEET METAL WORKERS PENSION FUND	c EIN-PN 43-0435782-001
a	Plan name LOCAL 68 ENGINEERS UNION ANNUITY PLAN	
b	Name of plan sponsor LOCAL 68 ENGINEERS UNION ANNUITY FUND BOARD OF TRUSTEES	c EIN-PN 22-6289939-001
a	Plan name LOCAL 68 ENGINEERS UNION PENSION PLAN	
b	Name of plan sponsor LOCAL 68 ENGINEERS UNION PENSION FUND BOARD OF TRUSTEES	c EIN-PN 51-0176618-001
a	Plan name LOCAL 705 INT'L BROTHERHOOD OF TEAMSTERS PENSION TR. FD.	
b	Name of plan sponsor BD OF TRUSTEES LOCAL 705 I.B. OF T. PENSION TRUST FUND	c EIN-PN 36-6492502-001
a	Plan name LOCAL 73 RETIREMENT FUND	
b	Name of plan sponsor LOCAL 73 RETIREMENT FUND	c EIN-PN 15-6016577-001
a	Plan name LOCAL 99 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES LOCAL 99 PENSION PLAN	c EIN-PN 51-6119432-001
a	Plan name LOCAL NO. 1 IBEW PENSION BENEFIT TRUST FUND	
b	Name of plan sponsor TRUSTEES OF LOCAL NO. 1 PENSION BENEFIT TRUST FUND	c EIN-PN 43-6032286-001
a	Plan name LOCAL UNION 212 IBEW PENSION TRUST FUND	
b	Name of plan sponsor LOCAL UNION NO 212 IBEW PENSION	c EIN-PN 31-6127280-001
a	Plan name MARYLAND ELECTRICAL INDUSTRY PENSION PLAN	
b	Name of plan sponsor MARYLAND ELECTRICAL IND PENSION	c EIN-PN 52-1057284-001
a	Plan name MASSACHUSETTS BAY TRANSPORTATION AUTHORITY RETIREMENT FUND STAFF RETIREMENT PLAN	
b	Name of plan sponsor MASSACHUSETTS BAY TRANSPORTATION AUTHORITY RETIREMENT FUND	c EIN-PN 04-2460287-002
a	Plan name MASSACHUSETTS LABORERS' ANNUITY FUND	
b	Name of plan sponsor BD. OF TRUSTEES OF MASS. LABORERS ANNUITY FUND	c EIN-PN 04-6553616-001

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 MASSACHUSETTS SERVICE EMPLOYEES PENSION PLAN	
b	Name of plan sponsor TRUSTEES OF MASSACHUSETTS SERVICE EMPLOYEES PENSION PLAN	c EIN-PN 04-6344921-001
a	Plan name METAL TRADES BRANCH LOCAL 638 PENSION FUND	
b	Name of plan sponsor METAL TRADES BRANCH LOCAL 638 PENSION FUND	c EIN-PN 13-2541630-001
a	Plan name MID-AMERICA CARPENTERS REGIONAL COUNCIL PENSION FUND	
b	Name of plan sponsor BOT OF MID-AMERICA CARPENTERS REGIONAL COUNCIL PENSION F	c EIN-PN 36-6130207-001
a	Plan name MIDWESTERN TEAMSTERS PENSION TRUST FUND	
b	Name of plan sponsor TRUSTEES MIDWESTERN TEAMSTERS PENSION TRUST FUND	c EIN-PN 37-6117130-001
a	Plan name MILWAUKEE DRIVERS PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES MILWAUKEE DRIVERS PENSION FUND	c EIN-PN 39-6045229-001
a	Plan name MINNESOTA & NORTH DAKOTA BRICKLAYERS AND ALLIED CRAFTWORKERS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE MINNESOTA NORTH DAKOTA BRICKLAYERS & ALLIED	c EIN-PN 51-6029930-001
a	Plan name MOTION PIC. LAB. TECHS AND FILM EDITORS LOCAL 780 PENSION FUND	
b	Name of plan sponsor TRUSTEES OF MOTION PIC LAB TECHS AND FILM EDITORS LOCAL 780 PNSN FUND	c EIN-PN 23-7345671-001
a	Plan name MOTION PICTURE INDUSTRY INDIVIDUAL ACCOUNT PLAN	
b	Name of plan sponsor BOARD OF DIRECTORS, MOTION PICTURE INDUSTRY PENSION	c EIN-PN 95-0030749-002
a	Plan name MUNICIPAL EMPLOYEES' ANNUITY & BENEFIT FUND OF CHICAGO	
b	Name of plan sponsor CITY OF CHICAGO	c EIN-PN 36-6002303-001
a	Plan name NATIONAL ASSOCIATION OF LETTER CARRIERS ANNUITY TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES, NALC ANNUITY TRUST FUND	c EIN-PN 52-6038252-001
a	Plan name NATIONAL AUTOMATIC SPRINKLER INDUSTRY PENSION FUND	
b	Name of plan sponsor NATIONAL AUTOMATIC SPRINKLER INDUSTRY PENSION FUND JT BOARD OF TRUSTEE	c EIN-PN 52-6054620-001
a	Plan name NATIONAL ELECTRICAL ANNUITY PLAN	
b	Name of plan sponsor TRUSTEES OF THE NATIONAL ELECTRICAL ANNUITY PLAN	c EIN-PN 52-6132372-001

