

**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
  - special extension (enter description)
  - the DFVC program
- 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 <u>ASB ALLEGIANCE REAL ESTATE FUND</u>	<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) <u>CHEVY CHASE TRUST COMPANY</u>  <u>7501 WISCONSIN AVENUE</u> <u>15 FLOOR W</u> <u>BETHESDA, MD 20814</u>	<b>2b</b> Employer Identification Number (EIN) <u>52-6257033</u> <b>2c</b> Plan Sponsor's telephone number <u>240-482-2990</u> <b>2d</b> Business code (see instructions)

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

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

<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.	10/13/2025	PAUL DUNCAN
	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  <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> <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 _____ (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>ASB ALLEGIANCE REAL ESTATE FUND</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>CHEVY CHASE TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>52-6257033</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)



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 ASBESTOS WORKERS' LOC 24 PENSION	
<b>b</b>	Name of plan sponsor BD TEES ASBESTOS WRKS L 24 PEN FD	<b>c</b> EIN-PN 52-6117923-001
<b>a</b>	Plan name CARPENTERS PENSION FD OF ILLINOIS	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES OF CARPENTERS PENISON FUND OF IL	<b>c</b> EIN-PN 36-6147396-001
<b>a</b>	Plan name THE MID ATL REG COUN CARP PENSION PLAN	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES - MARC PENSION PLAN	<b>c</b> EIN-PN 52-6051388-001
<b>a</b>	Plan name MARYLAND ELECTRICAL INDUSTRY PENSION PLAN	
<b>b</b>	Name of plan sponsor MARYLAND ELECTRICAL IND PENSION	<b>c</b> EIN-PN 52-1057284-001
<b>a</b>	Plan name NATIONAL AUTOMATIC SPRINKLER	
<b>b</b>	Name of plan sponsor TRUSTEES OF THE NATIONAL AUTO SPRINKLER INDUSTRY PF	<b>c</b> EIN-PN 36-6508041-001
<b>a</b>	Plan name SHEET METAL WORKERS LOC 265 DB PLAN	
<b>b</b>	Name of plan sponsor TRUSTEES OF THE SHEET METAL WORKERS LOCAL 265 PF	<b>c</b> EIN-PN 36-6168611-001
<b>a</b>	Plan name CONNECTICUT LABORERS' PEN	
<b>b</b>	Name of plan sponsor CONNECTICUT LABORERS' PENSION FUND BOARD OF TRUSTEES	<b>c</b> EIN-PN 06-6044348-001
<b>a</b>	Plan name CWA/ITU NEG. PENSION PLAN-RE	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES CWA/ITU NEGOTIATED PENSION PLAN	<b>c</b> EIN-PN 13-6212879-001
<b>a</b>	Plan name NECA-IBEW PENSION BENEFIT TRUST	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES OF THE NECA-IBEW PENSION BENEFIT TF	<b>c</b> EIN-PN 43-6184756-001
<b>a</b>	Plan name IBEW-NECA CENTRAL CA PENSION TR FD	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES, CENTRAL CALIFORNIA IBEW-NECA PTF	<b>c</b> EIN-PN 95-6209008-001
<b>a</b>	Plan name IBEW LOCAL 43 ELEC CONTRACTORS PEN	
<b>b</b>	Name of plan sponsor IBEW LOCAL 45 & ELECTRICAL CONTRACTORS PENSION FUND	<b>c</b> EIN-PN 16-6153389-001
<b>a</b>	Plan name IBEW LOC UNION 98 ZONE 2 PP	
<b>b</b>	Name of plan sponsor IBEW LOCAL UNION 98	<b>c</b> EIN-PN 23-6583334-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(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	SOUTHERN ELECTRICAL RET. FD/REAL	
<b>b</b>	Name of plan sponsor	SOUTHERN ELECTRICAL RETIREMENT FUND BOARD OF TRUSTEES	<b>c</b> EIN-PN 62-6125711-001
<b>a</b>	Plan name	IBEW LOCAL 995 ELECTRICIANS PENSION	
<b>b</b>	Name of plan sponsor	TRUSTEES OF THE ELECTRICIANS PENSION PLAN, IBEW 995	<b>c</b> EIN-PN 72-6057089-001
<b>a</b>	Plan name	CAROLINAS ELECTRICAL WORKERS RET FD.	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF CAROLINA ELECTRICAL WORKERS RF	<b>c</b> EIN-PN 56-1351864-001
<b>a</b>	Plan name	UNION ELECTRICAL INDUSTRY MASTER TR	
<b>b</b>	Name of plan sponsor	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS	<b>c</b> EIN-PN 41-6511223-003
<b>a</b>	Plan name	SACRAMENTO AREA ELECTRICAL WORKERS	
<b>b</b>	Name of plan sponsor	BOT, SACRAMENTO AREA ELECTRICAL WRKRS PENSION AND PRO	<b>c</b> EIN-PN 94-2773478-001
<b>a</b>	Plan name	MIDWEST PENSION PLAN	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES - MIDWEST PENSION PLAN	<b>c</b> EIN-PN 36-6512748-001
<b>a</b>	Plan name	IBEW LOCAL 1 PEN BEN REAL ESTATE	
<b>b</b>	Name of plan sponsor	TRUSTEES OF LOCAL NO 1 PENSION BENEFIT TRUST FUND	<b>c</b> EIN-PN 43-6032286-001
<b>a</b>	Plan name	CENTRAL STATES JOINT BOARD	
<b>b</b>	Name of plan sponsor	BOT C.S.J.B AND ALLIED ORGANIZATIONS STAFF PP	<b>c</b> EIN-PN 36-3077317-001
<b>a</b>	Plan name	ST. PAUL ELEC CONST WKRS PEN PL.	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES ST. PAUL CONSTRUCTION PENSION PLAN	<b>c</b> EIN-PN 41-6046858-001
<b>a</b>	Plan name	ST. PAUL ELEC. CONST. WKRS SUPP PEN	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES ST. PAUL CONSTRUCTION PENSION PLAN	<b>c</b> EIN-PN 41-6046858-003
<b>a</b>	Plan name	CHICAGO PAINTERS DIST COUN LOCAL 14	
<b>b</b>	Name of plan sponsor	BOT OF CHICAGO PAINTERS AND DECORATORS PF	<b>c</b> EIN-PN 51-6030238-001
<b>a</b>	Plan name	IBEW LOCAL 226 PENSION TRUST	
<b>b</b>	Name of plan sponsor	IBEW LOCAL UNION 226 PENSION FUND	<b>c</b> EIN-PN 48-6171386-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(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	STEELWORKERS PENSION TRUST FUND	
<b>b</b>	Name of plan sponsor	STEELWORKERS PENSION TRUST	<b>c</b> EIN-PN 23-6648508-499
<b>a</b>	Plan name	IBEW LOCAL 38 PENSION FUND	
<b>b</b>	Name of plan sponsor	IBEW LOCAL 38 PENSION PLAN	<b>c</b> EIN-PN 34-6574238-001
