

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="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><b>1a</b> Name of plan <u>NEUBERGER BERMAN STRATEGIC MULTI-SECTOR FIXED INCOME TRUST</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>006</u></p>
<p><b>2a</b> 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>NEUBERGER BERMAN TRUST COMPANY N.A.</u></p> <p><u>1290 AVENUE OF THE AMERICAS</u> <u>NEW YORK, NY 10104</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>20-4797982</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>212-476-9000</u></p> <p><b>2d</b> Business code (see instructions) <u>525920</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	BLAKE F. BISCOTTI
	Signature of DFE	Date	Enter name of individual signing as DFE

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

**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <u>NEUBERGER BERMAN STRATEGIC MULTI-SECTOR FIXED INCOME TRUST</u>	<b>B</b> Three-digit plan number (PN)	<u>006</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NEUBERGER BERMAN TRUST COMPANY N.A.</u>	<b>D</b> Employer Identification Number (EIN) <u>20-4797982</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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.)	
<b>a</b>	Plan name IRON WORKERS' MID-AMERICA PENSION PLAN	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES OF IW MID-AMERICA PENSION PLAN	<b>c</b> EIN-PN 36-6488227-001
<b>a</b>	Plan name RESOURCES DIVERSIFIED FIXED INCOME	
<b>b</b>	Name of plan sponsor ALTA TRUST COMPANY	<b>c</b> EIN-PN 83-2064950-001
<b>a</b>	Plan name AM1 INCOME	
<b>b</b>	Name of plan sponsor ALTA TRUST COMPANY	<b>c</b> EIN-PN 99-0817300-001
<b>a</b>	Plan name NEUBERGER BERMAN STRATEGIC MULTI-SECTOR FIXED INCOME (GG) TRUST	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-4139862-639
<b>a</b>	Plan name FLEXPATH INDEXPLUS AGGRESSIVE 2025 FUND	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-2935740-228
<b>a</b>	Plan name FLEXPATH INDEXPLUS AGGRESSIVE 2035 FUND	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-2987118-231
<b>a</b>	Plan name FLEXPATH INDEXPLUS AGGRESSIVE 2045 FUND	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-3026996-234
<b>a</b>	Plan name FLEXPATH INDEXPLUS AGGRESSIVE RETIREMENT FUND	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-2836296-225
<b>a</b>	Plan name FLEXPATH INDEXPLUS CONSERVATIVE 2035 FUND	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-3018134-233
<b>a</b>	Plan name FLEXPATH INDEXPLUS CONSERVATIVE 2055 FUND	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-3216409-239
<b>a</b>	Plan name FLEXPATH INDEXPLUS CONSERVATIVE RETIREMENT FUND	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-2916729-227
<b>a</b>	Plan name FLEXPATH INDEXPLUS MODERATE 2035 FUND	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-3002484-232

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.)	
<b>a</b>	Plan name FLEXPATH INDEXPLUS MODERATE 2045 FUND	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-3071639-235
<b>a</b>	Plan name FLEXPATH INDEXPLUS MODERATE 2055 FUND	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-3188067-238
<b>a</b>	Plan name FLEXPATH INDEXPLUS MODERATE RETIREMENT FUND	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-2851418-226
<b>a</b>	Plan name FLEXPATH INDEXPLUS AGGRESSIVE 2055 FUND	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-3170652-237
<b>a</b>	Plan name FLEXPATH INDEXPLUS CONSERVATIVE 2025 FUND	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-2961375-230
<b>a</b>	Plan name FLEXPATH INDEXPLUS CONSERVATIVE 2045 FUND	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-3144367-236
<b>a</b>	Plan name FLEXPATH INDEXPLUS MODERATE 2025 FUND	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-2950747-229
<b>a</b>	Plan name FLEXPATH INDEXPLUS AGGRESSIVE 2065 FUND	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-7271381-762
<b>a</b>	Plan name FLEXPATH INDEXPLUS CONSERVATIVE 2065 FUND	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-7271383-764
<b>a</b>	Plan name FLEXPATH INDEXPLUS MODERATE 2065 FUND	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-7271382-763
<b>a</b>	Plan name METAL TRADES BRANCH LOCAL 638 PENSION FUND	
<b>b</b>	Name of plan sponsor METAL TRADES BRANCH LOCAL 638 PENSION FUND	<b>c</b> EIN-PN 13-2541630-001
<b>a</b>	Plan name STEAMFITTERS INDUSTRY PENSION FUND	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES STEAMFITTERS INDUSTRY PENSION FUND	<b>c</b> EIN-PN 13-6149680-001