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	NATIONAL ELEVATOR INDUSTRY PENSION PLAN	
b	Name of plan sponsor	NATIONAL ELEVATOR INDUSTRY PENSION PLAN PLAN BOARD OF TRUSTEES	c EIN-PN 23-2694291-001
a	Plan name	NATIONAL ROOFING INDUSTRY PENSION FUND	
b	Name of plan sponsor	NATIONAL ROOFING INDUSTRY PENSION FUND WILSON-MCSHANE CORPORATION	c EIN-PN 36-6157071-001
a	Plan name	NECA LOCAL 145 IBEW PENSION FUND	
b	Name of plan sponsor	NECA LOCAL 145 IBEW PENSION FUND	c EIN-PN 36-6492101-001
a	Plan name	NECA-IBEW LOCAL 176 PENSION TRUST FUND	
b	Name of plan sponsor	TRUSTEES OF THE NECA-IBEW LOCAL 176 PENSION TRUST FUND	c EIN-PN 36-2953263-001
a	Plan name	NECA-IBEW LOCAL 364 DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	TRUSTEES OF NECA-IBEW LOCAL 364 CONTRIBUTION PENSION TRUST FUND	c EIN-PN 36-3306560-002
a	Plan name	NECA-IBEW PENSION TRUST FUND	
b	Name of plan sponsor	NECA-IBEW PENSION TRUST FUND	c EIN-PN 51-6029903-001
a	Plan name	NEW ENGLAND TEAMSTERS PENSION FUND	
b	Name of plan sponsor	NEW ENGLAND TEAMSTERS PENSION FUND	c EIN-PN 04-6372430-001
a	Plan name	NEW ORLEANS ELECTRICAL PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE NOE PENSION PLAN	c EIN-PN 72-0219840-001
a	Plan name	NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF NYCDCC PENSION FUND	c EIN-PN 51-0174276-001
a	Plan name	NORTH ATLANTIC STATES CARPENTERS PENSION FUND	
b	Name of plan sponsor	BOT OF THE NORTH ATLANTIC STATES CARPENTERS PENSION FUND	c EIN-PN 51-6040899-001
a	Plan name	NORTHERN CALIFORNIA ELECTRICAL WORKERS PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES, NORTHERN CALIFORNIA ELECTRICAL	c EIN-PN 94-6062674-001
a	Plan name	NORTHERN CALIFORNIA GLAZIERS, ARCHITECTURAL METAL & GLASSWORKERS PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES, NO. CALIF. GLAZIERS ARCHITECTURAL METAL & GLAS	c EIN-PN 94-6083001-001