<b>a</b>	Plan name	ELECTRICAL WKRS LOCAL 103 PENSION	
<b>b</b>	Name of plan sponsor	JOINT BOT ELECTRICAL WORKERS LOCAL 103 IBEW	<b>c</b> EIN-PN 04-6063734-001
<b>a</b>	Plan name	PLUMBERS UNION LOC NO. 12 PEN FD	
<b>b</b>	Name of plan sponsor	PLUMBERS LOCAL UNION NO. 12 PENSION LOCAL NO. 12 PF	<b>c</b> EIN-PN 04-6023174-001
<b>a</b>	Plan name	PLUMBERS LOC UNION NO. 690 METAL	
<b>b</b>	Name of plan sponsor	BD OF TRUSTEES OF PLUMBERS LU 690 METAL TRADES PP	<b>c</b> EIN-PN 23-6442844-001
<b>a</b>	Plan name	PLUMBERS LOC UNION NO. 690 PEN FD.	
<b>b</b>	Name of plan sponsor	BD TEES PLUMBERS LU 690 PEN FUND	<b>c</b> EIN-PN 23-6405018-001
<b>a</b>	Plan name	MARYLAND RACE TRACK EMP PENSION FD	
<b>b</b>	Name of plan sponsor	BD OF TRUSTEES - MARYLAND RACE TRACK EMPLOYEES PF	<b>c</b> EIN-PN 52-6118068-001
<b>a</b>	Plan name	ATLANTA PLUMBERS & STEAMFITTERS PEN	
<b>b</b>	Name of plan sponsor	ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND PF	<b>c</b> EIN-PN 58-1233396-001
<b>a</b>	Plan name	PLUMBERS & STEAMFITTERS LOC 137 PEN	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES - PLUMBERS AND STEAMFITTERS 65 PF	<b>c</b> EIN-PN 37-1334900-001
<b>a</b>	Plan name	IBEW LOCAL 648 PENSION FUND	
<b>b</b>	Name of plan sponsor	IBEW 648 PENSION PLAN	<b>c</b> EIN-PN 31-6134845-001
<b>a</b>	Plan name	CHICAGO AREA I.B. OF T.PENSION FUND	
<b>b</b>	Name of plan sponsor	BOT OF CHICAGO AREA IB OF T PENSION TRUST FUND	<b>c</b> EIN-PN 36-2407063-001
<b>a</b>	Plan name	CHICAGO AREA I.B.OF T SEV & RET FD.	
<b>b</b>	Name of plan sponsor	BOT CHICAGO AREA IBT SEVERANCE AND RETIREMENT TF	<b>c</b> EIN-PN 36-3296789-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(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	IBEW LOC NO. 143 PEN FD-EBRE	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF THE IBEW LOCAL NO. 143 PF	<b>c</b> EIN-PN 23-6486129-001
<b>a</b>	Plan name	PAINTERS & ALLIED COUNCIL 35 PEN FD	
<b>b</b>	Name of plan sponsor	BD OF TRUSTEES PDC PENSION FUND	<b>c</b> EIN-PN 04-6043807-001
<b>a</b>	Plan name	IBEW LOCAL #701 PEN FUND - EBRE	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES, 701 PENSION FUND	<b>c</b> EIN-PN 36-6455509-001
<b>a</b>	Plan name	TWIN CITY IRONWORKERS PENSION FUND	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF THE TWIN CITY IRONWORKERS PF	<b>c</b> EIN-PN 51-6029932-001
<b>a</b>	Plan name	UFCW LOCAL 1262 & EMP PENSION FUND	
<b>b</b>	Name of plan sponsor	TRUSTEES UFCW LOCAL 1262 PENSION FUND	<b>c</b> EIN-PN 22-6074414-001
<b>a</b>	Plan name	UFCW LOCAL 1546 PENSION PLAN	
<b>b</b>	Name of plan sponsor	BOT OF UNITED FOOD & COMMRL WKRS LOCAL 1546 PENSION	<b>c</b> EIN-PN 51-6049165-001
<b>a</b>	Plan name	NECA-IBEW PENSION TRUST FUND-DECATUR	
<b>b</b>	Name of plan sponsor	NECA-IBEW PENSION TRUST FUND	<b>c</b> EIN-PN 51-6029903-001
<b>a</b>	Plan name	IBEW LOC #9 LINE RETIREMENT SAV FD	
<b>b</b>	Name of plan sponsor	IBEW LOCAL UNION NO. 9, LINE CLEARANCE CONTRACTORS 401	<b>c</b> EIN-PN 36-6519755-001
<b>a</b>	Plan name	SHEET METAL WORKERS LOCAL 98 PEN FD	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES - SHEET METAL	<b>c</b> EIN-PN 31-6171213-001
<b>a</b>	Plan name	IRON WORKERS LOCAL 16 PENSION FUND	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES IRONWORKERS LOCAL PENSION FUND	<b>c</b> EIN-PN 52-0733709-001
<b>a</b>	Plan name	SEIU 1199 REGIONAL PENSION FUND	
<b>b</b>	Name of plan sponsor	TRUSTEES OF 1199 SEIU REGIONAL PENSION FUND	<b>c</b> EIN-PN 16-1112391-001
<b>a</b>	Plan name	SHEET METAL WORKERS LOC 7 ZONE 3	
<b>b</b>	Name of plan sponsor	SHEET METAL 7 ZONE 3 PENSION FUND	<b>c</b> EIN-PN 38-6237161-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(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 LOC 17 PEN FD	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF IRON WORKERS LOCAL 17 PF	<b>c</b> EIN-PN 51-0161467-001
<b>a</b>	Plan name	IRON WORKERS MID-AMERICA PENSION FD	
<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	LABORERS DIST COUNCIL #2 PEN	
<b>b</b>	Name of plan sponsor	LABORERS DIST COUNCIL PENSION AND DISABILITY TF NO. 2	<b>c</b> EIN-PN 52-0749130-001
<b>a</b>	Plan name	LABORERS' LOCAL UNION NO. 158 PEN FD	
<b>b</b>	Name of plan sponsor	LABORERS LOCAL UNION NO. 158 PENSION FUND	<b>c</b> EIN-PN 23-6580323-001
<b>a</b>	Plan name	SHREVEPORT ELECTRICAL INDUSTRY PSP	
<b>b</b>	Name of plan sponsor	SHREVEPORT ELECTRICAL INDUSTRY PROFIT SHARING PLAN	<b>c</b> EIN-PN 72-1114759-001
<b>a</b>	Plan name	IUPAT INDUSTRY PENSION FUND	
<b>b</b>	Name of plan sponsor	INTL PAINTERS & ALLIED TRADES IND. PENSION FUND - BOT	<b>c</b> EIN-PN 52-6073909-001
<b>a</b>	Plan name	NATIONAL ELECTRICAL ANNUITY PL-EBRE	
<b>b</b>	Name of plan sponsor	TRUSTEES OF THE NATIONAL ELECTRICAL ANNUITY PLAN	<b>c</b> EIN-PN 52-6132372-001
<b>a</b>	Plan name	STONE & MARBLE MASONS OF METRO DC	
<b>b</b>	Name of plan sponsor	BOT, STONE & MARBLE MASONS OF METRO WASH DC PF	<b>c</b> EIN-PN 52-6117940-001
<b>a</b>	Plan name	LABORERS IND PEN FUND (LOCAL 57)	
<b>b</b>	Name of plan sponsor	TRUSTEES OF LABORERS LOCAL 57 INDUSTRIAL PENSION PLAN	<b>c</b> EIN-PN 23-1627410-003
<b>a</b>	Plan name	TEAMSTERS LOC 639 EMP PEN TR FD.	
<b>b</b>	Name of plan sponsor	JNT BOT OF THE TEAMSTERS LOCAL 639 - EMPLOYERS PENSION	<b>c</b> EIN-PN 53-0237142-001
<b>a</b>	Plan name	CEMENT MASONS LOCAL 592 PEN FD.	
<b>b</b>	Name of plan sponsor	TRUSTEES CEMENT MASONS UNION LOCAL 592 WELFARE FUND	<b>c</b> EIN-PN 23-1578380-001
<b>a</b>	Plan name	MILK DRIVERS & DEALERS LOC 753 EMP	
<b>b</b>	Name of plan sponsor	TRUSTEES OF DRIVERS 753 AND MILK DEALERS PENSION TF	<b>c</b> EIN-PN 36-2131365-001

