

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 09/01/2023 and ending 08/31/2024

- 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: COMMINGLED PENSION TRUST FUND (CORE BOND) OF JPMORGAN CHASE BANK, N.A. 1b Three-digit plan number (PN): 001 1c Effective date of plan 2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code: 277 PARK AVENUE, NEW YORK, NY 10172 2b Employer Identification Number (EIN): 20-3847783 2c Plan Sponsor's telephone number: 212-648-0846 2d Business code (see instructions)

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

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

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

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

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

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2024 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

A Name of plan <u>COMMINGLED PENSION TRUST FUND (CORE BOND) OF JPMORGAN CHASE BANK, N.A.</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JPMORGAN CHASE BANK, N.A.</u>	D Employer Identification Number (EIN) <u>20-3847783</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LIQUIDITY FUND</u>		
b Name of sponsor of entity listed in (a):	<u>JPMORGAN CHASE BANK, N.A.</u>		
c EIN-PN	<u>13-6285055-001</u>	d Entity code	<u>C</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>310980000</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>MORTGAGE BACKED SECURITIES FUND</u>		
b Name of sponsor of entity listed in (a):	<u>JPMORGAN CHASE BANK, N.A.</u>		
c EIN-PN	<u>20-4742530-001</u>	d Entity code	<u>C</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>567956000</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE LOCAL 32 BJ/54 PENSION FUND	
b	Name of plan sponsor 32BJ/BROADWAY LEAGUE PENSION FUND	c EIN-PN 13-1998213-001
a	Plan name INTERNATIONAL BROTHERHOOD OF TEAMSTERS RETIREMENT AND FAMILY PROTECTION PLAN	
b	Name of plan sponsor ADMIN COMM OF INT BROTHERHOOD OF TMSTRS RET AND FAMILY PRCTCN PLAN	c EIN-PN 53-0215427-001
a	Plan name ALASKA TEAMSTER EMPLOYER PENSION TRUST	
b	Name of plan sponsor ALASKA TEAMSTER EMPLOYER PENSION TRUST	c EIN-PN 92-6003463-024
a	Plan name AMERICAN GREETINGS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AMERICAN GREETINGS CORPORATION	c EIN-PN 34-0065325-001
a	Plan name AMERICAN MULTI-CINEMA, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor AMERICAN MULTI-CINEMA, INC	c EIN-PN 43-0908577-002
a	Plan name ATLANTA PLUMBERS AND STEAMFITTERS LOCAL 72 PENSION FUND	
b	Name of plan sponsor ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND	c EIN-PN 58-1233396-001
a	Plan name BAYLOR SCOTT & WHITE HEALTH CONSOLIDATED FROZEN BENEFIT PLAN - CORE BOND	
b	Name of plan sponsor BAYLOR HEALTH CARE SYSTEM	c EIN-PN 75-1812652-004
a	Plan name BECHTEL TRUST & THRIFT PLAN	
b	Name of plan sponsor BECHTEL GLOBAL CORPORATION	c EIN-PN 80-0848899-001
a	Plan name BELLIN HEALTH 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BEILIN HEALTH SYSTEMS, INC.	c EIN-PN 39-1512904-002
a	Plan name BHE MASTER RETIREMENT TRUST	
b	Name of plan sponsor BERKSHIRE HATHAWAY ENERGY COMPANY	c EIN-PN 84-7120645-001
a	Plan name NATIONAL AUTOMATIC SPRINKLER METAL TRADES PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES NATIONAL AUTOMATIC SPRINKLER METAL TRADES	c EIN-PN 52-6133856-001
a	Plan name ARIZONA LABORERS' AND TEAMSTERS' DEFINED CONTRIBUTION TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES - ARIZONA LABORERS AND TEAMSTERS PENSION TRUST FUND	c EIN-PN 86-6084210-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ARIZONA LABORERS' AND TEAMSTERS' PENSION TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES - ARIZONA LABORERS AND TEAMSTERS PENSION TRUST FUND	c EIN-PN 86-6084210-001
a	Plan name IBEW LOCAL NO. 640 & ARIZONA CHAPTER NECA PENSION TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES IBEW LOCAL NO 640	c EIN-PN 86-0323980-001
a	Plan name LOCAL 282 ANNUITY TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES LOCAL 282 ANNUITY TRUST FUND	c EIN-PN 11-6276104-002
a	Plan name LOCAL 282 PENSION TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES LOCAL 282 PENSION TRUST FUND	c EIN-PN 13-5565156-001
a	Plan name IBEW LOCAL 1245 MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF IBEW LOCAL 1245 MONEY PURCHASE PENSION PLAN	c EIN-PN 94-6583240-001
a	Plan name INDUSTRIAL CARPENTERS AND PRECAST PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF INDUSTRIAL CARPENTERS AND PRECAST PENSION PLAN	c EIN-PN 94-6284211-001
a	Plan name PENSION TRUST FUND LOCAL UNION NO. 27	
b	Name of plan sponsor BOARD OF TRUSTEES OF PENSION TRUST FUND LOCAL UNION NO. 27	c EIN-PN 13-6567546-001
a	Plan name MARBLE INDUSTRY ANNUITY FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE MARBLE INDUSTRY ANNUITY FUND	c EIN-PN 13-2967109-074
a	Plan name MARBLE INDUSTRY PENSION TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE MARBLE INDUSTRY PENSION TRUST FUND	c EIN-PN 13-2967109-075
a	Plan name PLUMBERS & STEAMFITTERS LOCAL 42 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE PLUMBERS & STEAMFITTERS LOCAL 42 PENSION	c EIN-PN 23-7404110-001
a	Plan name PIPEFITTERS LOCAL 636 DEFINED BENEFIT PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES PIPEFITTERS LOCAL 636 DEFINED BENEFIT PENSION FUND	c EIN-PN 38-3009873-001
a	Plan name TEAMSTER AFFILIATES PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES TEAMSTER AFFILIATES PENSION PLAN	c EIN-PN 52-6128127-333