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 NORTHWEST PUBLICATIONS PENSION PLAN FOR GUILD EMPLOYEES OF SAINT PAUL DIVISION	
b	Name of plan sponsor MEDIANEWS GROUP, INC.	c EIN-PN 76-0425553-003
a	Plan name NORTHWEST SHEET METAL WORKERS PENSION PLAN	
b	Name of plan sponsor B OF T, NORTHWEST SHEET METAL WORKERS PENSION PLAN	c EIN-PN 91-6061344-001
a	Plan name NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS PENSION PLAN AND TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS	c EIN-PN 34-6502487-001
a	Plan name OHIO BRICKLAYERS PENSION PLAN	
b	Name of plan sponsor OHIO BRICKLAYERS PENSION PLAN	c EIN-PN 51-6029565-001
a	Plan name OMAHA CONSTRUCTION INDUSTRY PENSION PLAN	
b	Name of plan sponsor OMAHA CONST. IND. PENSION PLAN JOINT BOARD OF TRUSTEES	c EIN-PN 47-0468085-001
a	Plan name OPEIU LOCALS 30 & 537 RETIREMENT FUND	
b	Name of plan sponsor BOARD OF TRUSTEES, OPEIU LOCALS 30 & 537	c EIN-PN 95-6072309-001
a	Plan name OPERATING ENGINEERS LOCAL 649 ANNUITY TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OPERATING ENGINEERS LOCAL 649 ANNUITY TRUST FUND	c EIN-PN 37-1291915-001
a	Plan name OPERATING ENGINEERS LOCAL NO. 147 ANNUITY FUND	
b	Name of plan sponsor BOARD OF TRUSTEES - OPERATING ENGINEERS LOCAL NO. 147 ANNUITY	c EIN-PN 66-0598785-001
a	Plan name PAINTERS DISTRICT COUNCIL NO. 30 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES PAINTERS DISTRICT COUN. NO. 30 PENSION FUND	c EIN-PN 36-6491120-001
a	Plan name PAVERS & ROAD BUILDERS DC PENSION FUND	
b	Name of plan sponsor PAVERS & ROAD BUILDERS DC PENSION	c EIN-PN 13-1990171-074
a	Plan name PENSION AND ANNUITY PLAN OF THE BRICKLAYERS PENSION FUND	
b	Name of plan sponsor BD OF TR OF THE PENSION AND ANNUITY PLAN OF BRICKLAYERS PENSION FUND	c EIN-PN 51-6135291-001
a	Plan name PENSION FUND - TECHNICAL ENGINEERING DIVISION LOCAL UNION 130, U.A., AFL-CIO	
b	Name of plan sponsor TRUSTEES OF PENSION FD - TECH ENG DIV LU 130, UA, AFL-CIO	c EIN-PN 36-6493093-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PENSION FUND OF CEMENT MASONS UNION LOCAL NO. 502	
b	Name of plan sponsor	BOARD OF TRUSTEES CEMENT MASONS PENSION FUND	c EIN-PN 51-6034597-001
a	Plan name	PENSION PLAN FOR EMPLOYEES OF CALIFORNIA LABOR FEDERATION AFL-CIO	
b	Name of plan sponsor	BOARD OF TRUSTEES, CALIFORNIA LABOR FEDERATION AFL-CIO	c EIN-PN 94-0362030-001
a	Plan name	PENSION PLAN FOR SALARIED EMPLOYEES OF THE BAKERY & CONFECTIONERY UNION & INDUSTRY INTERNATIONAL HEALTH BENEFITS & PENSION FUNDS	
b	Name of plan sponsor	BAKERY & CONFECTIONERY UN & IND INTL HEALTH BEN & PEN FUNDS	c EIN-PN 52-6118572-002
a	Plan name	PENSION PLAN FOR THE LOCAL UNION NO. 131 INTERNATIONAL BROTHERHOOD OF ELECTRICAL WRKRS	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE PEN. PLAN FOR THE LOCAL UNION NO. 131 IBEW	c EIN-PN 38-6234993-001
a	Plan name	PENSION PLAN OF THE SEGAL COMPANY	
b	Name of plan sponsor	THE SEGAL GROUP, INC.	c EIN-PN 06-0839113-001
a	Plan name	PENSION, HOSPITALIZATION & BENEFIT PLAN OF THE ELECTRICAL INDUSTRY - PENSION TRUST ACCT	
b	Name of plan sponsor	BD OF TR OF THE PENSION, HOSP & BENEFIT PL OF THE ELEC IND-PENSION	c EIN-PN 13-6123601-001
a	Plan name	PIPE FITTERS RETIREMENT FUND, LOCAL 597	
b	Name of plan sponsor	TRUSTEES OF PIPE FITTERS RETIREMENT FUND LOCAL 597	c EIN-PN 62-6105084-001
a	Plan name	PIPE TRADES SERVICES MN PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF TWIN CITY PIPE TRADES PENSION TRUST	c EIN-PN 41-6131800-001
a	Plan name	PLASTERERS AND CEMENT MASONS LOCAL UNION NO. 148 DEFINED CONTRIBUTION PENSION PLAN	
b	Name of plan sponsor	TRUSTEES OF PLASTERERS AND CEMENT MASONS LOCAL 148 DEFINED CONTRIBUTIO	c EIN-PN 58-6098290-002
a	Plan name	PLASTERERS LOCAL 1 PENSION PLAN	
b	Name of plan sponsor	PLASTERERS LOCAL 1 PENSION PLAN	c EIN-PN 31-6127284-001
a	Plan name	PLUMBERS & PIPEFITTERS LOCAL 162 PENSION FUND	
b	Name of plan sponsor	PLUMBERS & PIPEFITTERS LOCAL 162	c EIN-PN 31-6125999-001
a	Plan name	PLUMBERS & PIPEFITTERS LOCAL 172 PENSION FUND	
b	Name of plan sponsor	TRUSTEES OF PLUMBERS & PIPEFITTERS LOCAL 172 PENSION FUND	c EIN-PN 35-6212986-001