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 MARBLE TILE & TERRAZO PENSION FUND	
<b>b</b>	Name of plan sponsor BOT OF THE MARBLE, TILE AND TERRAZO WORKERS PF	<b>c</b> EIN-PN 52-6117426-001
<b>a</b>	Plan name BAKERY & CONFECT. UNION & INDUSTRY	
<b>b</b>	Name of plan sponsor JOINT BOT, BAKERY & CONFECTIONERY UNION & IND INTER	<b>c</b> EIN-PN 52-6118572-001
<b>a</b>	Plan name MARBLE TILE & TERRAZO IND. ANNUITY FD	
<b>b</b>	Name of plan sponsor TRSTS OF THE MARBLE, TILE, TERRAZO WRKRS INDIVID ACNT	<b>c</b> EIN-PN 52-1610630-001
<b>a</b>	Plan name OPERATING ENG. LOC NO. 37 PEN PL	
<b>b</b>	Name of plan sponsor BRD OF TRUSTEES OE 37 PENSION FUND	<b>c</b> EIN-PN 52-6128064-001
<b>a</b>	Plan name OPERATING ENG. LOC NO 37 SEV&ANN FD	
<b>b</b>	Name of plan sponsor BRD OF TRUSTEES OE 37 S&A FUND	<b>c</b> EIN-PN 52-1215784-004
<b>a</b>	Plan name IBEW EIGHTH DIST ELEC PEN PL EBRE	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES, EIGHTH DISTRICT ELECTRICAL PF	<b>c</b> EIN-PN 84-6100393-001
<b>a</b>	Plan name IRON WORKERS ST. LOUIS DIST PEN FD	
<b>b</b>	Name of plan sponsor BOT OF IRON WORKERS ST. LOUIS DISTRICT COUNCIL PENSION	<b>c</b> EIN-PN 43-6052659-001
<b>a</b>	Plan name NECA-IBEW LOC 176 PENSION TR FD	
<b>b</b>	Name of plan sponsor TRUSTEES OF THE NECA-IBEW LOCAL 176 PENSION TF	<b>c</b> EIN-PN 36-2953263-001
<b>a</b>	Plan name INTL ASSOC OF HEAT,FROST ASBESTOS 60	
<b>b</b>	Name of plan sponsor INT'L ASSOC HEAT & FROST INS & ASBESTOS LOCAL UNION 60	<b>c</b> EIN-PN 59-6145377-001
<b>a</b>	Plan name BAY AREA PAINTERS & TAPERS PEN PL	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES, BAY AREA PAINTERS & TAPERS PP	<b>c</b> EIN-PN 94-6276501-001
<b>a</b>	Plan name SHEET METAL WORKERS LOC 85 PEN FD	
<b>b</b>	Name of plan sponsor SHEET METAL WORKERS LOCAL 85 PENSI	<b>c</b> EIN-PN 58-6084968-001
<b>a</b>	Plan name NECA LOC UNION 313 IBEW PEN FD	
<b>b</b>	Name of plan sponsor BD OF TEES OF NECA LU NO 313 IBEW PEN PL	<b>c</b> EIN-PN 51-6025969-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(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	INDIANA/KENTUCKY/OHIO REGIONAL COUNC	
<b>b</b>	Name of plan sponsor	BOT IN/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS	<b>c</b> EIN-PN 51-6123713-001
<b>a</b>	Plan name	SHEET METAL WORKERS LOC 20 PEN PLAN	
<b>b</b>	Name of plan sponsor	TRSTS OF SHEET METAL WRKERS LOCAL 20 S BEND AREA PF	<b>c</b> EIN-PN 35-6054275-001
<b>a</b>	Plan name	HEATING, PIPING & REFRIGERATION	
<b>b</b>	Name of plan sponsor	BD OF TEES HEATING, PIPING & REFRIGERATION PF	<b>c</b> EIN-PN 52-1058013-001
<b>a</b>	Plan name	SOUTHEASTERN CARP & MILLWRIGHTS	
<b>b</b>	Name of plan sponsor	JT BD OF TRUSTEES OF SE CARPS & MILLWRIGHTS PP	<b>c</b> EIN-PN 58-6080306-002
<b>a</b>	Plan name	PLUMBERS & STEAMFITTERS LOC#166 PEN	
<b>b</b>	Name of plan sponsor	PLUMBERS & STEAMFITTERS LOCAL 166	<b>c</b> EIN-PN 51-6132690-001
<b>a</b>	Plan name	UAW LOCAL 259 PENSION FUND	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF THE LOCAL 259 PENSION FUND	<b>c</b> EIN-PN 13-6115077-001
<b>a</b>	Plan name	PIPELINE INDUSTRY PENSION FUND	
<b>b</b>	Name of plan sponsor	PIPELINE INDUSTRY PENSION FUND	<b>c</b> EIN-PN 73-6146433-001
<b>a</b>	Plan name	INDIANA ELEC WKRS PEN TR IBEW	
<b>b</b>	Name of plan sponsor	INDIANA ELECTRICAL WORKERS PENSION TRUST FUND IBEW	<b>c</b> EIN-PN 35-1102579-001
<b>a</b>	Plan name	PLUMBERS & PIPEFITTERS LOC#101 PEN	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF PLUMBERS & FITTERS LOCAL 101 PP	<b>c</b> EIN-PN 37-6025801-001
<b>a</b>	Plan name	ELECTRICAL WKRS LOCAL 103 DEF INC FD	
<b>b</b>	Name of plan sponsor	JOINT BOT, ELECTRICAL WORKERS LOCAL 103, I.B.E.W.	<b>c</b> EIN-PN 04-2471895-001
<b>a</b>	Plan name	BRICKLAYERS & ALLIED CRAFTWKRS LOC 5	
<b>b</b>	Name of plan sponsor	BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL NO. 5 PP	<b>c</b> EIN-PN 80-0083075-001
<b>a</b>	Plan name	ARIZONA STATE CARPENTERS' ANNUITY PL	
<b>b</b>	Name of plan sponsor	ARIZONA STATE CARPENTERS PENSION TRUST FUND	<b>c</b> EIN-PN 86-6056025-002