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.)	
<b>a</b>	Plan name LOCAL 74 USWU PENSION FUND	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES LOCAL 74 USWU PENSION FUND	<b>c</b> EIN-PN 27-1247066-001
<b>a</b>	Plan name EXHIBITION EMPLOYEES LOCAL 829 ANNUITY FUND	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES EXHIBITION EMPLOYEES LOCAL 829	<b>c</b> EIN-PN 51-6145928-001
<b>a</b>	Plan name EXHIBITION EMPLOYEES LOCAL 829 PENSION FUND	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES EXHIBITION EMPLOYEES LOCAL 829	<b>c</b> EIN-PN 13-2995659-001
<b>a</b>	Plan name NYSA-PPGU PENSION FUND & PLAN	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES	<b>c</b> EIN-PN 13-6188644-001
<b>a</b>	Plan name PLASTERERS & CEMENT MASONS LOCAL 40 PENSION FUND	
<b>b</b>	Name of plan sponsor PLASTERERS & CEMENT MASON LOCAL 40 PENSION FUND	<b>c</b> EIN-PN 51-6098177-001
<b>a</b>	Plan name THE NEWSPAPER GUILD INTERNATIONAL PENSION PLAN	
<b>b</b>	Name of plan sponsor TNG INTERNATIONAL PENSION FUND	<b>c</b> EIN-PN 52-1082662-001
<b>a</b>	Plan name IBEW LOCAL #952 VENTURA DIVISION OF LA COUNTY CHAPTER NECA PENSION TRU	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES, IBEW LOCAL 952 VENTURA DIVISION	<b>c</b> EIN-PN 95-6397996-001
<b>a</b>	Plan name THE DEFINED RETIREMENT PLAN OF USMX/NYSA/CCCSC	
<b>b</b>	Name of plan sponsor THE TRUSTEES OF THE DEFINED RETIREMENT PLAN OF USMX/NYSA/CCCSC	<b>c</b> EIN-PN 13-2871925-001
<b>a</b>	Plan name THE NEWSGUILD-CWA ADJUSTABLE PENSION PLAN	
<b>b</b>	Name of plan sponsor TNG INTERNATIONAL PENSION FUND	<b>c</b> EIN-PN 52-1082662-002
<b>a</b>	Plan name LOCAL 191 I.B.E.W. MONEY PURCHASE PLAN	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES, LOCAL 191 I.B.E.W. MONEY	<b>c</b> EIN-PN 91-1176302-002
<b>a</b>	Plan name LOCAL 703, I.B. OF T., GROCERY & FOOD EMPLOYEES' PENSION PLAN	
<b>b</b>	Name of plan sponsor TRUSTEES OF LOCAL 703, I.B. OF T., GROCERY & FOOD EMPLOYEES PENSION P	<b>c</b> EIN-PN 36-6491473-001
<b>a</b>	Plan name LOCAL 338 ANNUITY FUND	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES LOCAL 338 ANNUITY FUND	<b>c</b> EIN-PN 27-1596066-001