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	PLUMBERS & PIPEFITTERS LOCAL 625 PENSION PLAN	
b	Name of plan sponsor	PLUMBERS & PIPEFITTERS LOCAL 625 PENSION FUND	c EIN-PN 55-0759747-001
a	Plan name	PLUMBERS & PIPEFITTERS LOCAL 653 PENSION FUND	
b	Name of plan sponsor	TRUSTEES OF THE PLUMBERS AND PIPEFITTERS LOCAL 653 PENSION FUND	c EIN-PN 36-3378963-001
a	Plan name	PLUMBERS' & PIPEFITTERS' LOCAL UNION 562 PENSION FUND	
b	Name of plan sponsor	TRUSTEES, PLUMBERS & PIPEFITTERS LOCAL PENSION FUND	c EIN-PN 43-0759836-001
a	Plan name	PLUMBERS & PIPEFITTERS LOCAL UNIONS 502 & 633 PENS	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES PLUMBERS & PIPEFITTERS LOCAL UNIONS	c EIN-PN 61-6078145-001
a	Plan name	PLUMBERS & STEAMFITTERS LOCAL #137 PENSION FUND	
b	Name of plan sponsor	PLUMBERS & STEAMFITTERS LOCAL 137 PENSION FUND BOARD OF TRUSTEES	c EIN-PN 36-6136791-001
a	Plan name	PLUMBERS & STEAMFITTERS LOCAL 118 PENSION PLAN	
b	Name of plan sponsor	BD OF TRUSTEES PLUMBERS & STEAMFITTERS LOCAL 118	c EIN-PN 39-6187966-001
a	Plan name	PLUMBERS & STEAMFITTERS LOCAL 248- PENSION TRUST PLAN	
b	Name of plan sponsor	TRUSTEES OF PLUMBERS & STEAMFITTER PENSION TRUST FUND	c EIN-PN 31-1017514-001
a	Plan name	PLUMBERS & STEAMFITTERS LOCAL 83 PENSION FUND	
b	Name of plan sponsor	PLUMBERS & STEAMFITTER LOCAL 83	c EIN-PN 55-0463652-001
a	Plan name	PLUMBERS & STEAMFITTERS LOCAL NO. 452 PENSION TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES-PLUMBERS LOCAL 452 PENSION TRUST FUND	c EIN-PN 61-6037176-001
a	Plan name	PLUMBERS AND PIPEFITTERS LOCAL UNION 553 PENSION PLAN	
b	Name of plan sponsor	TRUSTEES OF THE PLUMBERS AND PIPEFITTERS LOCAL 553	c EIN-PN 37-6052808-001
a	Plan name	PLUMBERS AND PIPEFITTERS LOCAL UNION NO 333 PENSION FUND	
b	Name of plan sponsor	JOINT BOARD PLUMBERS & PIPEFITTERS LOCAL UNION NO. 333 PENSION	c EIN-PN 38-3545518-005
a	Plan name	PLUMBERS LOCAL 360 PENSION PLAN	
b	Name of plan sponsor	UNITED ASSOCIATION OF PLUMBERS LOCAL 360	c EIN-PN 37-1186588-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PLUMBERS LOCAL NO 98 DEFINED BENEFIT PENSION FUND	
b	Name of plan sponsor	PLUMBERS LOCAL 98 DEFINED BENEFIT PENSION FUND	c EIN-PN 38-3031916-001
a	Plan name	PLUMBERS LOCAL NO. 8 PENSION PLAN	
b	Name of plan sponsor	PLUMBERS LOCAL NO. 8 PENSION PLAN	c EIN-PN 44-6010180-001
a	Plan name	PLUMBERS' PENSION FUND, LOCAL 130, U.A.	
b	Name of plan sponsor	TRUSTEES OF THE PLUMBERS PENSION FUND, LOCAL 130, U.A.	c EIN-PN 36-6489579-001
a	Plan name	PLUMBERS PIPE FITTERS & MECHANICAL EQUIPMENT SERVICE LOCAL UNION NO. 392 PENSION PLAN	
b	Name of plan sponsor	PLUMBERS, PIPEFITTERS & MECHANICAL EQUIPMENT SERVICE LOCAL UNION 392	c EIN-PN 31-0655223-001
a	Plan name	ROCKFORD PIPE TRADES INDUSTRY PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE ROCKFORD PIPE TRADES INDUSTRY PENSION FUND	c EIN-PN 37-6123990-001
a	Plan name	ROOFERS PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF ROOFERS PENSION FUND	c EIN-PN 36-6485998-001
a	Plan name	S.E.I.U PENSION PLANS MASTER TRUST	
b	Name of plan sponsor	BD OF TTEES OF THE S.E.I.U PENSION PLANS MASTER TRUST	c EIN-PN 56-6680924-001
a	Plan name	SAN FRANCISCO CULINARY BARTENDERS & SERVICE EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES, SAN FRANCISCO CULINARY BARTENDERS &	c EIN-PN 94-6118925-001
a	Plan name	SEAFARERS MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES SEAFARERS MONEY PURCHASE PENSION PLAN	c EIN-PN 52-1994914-001
a	Plan name	SEAFARERS OFFICERS AND EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES SEAFARERS OFFICERS AND EMPLOYEES PENSION PLAN	c EIN-PN 11-2401856-333
a	Plan name	SEAFARERS PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES SEAFARERS PENSION PLAN	c EIN-PN 13-6100329-001
a	Plan name	SEIU LOCAL 1 & PARTICIPATING EMPLOYERS PENSION TRUST	
b	Name of plan sponsor	TRUSTEES OF SEIU LOCAL 1 & PARTICIPATING EMPLOYERS PENSION TRUST	c EIN-PN 36-6486542-001