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.)		
<b>a</b>	Plan name S FLORIDA ELEC WKRS LOCAL 349 PENS	
<b>b</b>	Name of plan sponsor TRUSTEES OF SOUTH FLORIDA ELECTRICAL WORKERS PP	<b>c</b> EIN-PN 59-6230530-001
<b>a</b>	Plan name MINNEAPOLIS FOOD DIST IND-PENSION PL	
<b>b</b>	Name of plan sponsor BOT, MINNEAPOLIS FOOD DISTRIBUTING IND PP	<b>c</b> EIN-PN 41-6047047-001
<b>a</b>	Plan name ELECTRICIANS' SALARY DEFERRAL PLAN	
<b>b</b>	Name of plan sponsor BOT ELECTRICIANS' SALARY DEFERRAL PLAN OF LOCAL 1 IBEW	<b>c</b> EIN-PN 43-1529993-001
<b>a</b>	Plan name CARPENTERS PENSION FUND OF WEST VA	
<b>b</b>	Name of plan sponsor CARPENTERS PENSION FUND OF WEST VIRGINIA	<b>c</b> EIN-PN 55-6027998-001
<b>a</b>	Plan name CUMBERLAND, MD & VB & CONST EMP TR	
<b>b</b>	Name of plan sponsor CUMBERLAND, MD & VICINITY BUILDING & CONST EMPL TF	<b>c</b> EIN-PN 52-6061646-001
<b>a</b>	Plan name INTL UNION OF OPER ENG LOC 132 PENS	
<b>b</b>	Name of plan sponsor BOT INT UNION OF OPERATING ENGINEERS LOCAL 132	<b>c</b> EIN-PN 55-6015364-001
<b>a</b>	Plan name IRON WORKERS LABORERS P/P CUMBERLAND	
<b>b</b>	Name of plan sponsor TRUSTEES OF IRONWORKERS LABORERS PP OF CUMBERLAND, MD	<b>c</b> EIN-PN 52-6067609-001
<b>a</b>	Plan name PLUMBERS & PIPEFITTERS LOC #152 P/F	
<b>b</b>	Name of plan sponsor PLUMBERS & PIPEFITTERS LOCAL 152 PENSION TRUST FUND	<b>c</b> EIN-PN 55-6029095-001
<b>a</b>	Plan name UFCW TRI-STATE PENSION FUND	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES OF UFCW TRI-STATE PENSION FUND	<b>c</b> EIN-PN 23-6396097-001
<b>a</b>	Plan name UFCW REGIONAL PENSION FUND	
<b>b</b>	Name of plan sponsor UFCW REGIONAL PENSION FUND	<b>c</b> EIN-PN 16-6062287-074
<b>a</b>	Plan name UFCW LOCAL 152 RETAIL MEAT PENS FD	
<b>b</b>	Name of plan sponsor BOT, UNITED FOOD AND COMMERCIAL WRKRS UNION LOCAL 152	<b>c</b> EIN-PN 23-6209656-001
<b>a</b>	Plan name HOLLOW METAL PENSION PLAN	
<b>b</b>	Name of plan sponsor HOLLOW METAL PENSION FUND	<b>c</b> EIN-PN 11-2758544-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(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	EMPLOYER-LOCAL #375 PENSION FUND	
<b>b</b>	Name of plan sponsor	EMPLOYER LOCAL 375 PENSION PLAN	<b>c</b> EIN-PN 23-6542743-001
<b>a</b>	Plan name	UFCW 1360 SHOP RITE PENSION FUND	
<b>b</b>	Name of plan sponsor	UFCW 1360 SHOP RITE PENSION FUND	<b>c</b> EIN-PN 26-4416251-001
<b>a</b>	Plan name	IBEW LOCAL 139 PENSION FUND	
<b>b</b>	Name of plan sponsor	IBEW LOCAL 139 PENSION	<b>c</b> EIN-PN 51-6029960-001
<b>a</b>	Plan name	RESILIENT FLOOR COVERING PENSION FD	
<b>b</b>	Name of plan sponsor	BOT OF RESILIENT FLOOR COVERING PENSION FUND	<b>c</b> EIN-PN 94-6284071-001
<b>a</b>	Plan name	OPERATING ENG PENSION PLAN - LOC 3	
<b>b</b>	Name of plan sponsor	BOT, PENSION TRUST FUND FOR OPERATING ENGINEERS	<b>c</b> EIN-PN 94-6090764-001
<b>a</b>	Plan name	IBEW LOCAL UNION #100 PENS TR FD	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF IBEW LOCAL NO. 100 PENSION PLAN	<b>c</b> EIN-PN 94-6216336-001
<b>a</b>	Plan name	FLINT AREA SHEET METAL WRKRS LOC 7-4	
<b>b</b>	Name of plan sponsor	BOT, FLINT AREA SHEET METAL WORKERS LOCAL 7 ZONE 4	<b>c</b> EIN-PN 38-6082372-001
<b>a</b>	Plan name	SOLANO NAPA COUNTIES ELECTRICAL WKRS	
<b>b</b>	Name of plan sponsor	BOT OF SOLANO NAPA COUNTIES ELECTRIC WORKERS PT	<b>c</b> EIN-PN 94-6220673-001
<b>a</b>	Plan name	SHEET METAL WORKERS' LOC 9 PEN TR	
<b>b</b>	Name of plan sponsor	TRUSTEES OF SHEET METAL WORKERS LOCAL NO. 9 PP	<b>c</b> EIN-PN 84-0783596-001
<b>a</b>	Plan name	UNITE HERE LOCAL 54 SEVERANCE FD	
<b>b</b>	Name of plan sponsor	JT. BOT OF THE UNITE HERE LOCAL 54 SEVERANCE FUND	<b>c</b> EIN-PN 22-2431399-001
<b>a</b>	Plan name	ARIZONA BRICKLAYERS PENSION TR FD	
<b>b</b>	Name of plan sponsor	BOT - ARIZONA BRICKLAYERS PENSION TRUST FUND	<b>c</b> EIN-PN 51-6119487-001
<b>a</b>	Plan name	LAB & RET BOARD EMP ANNTY OF CHICAGO	
<b>b</b>	Name of plan sponsor	RET BD OF THE LABORERS & RET BD ANNUITY AND BENEFIT F	<b>c</b> EIN-PN 36-6001591-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(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	BRICKLAYERS & ALLIED CRAFTSMAN LOC 1
<b>b</b>	Name of plan sponsor	BRICKLAYERS & ALLIED CRAFTSMEN 1
<b>c</b>	EIN-PN	52-0734390-001
<b>a</b>	Plan name	INDIANA CARPENTERS PENSION FUND
<b>b</b>	Name of plan sponsor	INDIANA CARPENTERS PENSION FUND
<b>c</b>	EIN-PN	35-6057648-001
<b>a</b>	Plan name	IBEW LOCAL UNION #60 PENSION PLAN
<b>b</b>	Name of plan sponsor	IBEW LOCAL NO. 60 PENSION PLAN TRUST FUND
<b>c</b>	EIN-PN	74-1870479-001
<b>a</b>	Plan name	PLUMBERS & PIPEFITTERS LOC 99 PEN FD
<b>b</b>	Name of plan sponsor	TRUSTEES LOCAL 99 PENSION PLAN
<b>c</b>	EIN-PN	51-6119432-001
<b>a</b>	Plan name	TEAMSTERS LOCAL #731 SCAVENGERS & GA
<b>b</b>	Name of plan sponsor	LOCAL 731 PRIV SCAVENGERS AND GARAGE ATTENDANTS PTF
<b>c</b>	EIN-PN	36-6513567-001
<b>a</b>	Plan name	CITY OF SANFORD POLICE OFF RET SYS
<b>b</b>	Name of plan sponsor	BOT OF SANFORD POLICE OFFICERS RET SYSTEM
<b>c</b>	EIN-PN	59-6000425-001
<b>a</b>	Plan name	WESTERN STATES INSULATORS & ALLIED
<b>b</b>	Name of plan sponsor	W. STATES INSULATORS & ALLIED WORKERS PENSION FUND
<b>c</b>	EIN-PN	51-0155190-001
<b>a</b>	Plan name	LABORERS LOCAL #231 PENSION FUND
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES LABORERS LOCAL 231 PENSION FUND
<b>c</b>	EIN-PN	37-6040563-001
<b>a</b>	Plan name	PLUMBERS LOCAL #210 RETIREMENT FUND
<b>b</b>	Name of plan sponsor	TRUSTEES OF PLUMBER LOCAL UNION NO. 210 RETIREMENT FD
<b>c</b>	EIN-PN	32-0100178-002
<b>a</b>	Plan name	DISTRICT COUNCIL 82 PAINTING IND
<b>b</b>	Name of plan sponsor	TRUSTEES OF ST. PAUL PAINTING INDUSTRY PENSION FUND
<b>c</b>	EIN-PN	41-6132938-001
<b>a</b>	Plan name	MID-ATL REG COUN OF CARP ANNUITY FD
<b>b</b>	Name of plan sponsor	BOT MID-ATLANTIC RGNL COUNCIL OF CARPENTERS ANNUITY
<b>c</b>	EIN-PN	54-1999516-001
<b>a</b>	Plan name	BRICKLAYERS 22 PENSION PLAN
<b>b</b>	Name of plan sponsor	BRICKLAYERS AND MASONS LOCAL NO 22 PENSION PLAN
<b>c</b>	EIN-PN	51-6029523-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(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	BAC LOCAL 23 NORTH SHORE CHAPTER PF	
<b>b</b>	Name of plan sponsor	JOINT BOT OF BRICKLAYERS AND MASONS LOCAL NO 5	<b>c</b> EIN-PN 62-1523674-001
<b>a</b>	Plan name	LABORERS NATIONAL PENSION FUND	
<b>b</b>	Name of plan sponsor	BOT OF THE LABORERS NATIONAL PENSION FUND	<b>c</b> EIN-PN 75-1280827-001
<b>a</b>	Plan name	MARBLE INDUSTRY PENSION FUND	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF MARBLE ANNUITY TRUST FUND	<b>c</b> EIN-PN 13-2967109-074
<b>a</b>	Plan name	PLUMBERS & STEAMFITTERS LOC 83 PF	
<b>b</b>	Name of plan sponsor	PLUMBERS & STEAMFITTERS LOCAL 83	<b>c</b> EIN-PN 55-0463652-001
<b>a</b>	Plan name	SHEET METAL WORKERS LOC 17 SUPP PP	
<b>b</b>	Name of plan sponsor	BOT SHEET METAL WORKERS LOCAL UNION NO. 17 SUPP PF	<b>c</b> EIN-PN 20-0845880-001
<b>a</b>	Plan name	POINTERS, CLEANERS & CAULKERS PF	
<b>b</b>	Name of plan sponsor	BOT OF POINTERS, CLEANERS & CAULKERS PF	<b>c</b> EIN-PN 13-3208565-001
<b>a</b>	Plan name	WASHINGTON-IDAHO LABORERS EMP PEN TR	
<b>b</b>	Name of plan sponsor	WA-ID LABORERS PENSION TRUST	<b>c</b> EIN-PN 91-6123988-001
<b>a</b>	Plan name	MINNESOTA & N. DAKOTA BRICKLAYERS	
<b>b</b>	Name of plan sponsor	BOT OF THE MINNESOTA ND BRICKLAYERS & ALLIED	<b>c</b> EIN-PN 51-6029930-001
<b>a</b>	Plan name	ASBESTOS WORKERS LOCAL 6 PENS FD	
<b>b</b>	Name of plan sponsor	BD OF TRUSTEES - ASBESTOR WORKERS LOCAL 6 PEN FUND	<b>c</b> EIN-PN 51-6135057-001
<b>a</b>	Plan name	MASON TENDERS' DIST COUNC PENS FD	
<b>b</b>	Name of plan sponsor	BOT MASON TENDERS DISTRICT COUNCIL PENSION FUND	<b>c</b> EIN-PN 13-6190433-074
<b>a</b>	Plan name	OPERATING ENGINEERS LOCAL 701	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES AGC-IUOE LOCAL 701 PENSION TF	<b>c</b> EIN-PN 93-6075580-001
<b>a</b>	Plan name	TRI-STATE CARP & JOINERS DISTR COUNC	
<b>b</b>	Name of plan sponsor	BOT - TRI-STATE CARPENTERS AND JOINERS PTF	<b>c</b> EIN-PN 62-0976048-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	LABORERS' LOCAL #231 ANNUITY FUND
<b>b</b>	Name of plan sponsor	TRUSTEES LABORERS LOCAL 231 ANNUITY FUND
<b>c</b>	EIN-PN	37-1230607-001
<b>a</b>	Plan name	ELEC CONTR ASSOC & LOC UNION 134
<b>b</b>	Name of plan sponsor	BOT ELECTRICAL CONTRACTORS ASSN & LOCAL 134 IBES JT PT
<b>c</b>	EIN-PN	51-6030753-002
<b>a</b>	Plan name	SOUTHERN IRON WORKERS PENSION FUND
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES SOUTHERN IRONWORKERS PENSION FUND
<b>c</b>	EIN-PN	59-6227091-001
<b>a</b>	Plan name	GENERAL BUILDING LABORERS LOC 66 PF
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES GENERAL BUILDING LOCAL 66 PF
<b>c</b>	EIN-PN	11-1974385-001
<b>a</b>	Plan name	TWIN CITIES & VICINITY CONF BD-PP
<b>b</b>	Name of plan sponsor	TWIN CITIES & VICINITY CONFERENCE BOARD
<b>c</b>	EIN-PN	06-1648015-003
<b>a</b>	Plan name	SEAFARERS OFFICERS & EMPLOYEES PP
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES SEAFARERS OFFICERS AND EMPLOYEES PP
<b>c</b>	EIN-PN	11-6138267-001
<b>a</b>	Plan name	SEAFARERS PENSION PLAN
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES SEAFARERS PENSION TRUST
<b>c</b>	EIN-PN	13-6100329-001
<b>a</b>	Plan name	HANFORD MULTI-EMPLOYER PENS PLAN
<b>b</b>	Name of plan sponsor	HANFORD PENSION & SAVINGS PLANS COMMITTEE
<b>c</b>	EIN-PN	20-1050940-003
<b>a</b>	Plan name	ASBESTOS WORKERS LOC #8 RET TR FD
<b>b</b>	Name of plan sponsor	ASBESTOS WORKERS LOCAL 8 RETIREMENT TRUST PLAN
<b>c</b>	EIN-PN	31-6131266-001
<b>a</b>	Plan name	MICHIGAN LABORERS PENSION FUND
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES MICHIGAN LABORERS' PENSION FUND
<b>c</b>	EIN-PN	38-6233976-001
<b>a</b>	Plan name	WISCONSIN MASONS' PENSION FUND
<b>b</b>	Name of plan sponsor	WISCONSIN MASONS PENSION FUND
<b>c</b>	EIN-PN	39-6185238-001
<b>a</b>	Plan name	UMWA 1985 CONSTRUCTION WORKERS PP
<b>b</b>	Name of plan sponsor	BOT OF THE UMWA 1985 CONSTRUCTION WORKERS
<b>c</b>	EIN-PN	52-6283006-001