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name IBEW LOCAL NO. 38 PENSION FUND PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES, IBEW LOCAL NO. 38 PENSION FUND PENSION PLAN	c EIN-PN 34-6974238-001
a	Plan name BRICKLAYERS AND TROWEL TRADES INTERNATIONAL RETIREMENT SAVINGS	
b	Name of plan sponsor BOT BRICKLAYERS & TROWEL TRADES INTERNATIONAL RETIREMENT SAVINGS PLAN	c EIN-PN 52-6127746-003
a	Plan name BRICKLAYERS AND TROWEL TRADES INTERNATIONAL PENSION FUND	
b	Name of plan sponsor BOT BRICKLAYERS AND TROWEL TRADES INTERNATIONAL PENSION FUND	c EIN-PN 52-6127745-001
a	Plan name INTERNATIONAL UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS MASTER TRUST	
b	Name of plan sponsor BOT INT UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS MASTER TRUST	c EIN-PN 20-3024643-004
a	Plan name CARPENTERS RETIREMENT PLAN OF WESTERN WASHINGTON	
b	Name of plan sponsor BOT OF THE CARPENTERS RETIREMENT PLAN OF WESTERN WASHINGTON	c EIN-PN 91-6029051-001
a	Plan name CARPENTER FUNDS ADMINISTRATIVE OFFICE OF NORTHERN CALIFORNIA INC.	
b	Name of plan sponsor CARPENTER FUNDS ADMINISTRATIVE OFFICE OF NORTHERN CALIFORNIA	c EIN-PN 94-1557079-002
a	Plan name CARPENTERS ANNUITY TRUST FUND FOR NORTHERN CALIFORNIA	
b	Name of plan sponsor CARPENTERS ANNUITY TRUST FUND FOR NORTHERN CALIFORNIA	c EIN-PN 94-6534591-001
a	Plan name CARPENTERS LABOR-MANAGEMENT PENSION FUND	
b	Name of plan sponsor CARPENTERS LABOR-MANAGEMENT PENSION FUND	c EIN-PN 51-6091982-001
a	Plan name CARPENTERS PENSION TRUST FUND FOR NORTHERN CALIFORNIA	
b	Name of plan sponsor CARPENTERS PENSION TRUST FUND TRUST FUND FOR NORTHERN CALIFORNIA	c EIN-PN 94-6050970-001
a	Plan name CITRIX SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor CLOUD SOFTWARE GROUP, INC	c EIN-PN 77-0449727-001
a	Plan name TIBCO SOFTWARE, INC. 401(K) PLAN	
b	Name of plan sponsor CLOUD SOFTWARE GROUP, INC	c EIN-PN 77-0449727-002
a	Plan name CORNELL UNIVERSITY RETIREMENT PLAN FOR NON- EXEMPT EMPLOYEES OF THE ENDOWED COLLEGES AT ITHACA	
b	Name of plan sponsor CORNELL UNIVERSITY	c EIN-PN 15-0532082-006