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 SEIU LOCAL NO. 4 PENSION FUND	
b	Name of plan sponsor TRUSTEES OF SEIU LOCAL NO. 4 PENSION FUND	c EIN-PN 36-4198045-001
a	Plan name SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL 1 CLEVELAND PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL	c EIN-PN 34-6666717-001
a	Plan name SHEET METAL LOCAL 10 SUPPLEMENTAL RETIREMENT FUND	
b	Name of plan sponsor TRUSTEES OF SHEET METAL LOCAL 10 SUPPLEMENTAL RETIREMENT FUND	c EIN-PN 41-6162383-001
a	Plan name SHEET METAL WORKERS' LOCAL 10 PENSION FUND	
b	Name of plan sponsor TRUSTEES OF SHEET METAL WORKERS LOCAL 10 PENSION FUND	c EIN-PN 41-1562581-001
a	Plan name SHEET METAL WORKERS LOCAL 224 PENSION FUND	
b	Name of plan sponsor SHEET METAL WORKERS LOCAL 224 PENSION FUND BD OF TRUSTEES	c EIN-PN 31-6171353-001
a	Plan name SHEET METAL WORKERS' LOCAL 73 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE SHEET METAL WORKERS 73 PENSION FUND	c EIN-PN 51-6126221-001
a	Plan name SHEET METAL WORKERS LOCAL NO. 177 PENSION FUND	
b	Name of plan sponsor TRUSTEES - SHEET METAL WORKERS LOCAL NO. 177 PENSION FUND	c EIN-PN 62-6093256-001
a	Plan name SHEET METAL WORKERS LOCAL NO. 4 PENSION PLAN	
b	Name of plan sponsor SHEET METAL WORKERS LOCAL NO. 4 PENSION PLAN	c EIN-PN 62-0800645-001
a	Plan name SHEET METAL WORKERS LOCAL UNION NO 71 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES SHEET METAL WORKERS LOCAL NO. 71 PENSION PLAN	c EIN-PN 16-6051585-001
a	Plan name SHEET METAL WORKERS' LOCAL UNION NO. 9 PENSION PLA	
b	Name of plan sponsor TRUSTEES OF SHEET METAL WORKERS LOCAL NO. 9 PENSION PLAN	c EIN-PN 84-0783596-001
a	Plan name SHEET METAL WORKERS' PENSION PLAN OF SOUTHERN CALIFORNIA ARIZONA AND NEVADA	
b	Name of plan sponsor BOARD OF TRUSTEES, SHEET METAL WORKERS PENSION PLAN	c EIN-PN 95-6052257-001
a	Plan name SHOPMEN'S IRON WORKERS RETIREMENT FUND OF SOUTHERN CALIFORNIA	
b	Name of plan sponsor JT BOARD OF TRUSTEES, SHOPMENS IRON WORKERS RETIREMENT FUND	c EIN-PN 95-6042233-002