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 PLUMBERS & STEAMFITTERS LOC 60 PP	
<b>b</b>	Name of plan sponsor BOT PLUMBERS AND STEAMFITTERS LOCAL 60 PENSION FUND	<b>c</b> EIN-PN 72-6025640-001
<b>a</b>	Plan name ITPEU PENSION FUND	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES ITPEU PENSION FUND	<b>c</b> EIN-PN 11-2506736-001
<b>a</b>	Plan name IBEW LOCAL 241 PENSION FUND	
<b>b</b>	Name of plan sponsor LOCAL 241 OF THE I.B.E.W.	<b>c</b> EIN-PN 16-6118689-001
<b>a</b>	Plan name PLUMBERS & STEAMFITTERS LOC 267 PF	
<b>b</b>	Name of plan sponsor PLUMBERS 267 PENSION FUND LOCAL 267 PENSION FUND	<b>c</b> EIN-PN 15-0347955-001
<b>a</b>	Plan name ALASKA PLUMBING & PIPEFITTING IPTF	
<b>b</b>	Name of plan sponsor BOT, ALASKA PLUMBING & PIPEFITTING INDUSTRY PP	<b>c</b> EIN-PN 52-6103810-001
<b>a</b>	Plan name PACIFICORP/IBEW LOCAL 57 RET TR FD	
<b>b</b>	Name of plan sponsor BOT OF THE PACIFICORP/IBEW LOCAL 57 RETIREMENT TF	<b>c</b> EIN-PN 87-0640888-001
<b>a</b>	Plan name MOSAIC & TERRAZZO WORKERS PENSION FD	
<b>b</b>	Name of plan sponsor THE BOARD OF TRUSTEES OF THE MOSAIC TERRAZZO PF	<b>c</b> EIN-PN 13-5676829-001
<b>a</b>	Plan name ATLANTA IRONWORKERS LU 387 PENS PL	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES ATLANTA IRONWORKERS LOCAL 387 PP	<b>c</b> EIN-PN 58-6051152-001
<b>a</b>	Plan name SOUTHERN ALASKA CARPENTERS RET PLAN	
<b>b</b>	Name of plan sponsor TRUSTEES OF THE SOUTHERN ALASKA CARP. RETIREMENT PL	<b>c</b> EIN-PN 92-0120866-001
<b>a</b>	Plan name EDISON PENSION TRUST	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES, EDISON PENSION TRUST	<b>c</b> EIN-PN 93-6061681-001
<b>a</b>	Plan name UNITED ASSOC PLUMB & STEAMFIT #521	
<b>b</b>	Name of plan sponsor UNITED ASSN OF PLUMBERS AND STEAMFITTERS 521 PF	<b>c</b> EIN-PN 55-6039031-001
<b>a</b>	Plan name BRICKLAYERS LOCAL #55 PENSION PLAN	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES, BRICKLAYERS LOCAL NO. 55 PP	<b>c</b> EIN-PN 31-6126985-001