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.)	
<b>a</b>	Plan name RETIREMENT PLAN FOR EMPLOYEES OF LOCAL 338 & AFFILIATED FUNDS	
<b>b</b>	Name of plan sponsor RETAIL WHOLESALE & DEPARTMENT STORE LOCAL 338 RWDSU	<b>c</b> EIN-PN 13-1215100-002
<b>a</b>	Plan name DISTRICT COUNCIL 82 PAINTING INDUSTRY PENSION PLAN	
<b>b</b>	Name of plan sponsor TRUSTEES OF DISTRICT COUNCIL 82 PAINTING INDUSTRY PENSION PLAN	<b>c</b> EIN-PN 90-0585687-001
<b>a</b>	Plan name I.U.O.E. LOCAL 132 PENSION FUND	
<b>b</b>	Name of plan sponsor I.U.O.E. LOCAL 132 PENSION FUND	<b>c</b> EIN-PN 55-6015364-001
<b>a</b>	Plan name PLUMBERS & STEAMFITTERS LOCAL 83 PENSION FUND	
<b>b</b>	Name of plan sponsor PLUMBERS & STEAMFITTER LOCAL 83	<b>c</b> EIN-PN 55-0463652-001
<b>a</b>	Plan name WEST VIRGINIA LABORERS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WEST VIRGINIA LABORERS	<b>c</b> EIN-PN 55-0772123-001
<b>a</b>	Plan name WEST VIRGINIA LABORERS PENSION TRUST FUND	
<b>b</b>	Name of plan sponsor WEST VIRGINIA LABORERS PENSION TRUST FUND	<b>c</b> EIN-PN 55-6026775-001
<b>a</b>	Plan name PLUMBERS & STEAMFITTERS LOCAL 248- PENSION TRUST PLAN	
<b>b</b>	Name of plan sponsor TRUSTEES OF PLUMBERS & STEAMFITTER PENSION TRUST FUND	<b>c</b> EIN-PN 31-1017514-001
<b>a</b>	Plan name ELECTRICIANS LOCAL UNION NO. 606 PENSION-ANNUITY FUND	
<b>b</b>	Name of plan sponsor TRUSTEES OF ELECTRICIANS LOCAL UNION NO. 606 PENSION-ANNUITY FUND	<b>c</b> EIN-PN 59-1917970-001
<b>a</b>	Plan name IRONWORKERS 568 RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE BOARD OF TRUSTEES OF THE IRONWORKERS 568 RETIREMENT PLAN	<b>c</b> EIN-PN 32-0124306-002
<b>a</b>	Plan name UPS/IBT LOCAL 2727 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNITED PARCEL SERVICE COMPANY	<b>c</b> EIN-PN 13-1686691-004
<b>a</b>	Plan name UPS/IBT LOCAL 2727 DEFINED CONTRIBUTION MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor UNITED PARCEL SERVICE COMPANY	<b>c</b> EIN-PN 13-1686691-001
<b>a</b>	Plan name CUMBERLAND, MD & VICINITY BUILDING & CONSTRUCTION EMPLOYEES TRUST FUND	
<b>b</b>	Name of plan sponsor CUMBERLAND, MD & VICINITY BUILDING & CONSTRUCTION EMPLOYEES TRUST FUN	<b>c</b> EIN-PN 52-6061646-001