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	SOFT DRINK INDUSTRY PENSION FUND	
b	Name of plan sponsor	TRUSTEES OF SOFT DRINK INDUSTRY PENSION FUND	c EIN-PN 36-6051352-001
a	Plan name	SOUTHERN ELECTRICAL RETIREMENT FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES - SOUTHERN ELECTRICAL RETIREMENT FUND	c EIN-PN 62-6125711-001
a	Plan name	SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND	
b	Name of plan sponsor	SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND	c EIN-PN 43-6130272-001
a	Plan name	SOUTHERN ILLINOIS LABORERS & EMPLOYERS ANNUITY FUND	
b	Name of plan sponsor	TRUSTEES OF SOUTHERN ILLINOIS LABORERS & EMPLOYERS ANNUITY FUND	c EIN-PN 37-1215679-001
a	Plan name	SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES, SOUTHERN NEVADA CULINARY AND	c EIN-PN 88-6016617-001
a	Plan name	SOUTHWESTERN ILLINOIS LABORERS ANNUITY FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF SOUTHWESTERN ILLINOIS LABORERS ANNUITY FUND	c EIN-PN 37-1221230-001
a	Plan name	ST LOUIS PAINTERS PENSION PLAN	
b	Name of plan sponsor	THE BOARD OF TRUSTEES C/O RACHEL ALLEN, PLAN MANAGER	c EIN-PN 43-6057739-002
a	Plan name	STEAMFITTERS INDUSTRY PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES STEAMFITTERS INDUSTRY PENSION FUND	c EIN-PN 13-6149680-001
a	Plan name	STEAMFITTERS LOCAL 439 PENSION PLAN	
b	Name of plan sponsor	STEAMFITTERS LOCAL 439	c EIN-PN 37-1186815-001
a	Plan name	STRUCTURAL IW LOCAL #1 PENSION PLAN	
b	Name of plan sponsor	BD OF TRUSTEES-STRUCTURAL IW #1 PENSION PLAN	c EIN-PN 36-2872442-001
a	Plan name	SW OH REGIONAL COUNCIL OF CARPENTERS PENSION PLAN	
b	Name of plan sponsor	SW OH REGIONAL COUNCIL OF CARPENTERS	c EIN-PN 31-6127287-001
a	Plan name	TEAMSTER LOCAL 282 ANNUITY TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES LOCAL 282	c EIN-PN 11-6276104-002

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 TEAMSTERS LOCAL 237 ADDITIONAL SECURITY BENEFIT FUND	
b	Name of plan sponsor CITY EMPLOYEES UNION LOCAL 237 IBT	c EIN-PN 13-1965768-001
a	Plan name TEAMSTERS LOCAL 237 SUPPLEMENTAL FUND FOR HOUSING AUTHORITY EMPLOYEES	
b	Name of plan sponsor CITY EMPLOYEES UNION LOCAL 237 IBT	c EIN-PN 13-3632883-001
a	Plan name TEAMSTERS LOCAL UNION NO. 727 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF TEAMSTERS LOCAL UNION NO. 727 PENSION PLAN	c EIN-PN 36-6102397-001
a	Plan name TRANSIT EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY	c EIN-PN 52-0847040-002
a	Plan name TRUCK DRIVERS & HELPERS LOCAL UNION NO. 355 RETIREMENT PLAN	
b	Name of plan sponsor JOINT BOARD OF TRUSTEES OF THE DRIVERS AND HELPERS LOCAL NO. 355	c EIN-PN 52-6043608-001
a	Plan name TWIN CITIES & VICINITY CONFERENCE BOARD PENSION TRUST	
b	Name of plan sponsor TWIN CITIES & VICINITY CONFERENCE BOARD	c EIN-PN 06-1648015-001
a	Plan name TWIN CITY CARPENTERS AND JOINERS PENSION FUND	
b	Name of plan sponsor BOT OF THE TWIN CITY CARPENTERS AND JOINERS PENSION FUND	c EIN-PN 41-6043137-001
a	Plan name U. A. LOCAL NO. 159 DEFINED BENEFIT PLAN	
b	Name of plan sponsor U.A. LOCAL NO. 159 PENSION TRUST	c EIN-PN 94-2859426-001
a	Plan name U.A. LOCAL 467 DEFINED BENEFIT PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES, U.A. LOCAL 467 PENSION TRUST	c EIN-PN 94-2353807-005
a	Plan name U.A. PLUMBERS 63 & STEAMFITTERS 353 JOINT PENSION	
b	Name of plan sponsor TRUSTEES U.A. PLUMBERS 63 & STEAMFITTERS 353 PEN TRUSTFUND	c EIN-PN 37-6118084-001
a	Plan name UFCW INTL UNION PENSION PLAN FOR EMPLOYEES	
b	Name of plan sponsor EXECUTIVE COMMITTEE OF THE U.F.C.W INTL UNION	c EIN-PN 81-2741678-001
a	Plan name UNION ELECTRICAL INDUSTRY MASTER TRUST	
b	Name of plan sponsor INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS	c EIN-PN 41-6511223-004