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 WESTERN STATES OFF & PROF EMP PF	
<b>b</b>	Name of plan sponsor BOT W STATES OFFICE AND PROFESSIONAL EMPLOYEES PF	<b>c</b> EIN-PN 94-6076144-001
<b>a</b>	Plan name PENSION, HOSP & BEN PL-ELEC IND P/T	
<b>b</b>	Name of plan sponsor BOT OF THE PENSION, HOSP & BENEFIT PL OF THE ELEC IND	<b>c</b> EIN-PN 13-6123601-001
<b>a</b>	Plan name NEWSGUILD OF NEW YORK - CON REP PF	
<b>b</b>	Name of plan sponsor CONSUMER REPORTS, INC.	<b>c</b> EIN-PN 13-1776434-001
<b>a</b>	Plan name WESTERN WASHINGTON PAINTERS DCPD	
<b>b</b>	Name of plan sponsor BOT, W. WA. PAINTERS DEFINED CONTRIBUTION PT	<b>c</b> EIN-PN 91-1406332-001
<b>a</b>	Plan name HNS MGMT (CTTRANSIT) - RETIRE PLAN	
<b>b</b>	Name of plan sponsor H N S MANAGEMENT COMPANY INC CTTRANSIT	<b>c</b> EIN-PN 06-1002064-002
<b>a</b>	Plan name HNS MGMT (CTTRANSIT) - PENSION PLAN	
<b>b</b>	Name of plan sponsor H N S MANAGEMENT COMPANY INC CTTRANSIT	<b>c</b> EIN-PN 06-1002064-001
<b>a</b>	Plan name LOCAL 309 WIREMAN'S PENSION TRUST	
<b>b</b>	Name of plan sponsor LOCAL 309 WIREMANS PENSION TRUST	<b>c</b> EIN-PN 43-6142137-001
<b>a</b>	Plan name WASHINGTON DC CEMENT MASONS PTF	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES, WASHINGTON DC CEMENT MASONS' PTF	<b>c</b> EIN-PN 52-6134655-001
<b>a</b>	Plan name ROCKLEDGE FIRE EMPLOYEES' RET PL	
<b>b</b>	Name of plan sponsor CITY OF ROCKLEDGE, FL	<b>c</b> EIN-PN 59-3628135-001
<b>a</b>	Plan name ROCKLEDGE GENERAL EMPLOYEES' RET PL	
<b>b</b>	Name of plan sponsor CITY OF ROCKLEDGE, FL	<b>c</b> EIN-PN 59-3286478-001
<b>a</b>	Plan name ROCKLEDGE POLICE EMPLOYEES' RET PL	
<b>b</b>	Name of plan sponsor CITY OF ROCKLEDGE, FL	<b>c</b> EIN-PN 59-3628186-001
<b>a</b>	Plan name TEAMSTERS LOC 282 ANNUITY FUND	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES LOCAL 282 ANNUITY TRUST FUND	<b>c</b> EIN-PN 11-6276104-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(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 282 PENSION TRUST FUND	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF LOCAL 282 PENSION TRUST FUND	<b>c</b> EIN-PN 11-6245313-001
<b>a</b>	Plan name	IBEW LOCAL UNION #41 PENSION FUND	
<b>b</b>	Name of plan sponsor	TRUSTEES OF LOCAL NO. 41 IBEW PENSION PLAN	<b>c</b> EIN-PN 16-0851799-001
<b>a</b>	Plan name	LANTANA POLICE RELIEF & PENSION FUND	
<b>b</b>	Name of plan sponsor	CITY OF LANTANA	<b>c</b> EIN-PN 59-6000359-002
<b>a</b>	Plan name	AMERICAN FED OF GOV'T EMP PENSION FD	
<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	OCU PENSION TRUST	
<b>b</b>	Name of plan sponsor	TRUSTEES OF OCU PENSION TRUST	<b>c</b> EIN-PN 26-1574440-001
<b>a</b>	Plan name	NNSS STAFF PENSION PLAN	
<b>b</b>	Name of plan sponsor	CENTERRA-NEVADA RETIREMENT PLAN	<b>c</b> EIN-PN 59-0940269-002
<b>a</b>	Plan name	MINNESOTA LABORERS PENSION FUND	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF MINNESOTA LABORERS PENSION FUND	<b>c</b> EIN-PN 41-6159599-001
<b>a</b>	Plan name	NNSS IGAN PENSION PLAN	
<b>b</b>	Name of plan sponsor	CENTERRA-NEVADA /IGAN RETIREMENT PLAN	<b>c</b> EIN-PN 88-6023904-001
<b>a</b>	Plan name	RW & D STORE INTL UNION & IND P/F	
<b>b</b>	Name of plan sponsor	BOT RETAIL, WHOLESALE & DEPT STORE INTL UNION & IND	<b>c</b> EIN-PN 63-0708442-001
<b>a</b>	Plan name	OREGON SHEET METAL WRKRS MASTER R/T	
<b>b</b>	Name of plan sponsor	BOT - OREGON SHEET METAL WORKERS MASTER RT	<b>c</b> EIN-PN 93-6018501-001
<b>a</b>	Plan name	ANNUITY PLAN OF THE ELECTRICAL IND	
<b>b</b>	Name of plan sponsor	BOT OF THE ANNUITY PLAN OF THE ELECTRICAL INDUSTRY	<b>c</b> EIN-PN 13-6123600-003
<b>a</b>	Plan name	TEQUESTA GENERAL EMPLOYEES' PTF	
<b>b</b>	Name of plan sponsor	VILLAGE OF TEQUESTA	<b>c</b> EIN-PN 59-6044081-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(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	TEQUESTA PUBLIC SAFETY OFFICERS PTF	
<b>b</b>	Name of plan sponsor	VILLAGE OF TEQUESTA	<b>c</b> EIN-PN 27-3544704-002
<b>a</b>	Plan name	MICHIANA AREA ELEC WRKS P/F	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES MICHIANA AREA ELECTRICAL WORKERS PF	<b>c</b> EIN-PN 35-6269273-001
<b>a</b>	Plan name	STEAMFITTERS LOCAL #449 PENSION PLAN	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES STEAMFITTERS LOCAL 449 PENSION FUND	<b>c</b> EIN-PN 25-6032401-001
<b>a</b>	Plan name	PLUMBERS LOCAL 27 PENSION FUND	
<b>b</b>	Name of plan sponsor	PLUMBERS LOCAL 27 PENSION FUND	<b>c</b> EIN-PN 25-6034928-001
<b>a</b>	Plan name	WEST MELBOURNE POLICE OFFICERS R/P	
<b>b</b>	Name of plan sponsor	CITY OF WEST MELBOURNE	<b>c</b> EIN-PN 59-6044078-002
<b>a</b>	Plan name	LOCAL UNION NO. 9, IBEW & OUTSIDE CO	
<b>b</b>	Name of plan sponsor	TRSTS LOCAL UNION NO. 9, IBEW & OUTSIDE CONTRACTORS PF	<b>c</b> EIN-PN 51-6077720-001
<b>a</b>	Plan name	PLUMBERS & STEAMFITTERS #43 PENS FD	
<b>b</b>	Name of plan sponsor	PLUMBERS & STEAMFITTERS LOCAL 43 PENSION FUND	<b>c</b> EIN-PN 62-6101288-001
<b>a</b>	Plan name	RET & PEN PLAN FOR OFFICERS & EMP NY	
<b>b</b>	Name of plan sponsor	BOT RET AND PP FOR OFFICERS AND EMPL OF THE NYCDC	<b>c</b> EIN-PN 51-0167964-001
<b>a</b>	Plan name	NORTH ATLANTIC STATE CARPENTERS AN FUND	
<b>b</b>	Name of plan sponsor	CONNECTICUT CARPENTERS ANNUITY FUND	<b>c</b> EIN-PN 06-1308364-001
<b>a</b>	Plan name	NORTH ATLANTIC STATES CARPENTERS PEN FD	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF THE NEW ENGLAND CARPENTERS PF	<b>c</b> EIN-PN 51-6040899-001
<b>a</b>	Plan name	MOSAIC & TERRAZZO WORKERS ANNUITY FD	
<b>b</b>	Name of plan sponsor	THE BOT OF THE MOSAIC & TERRAZZO WORKERS' ANNUITY F	<b>c</b> EIN-PN 11-3454940-001
<b>a</b>	Plan name	IBEW LOCAL #32-NECA PENSION PLAN	
<b>b</b>	Name of plan sponsor	BOT OF THE IBEW LOCAL NO. 32 - NECA PENSION PLAN	<b>c</b> EIN-PN 31-6152294-001