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.)	
<b>a</b>	Plan name AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES	<b>c</b> EIN-PN 53-0025740-001
<b>a</b>	Plan name UNITED PARCEL SERVICE, INC. LOCAL 177, I.B.T MULTI-EMPLOYER RETIREMENT	
<b>b</b>	Name of plan sponsor BD OF TRUSTEES, UPS LOCAL 177, IBT MULTI-EMPLOYER RETIREMENT PLAN	<b>c</b> EIN-PN 13-1426500-419
<b>a</b>	Plan name ARIZONA SHEET METAL PENSION TRUST FUND	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES ARIZONA SHEET METAL PENSION TRUST FUND	<b>c</b> EIN-PN 86-6069718-001
<b>a</b>	Plan name IBEW LOCAL NO 640 & AZ CHAPTER NECA DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor B OF T IBEW LOCAL 640 CHAPTER NECA DB PENSION PLAN	<b>c</b> EIN-PN 86-0323980-001
<b>a</b>	Plan name IBEW LOCAL 1245 MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES OF IBEW 1245 MONEY PURCHASE PLAN	<b>c</b> EIN-PN 94-6583240-001
<b>a</b>	Plan name INTERNATIONAL UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS MASTER TRUST	
<b>b</b>	Name of plan sponsor INTERNATIONAL UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS	<b>c</b> EIN-PN 53-0038250-004
<b>a</b>	Plan name BRICKLAYERS AND TROWEL TRADES INT'L RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BRICKLAYERS AND TROWEL TRADES INTERNATIONAL PENSION FUND	<b>c</b> EIN-PN 52-6127746-003
<b>a</b>	Plan name BRICKLAYERS & TROWEL TRADES INTERNATIONAL PENSION FUND	
<b>b</b>	Name of plan sponsor BRICKLAYERS & TROWEL TRADES INTL PENSION FD BD OF TRUSTEE	<b>c</b> EIN-PN 52-6127746-001
<b>a</b>	Plan name CMTA-GMPP & ALLIED WORKERS LOCAL 164B PENSION TRUST	
<b>b</b>	Name of plan sponsor JT. BOARD OF TRUSTEES - CMTA-GMPP & ALLIED WORKERS LOCAL 164B PENSION	<b>c</b> EIN-PN 94-6129501-001
<b>a</b>	Plan name WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN	
<b>b</b>	Name of plan sponsor WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF TRUSTEES	<b>c</b> EIN-PN 91-6145047-001
<b>a</b>	Plan name CALIFORNIA SCHOOLS VOLUNTARY EMPLOYEES BENEFITS ASSOCIATION	
<b>b</b>	Name of plan sponsor CALIFORNIA SCHOOLS VOLUNTARY EMPLOYEES BENEFITS ASSOCIATION	<b>c</b> EIN-PN 33-0579503-001
<b>a</b>	Plan name SOUTHWEST CARPENTERS PENSION TRUST	
<b>b</b>	Name of plan sponsor JOINT BOARD OF TRUSTEES SOUTHWEST CARPENTERS PENSION TRUST	<b>c</b> EIN-PN 95-6042875-001



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>NEUBERGER BERMAN STRATEGIC MULTI-SECTOR FIXED INCOME TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>006</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NEUBERGER BERMAN TRUST COMPANY N.A.</b>	<b>D</b> Employer Identification Number (EIN) <b>20-4797982</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	4424782	5707017
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	23864664	73505573
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	26562876	41514771
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	120929929	85651
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	338692536	379279330
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	2801730
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	859224243	966059029

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1373699030	1468953101
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	208075537	103116089
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	208075537	103116089
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1165623493	1365837012

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	1813631	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	3223932	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	19127226	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	74640	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	48626704	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		72866133
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	3339000336	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	3344197861	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-5197525
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	14755728	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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)		
<b>c</b> Other income .....	2c		-22588
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		82401748

**Expenses**

<b>e</b> 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
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> 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)	3963132	
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)	3157	
(11) Other expenses .....	2i(11)	42404	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		4008693
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		4008693

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		78393055
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		268537498
(2) From this plan .....	2l(2)		146717034

**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
<b>a</b> 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>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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.**

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

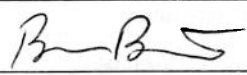
- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)  
 a single-employer plan  a DFE (specify) C
- B** This return/report is:  the first return/report  the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

<b>1a</b> Name of plan Neuberger Berman Strategic Multi-Sector Fixed Income Trust	<b>1b</b> Three-digit plan number (PN) ▶ <u>006</u>
	<b>1c</b> Effective date of plan
<b>2a</b> 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)  NEUBERGER BERMAN TRUST COMPANY N.A.  1290 AVENUE OF THE AMERICAS  NEW YORK NY 10104	<b>2b</b> Employer Identification Number (EIN) 20-4797982
	<b>2c</b> Plan Sponsor's telephone number 212-476-9000
	<b>2d</b> Business code (see instructions) 525920
	(Empty field)

**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
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		<u>10/14/2025</u>	Blake F. Bisciotti
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> 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).	
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. ....	<b>6d</b>
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>
<b>f</b> Total. Add lines 6d and 6e. ....	<b>6f</b>
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>

**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:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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	(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

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached \_\_\_\_\_
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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 000000000000

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