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	UNITE HERE INTERNATIONAL AND LOCALS PENSION FUND	
b	Name of plan sponsor	BD OF TRUSTEES-RETIREMENT PLAN OF THE UNITE HERE INTL AND LOCALS	c EIN-PN 86-3429387-001
a	Plan name	UNITE HERE LOCAL 25 AND HOTEL ASSOCIATION OF WASHINGTON, DC PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES-HTL. & REST. EMP. LO.25&HTL ASSN	c EIN-PN 52-6051390-001
a	Plan name	UNITED ASSN OF JOURNEYMEN PLUMBERS & PIPEFITTERS LOCAL 357 PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE KALAMAZOO PLUMBERS & PIPEFITTERS 357 PENSION	c EIN-PN 38-6152409-001
a	Plan name	UNITED ASSOCIATION NATIONAL PENSION FUND	
b	Name of plan sponsor	B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND	c EIN-PN 52-6152779-001
a	Plan name	UNITE-HERE PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES, SAN DIEGO UNITE - HERE PENSION FUND	c EIN-PN 95-6254718-001
a	Plan name	VANDERBURGH COUNTY POLICE PENSION PLAN	
b	Name of plan sponsor	VANDERBURGH COUNTY POLICE PENSION PLAN	c EIN-PN 35-6000205-001
a	Plan name	WEST MI PLUMBERS FITTERS & SERVICE TRADES LOCAL UNION NO 174 PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES WEST MI PLUMBERS LOCAL UNION NO 174 PENSION PLAN	c EIN-PN 38-1796240-001
a	Plan name	WEST VIRGINIA LABORERS PROFIT SHARING PLAN	
b	Name of plan sponsor	WEST VIRGINIA LABORERS	c EIN-PN 55-0772123-001
a	Plan name	WESTERN PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE WESTERN PENSION FUND	c EIN-PN 93-4160766-001
a	Plan name	WILL COUNTY LOCAL 174 CARPENTERS PENSION FUND	
b	Name of plan sponsor	TRUSTEES-WILL COUNTY LOCAL 174 CARPENTERS PENSION FUND	c EIN-PN 36-2515854-001
a	Plan name	WISCONSIN LABORERS' PENSION FUND	
b	Name of plan sponsor	TRUSTEES OF WISCONSIN LABORERS PENSION FUND	c EIN-PN 39-6198530-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AFL-CIO BUILDING INVESTMENT TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 52-6328901

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	208052000
(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)	1641347000
(6) Real estate (other than employer real property)	1c(6)	1538400000
(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)	102095000

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	3543951764	3489894000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	30675000
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	537577741	441402000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	537577741	472077000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3006374023	3017817000

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)	15611000	
(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)	168233000	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		183844000
(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)	68720000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	395054000	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-326334000
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	-60495000	
(B) Other.....	2b(5)(B)	320719000	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		260224000

		(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		-23
d Total income. Add all income amounts in column (b) and enter total.....	2d		117733977

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		20187000
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	83311000	
(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)	2793000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		86104000
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		106291000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11442977
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(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 _____.