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 IRONWORKERS LOCAL 397 ANNUITY FD	
<b>b</b>	Name of plan sponsor TRUSTEES OF IRON WORKERS LOCAL 397 ANNUITY FUND	<b>c</b> EIN-PN 59-7139874-002
<b>a</b>	Plan name IRONWORKERS LOCAL 397 PENSION FUND	
<b>b</b>	Name of plan sponsor IRON WORKERS LOCAL 397 PENSION FUND	<b>c</b> EIN-PN 59-6168650-001
<b>a</b>	Plan name LABORERS' DIST COUN CONST IND P/F	
<b>b</b>	Name of plan sponsor LABORERS DISTRICT COUNCIL CONSTRUCTION INDUSTRY PF	<b>c</b> EIN-PN 23-6235338-001
<b>a</b>	Plan name HAWORTH MASTER PENSION TRUST	
<b>b</b>	Name of plan sponsor HAWORTH INTERNATIONAL, LTD	<b>c</b> EIN-PN 38-3457956-001
<b>a</b>	Plan name LOCAL 91 PENSION FUND	
<b>b</b>	Name of plan sponsor LOCAL 91 PENSION FUND BOARD OF TRUSTEES	<b>c</b> EIN-PN 11-6218316-001
<b>a</b>	Plan name ELECTRICIANS LOC 606 PENS-ANNUITY FD	
<b>b</b>	Name of plan sponsor TRSTS OF ELECTRCNS LCL UNION NO. 606 PENSION-ANNUITY F	<b>c</b> EIN-PN 59-1917970-001
<b>a</b>	Plan name CENTRAL IOWA CARPENTERS MPP TRUST FD	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES CENTRAL IOWA CARPENTERS PP	<b>c</b> EIN-PN 36-6066902-003
<b>a</b>	Plan name IBEW LOCAL 684 PENSION TRUST	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES, IBEW LOCAL 684 PENSION TRUST	<b>c</b> EIN-PN 94-6442909-002
<b>a</b>	Plan name IBEW LOCAL 683 PENSION FUND P/P	
<b>b</b>	Name of plan sponsor IBEW LOCAL 683 BOARD OF TRUSTEES	<b>c</b> EIN-PN 31-6128254-001
<b>a</b>	Plan name PLUMBERS LOCAL UNION 55 PENSION PLAN	
<b>b</b>	Name of plan sponsor JOINT BOARD OF TRUSTEES PLUMBERS UNION LOCAL 55	<b>c</b> EIN-PN 34-6514703-001
<b>a</b>	Plan name LOCAL UNION 513 PENSION FUND	
<b>b</b>	Name of plan sponsor BOT OF PENSION FUND OF OPERATING ENGINEERS LOCAL 513	<b>c</b> EIN-PN 43-0827344-001
<b>a</b>	Plan name SHEET METAL WORKERS LOC #4 PENS PL	
<b>b</b>	Name of plan sponsor SHEET METAL WORKERS LOCAL NO. 4 PENSION PLAN	<b>c</b> EIN-PN 62-0800645-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(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	USW LOCAL 286 PENSION FUND	
<b>b</b>	Name of plan sponsor	BOT USW, DISCTRICT 10, LOCAL 286 PENSION FUND	<b>c</b> EIN-PN 23-0630051-001
<b>a</b>	Plan name	INDIANA CHAPTER OF BRICKLAYERS LOC 4	
<b>b</b>	Name of plan sponsor	INDPLS. CH BRICKLAYERS LCL NO. 4 IN/KY (IU B & A C)	<b>c</b> EIN-PN 35-6074754-001
<b>a</b>	Plan name	NATL ASSOC LETTER CARRIERS ANN TR	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES, NALC ANNUITY TRUST FUND	<b>c</b> EIN-PN 52-6038252-001
<b>a</b>	Plan name	IBEW LOCAL 1245 MPPP	
<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	CENTRAL PEN FUND OF THE IUOE & PE	
<b>b</b>	Name of plan sponsor	BOT OF THE CPF OF THE IUOE & PARTICIPATING EMPLOYERS	<b>c</b> EIN-PN 36-6052390-001
<b>a</b>	Plan name	SHEET METAL WORKERS INTL ASSOC PP	
<b>b</b>	Name of plan sponsor	INT ASSOC OF SHEET METAL AIR, RAIL AND TRANSPORTATION	<b>c</b> EIN-PN 52-6061995-001
<b>a</b>	Plan name	BAC LOCAL 2 PENSION FUND	
<b>b</b>	Name of plan sponsor	BRICKLAYERS' & ALLIED CRAFTWORKERS LOC 2 ALBANY, NY PEN FD	<b>c</b> EIN-PN 14-6075802-001
<b>a</b>	Plan name	CONSTRUCTION AND COMMON LABORERS LOCAL 1	
<b>b</b>	Name of plan sponsor	LABORERS LOCAL 157 PENSION FUND	<b>c</b> EIN-PN 14-6076460-001
<b>a</b>	Plan name	UPSTATE NY BAKERY DRIVERS & IND. PENSION	
<b>b</b>	Name of plan sponsor	TTEE OF THE UPSTATE NY BAKERY DRIVERS & IND PEN FD	<b>c</b> EIN-PN 15-0612437-001
<b>a</b>	Plan name	BAC LOC 3 NY ROCHESTER PENSION FUND	
<b>b</b>	Name of plan sponsor	JOINT BOARD OF TRUSTS - BAC LOC 3 NY ROCH PE	<b>c</b> EIN-PN 16-6019479-001
<b>a</b>	Plan name	IBEW LOCAL #640 & AZ CHAPTER NECA PEN	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES IBEW LOCAL NO. 640	<b>c</b> EIN-PN 86-0323980-001
<b>a</b>	Plan name	PIPE TRADES DC #36 PENSION TRUST FUND	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES PIPE TRADES DIST COUNICL # 36 PEN TR	<b>c</b> EIN-PN 94-6082956-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(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	ATU PENSION PLAN FOR THE IOE	
<b>b</b> Name of plan sponsor	AMALGAMATED TRANSIT UNION	<b>c</b> EIN-PN 53-6014540-001
<b>a</b> Plan name	THE NEWSPAPER GUILD INTL 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	IBU NATIONAL PENSION PLAN	
<b>b</b> Name of plan sponsor	BOARD OF TRUSTEES IBU OF THE PACIFIC NATIONAL PENSION TRUST	<b>c</b> EIN-PN 93-0792184-001
<b>a</b> Plan name	NORTHWEST CARPENTERS RETIREMENT TRUST	
<b>b</b> Name of plan sponsor	BOARD OF TRUSTEES OF THE NORTHWEST CARPENTERS RETIREMENT TRUST	<b>c</b> EIN-PN 91-6029051-001
<b>a</b> Plan name	TIDEWATER ELECTRICAL INDUSTRY PEN FD	
<b>b</b> Name of plan sponsor	BOARD OF TRUSTEES TIDEWATER ELECTRICAL INDUSTRY PENSION FUND	<b>c</b> EIN-PN 54-6127076-001
<b>a</b> Plan name	BAC LOCAL 13 DEFINED CONTRIBUTION DC PEN PLAN	
<b>b</b> Name of plan sponsor	TRUSTEES OF THE BAC LOCAL 3 DC PENSION PLAN	<b>c</b> EIN-PN 88-0399044-001
<b>a</b> Plan name	SOUTHWEST CARPENTERS ANNUITY FUND	
<b>b</b> Name of plan sponsor	BOT OF SOUTHERN NEVADA CARPENTERS ANNUITY FUND	<b>c</b> EIN-PN 88-0135694-002
<b>a</b> Plan name	GREATER PENNSYLVANIA CARPENTERS PENSION FUND	
<b>b</b> Name of plan sponsor	GREATER PENNSYLVANIA CARPENTERS' PENSION FUND	<b>c</b> EIN-PN 25-6135570-001
<b>a</b> Plan name	WESTERN STATES CARPENTERS PENSION TRUST	
<b>b</b> Name of plan sponsor	JOINT BOARD OF TRUSTEES WESTERN STATES CARPENTERS PENSION PLAN	<b>c</b> EIN-PN 95-6042875-001
<b>a</b> Plan name	UNITED ASSOCIATION NATIONAL PENSION FUND	
<b>b</b> Name of plan sponsor	B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND	<b>c</b> EIN-PN 52-6152779-001
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<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>ASB ALLEGIANCE REAL ESTATE FUND</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>CHEVY CHASE TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>52-6257033</b>