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DTE ENERGY COMPANY MASTER PLAN TRUST	
b	Name of plan sponsor	DTE ENERGY INVESTMENT COMMITTEE	c EIN-PN 04-6767525-022
a	Plan name	FIFTH THIRD BANCORP 401(K) SAVINGS PLAN	
b	Name of plan sponsor	FIFTH THIRD BANCORP	c EIN-PN 31-0854434-001
a	Plan name	FIFTH THIRD BANCORP FROZEN SUCCESSOR PLAN	
b	Name of plan sponsor	FIFTH THIRD BANCORP	c EIN-PN 31-0854434-008
a	Plan name	DRIVE BALANCED FUND	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 47-7319764-001
a	Plan name	GREAT-WEST LIFETIME 2015 INDEX TRUST I	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-6983901-001
a	Plan name	GREAT-WEST LIFETIME 2015 INDEX TRUST II	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-6958164-001
a	Plan name	GREAT-WEST LIFETIME 2015 INDEX TRUST III	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-6987022-001
a	Plan name	GREAT-WEST LIFETIME 2015 TRUST I	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0616458-001
a	Plan name	GREAT-WEST LIFETIME 2015 TRUST II	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0617361-001
a	Plan name	GREAT-WEST LIFETIME 2015 TRUST III	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0618235-001
a	Plan name	GREAT-WEST LIFETIME 2020 INDEX TRUST I	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-6989138-001
a	Plan name	GREAT-WEST LIFETIME 2020 INDEX TRUST II	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-6962227-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name GREAT-WEST LIFETIME 2020 INDEX TRUST III	
b	Name of plan sponsor GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-6992353-001
a	Plan name GREAT-WEST LIFETIME 2025 INDEX TRUST I	
b	Name of plan sponsor GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-6995953-001
a	Plan name GREAT-WEST LIFETIME 2025 INDEX TRUST II	
b	Name of plan sponsor GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-6963997-001
a	Plan name GREAT-WEST LIFETIME 2025 INDEX TRUST III	
b	Name of plan sponsor GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-6999211-001
a	Plan name GREAT-WEST LIFETIME 2025 TRUST I	
b	Name of plan sponsor GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0616716-001
a	Plan name GREAT-WEST LIFETIME 2025 TRUST II	
b	Name of plan sponsor GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0617486-001
a	Plan name GREAT-WEST LIFETIME 2025 TRUST III	
b	Name of plan sponsor GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0618359-001
a	Plan name GREAT-WEST LIFETIME 2030 INDEX TRUST I	
b	Name of plan sponsor GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-7001173-001
a	Plan name GREAT-WEST LIFETIME 2030 INDEX TRUST II	
b	Name of plan sponsor GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-6966775-001
a	Plan name GREAT-WEST LIFETIME 2030 INDEX TRUST III	
b	Name of plan sponsor GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-7003776-001
a	Plan name GREAT-WEST LIFETIME 2035 INDEX TRUST I	
b	Name of plan sponsor GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-7007871-001
a	Plan name GREAT-WEST LIFETIME 2035 INDEX TRUST II	
b	Name of plan sponsor GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-6971351-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GREAT-WEST LIFETIME 2035 INDEX TRUST III	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-7010765-001
a	Plan name	GREAT-WEST LIFETIME 2035 TRUST I	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0616853-001
a	Plan name	GREAT-WEST LIFETIME 2035 TRUST II	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0617888-001
a	Plan name	GREAT-WEST LIFETIME 2035 TRUST III	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0618461-001
a	Plan name	GREAT-WEST LIFETIME 2040 INDEX TRUST I	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-7013642-001