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

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<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>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	43558863      91768012
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<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>	
<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>	2594944822      2220288986
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	3343523237      2584842053
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<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>	28399381      24635876

<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>	6010426303	4921534927
<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>	863915230	625682110
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	863915230	625682110
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	5146511073	4295852817

**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>	1215805	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1215805
<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
<b>(3)</b> Rents.....	<b>2b(3)</b>		217450103
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	461990221	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	578683295	
<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>		-116693074
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	-812985487	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-812985487

	(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	52891
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	-710959762

**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	42769785
<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)	508000
(5) Investment advisory and investment management fees .....	2i(5)	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	25000
(7) Actuarial fees .....	2i(7)	
(8) Legal fees .....	2i(8)	460845
(9) Valuation/appraisal fees .....	2i(9)	1455000
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses .....	2i(11)	4886996
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	7335841
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	50105626

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	-761065388
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	5746176
(2) From this plan .....	2l(2)	95339044

**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

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan ASB ALLEGIANCE REAL ESTATE FUND, 1b Three-digit plan number (PN) 006, 1c Effective date of plan, 2a Plan sponsor's name (employer, if for a single-employer plan) CHEVY CHASE TRUST COMPANY, 2b Employer Identification Number (EIN) 52-6257033, 2c Plan Sponsor's telephone number (240) 482-2990, 2d Business code (see instructions), 7501 WISCONSIN AVENUE, 15 FLOOR W, BETHESDA, MD 20814

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and 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  <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> <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)

**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.

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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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