a	Plan name	GREAT-WEST LIFETIME 2040 INDEX TRUST II	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-6973318-001
a	Plan name	GREAT-WEST LIFETIME 2040 INDEX TRUST III	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-7016334-001
a	Plan name	GREAT-WEST LIFETIME 2045 INDEX TRUST I	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-7018794-001
a	Plan name	GREAT-WEST LIFETIME 2045 INDEX TRUST II	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-6975811-001
a	Plan name	GREAT-WEST LIFETIME 2045 INDEX TRUST III	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-7028897-001
a	Plan name	GREAT-WEST LIFETIME 2045 TRUST I	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0617012-001
a	Plan name	GREAT-WEST LIFETIME 2045 TRUST II	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0618015-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GREAT-WEST LIFETIME 2045 TRUST III	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0618745-001
a	Plan name	GREAT-WEST LIFETIME 2050 INDEX TRUST I	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-7032936-001
a	Plan name	GREAT-WEST LIFETIME 2050 INDEX TRUST II	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-6977497-001
a	Plan name	GREAT-WEST LIFETIME 2050 INDEX TRUST III	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-7035968-001
a	Plan name	GREAT-WEST LIFETIME 2055 INDEX TRUST I	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-7038685-001
a	Plan name	GREAT-WEST LIFETIME 2055 INDEX TRUST II	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-6979951-001
a	Plan name	GREAT-WEST LIFETIME 2055 INDEX TRUST III	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 46-7039420-001
a	Plan name	GREAT-WEST LIFETIME 2055 TRUST I	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0617180-001
a	Plan name	GREAT-WEST LIFETIME 2055 TRUST II	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0618125-001
a	Plan name	GREAT-WEST LIFETIME 2055 TRUST III	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0618856-001
a	Plan name	GREAT-WEST SECUREFOUNDATION BALANCED TRUST	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0620018-001
a	Plan name	GREAT-WEST SECUREFOUNDATION LIFETIME 2015 TRUST	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0618952-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	GREAT-WEST SECUREFOUNDATION LIFETIME 2020 TRUST	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0619108-001
a	Plan name	GREAT-WEST SECUREFOUNDATION LIFETIME 2025 TRUST	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0619280-001
a	Plan name	GREAT-WEST SECUREFOUNDATION LIFETIME 2030 TRUST	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0619384-001
a	Plan name	GREAT-WEST SECUREFOUNDATION LIFETIME 2035 TRUST	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0619478-001
a	Plan name	GREAT-WEST SECUREFOUNDATION LIFETIME 2040 TRUST	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0619577-001
a	Plan name	GREAT-WEST SECUREFOUNDATION LIFETIME 2045 TRUST	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0619669-001
a	Plan name	GREAT-WEST SECUREFOUNDATION LIFETIME 2050 TRUST	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0619752-001
a	Plan name	GREAT-WEST SECUREFOUNDATION LIFETIME 2055 TRUST	
b	Name of plan sponsor	GREAT-WEST TRUST COMPANY LLC	c EIN-PN 45-0619900-001
a	Plan name	INTERNATIONAL UNION, UAW PENSION TRUST	
b	Name of plan sponsor	INT UNION, UTD AUTOMBL, AEROSPACE, AND AGRI IMPLMNT WRKRS OF AMER	c EIN-PN 38-3140311-006
a	Plan name	INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION FUND	
b	Name of plan sponsor	INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION FUND	c EIN-PN 52-6073909-001
a	Plan name	INTERNATIONAL PAPER COMPANY HOURLY SAVINGS PLAN	
b	Name of plan sponsor	INTERNATIONAL PAPER COMPANY	c EIN-PN 13-0872805-007
a	Plan name	INTERNATIONAL PAPER COMPANY SALARIED SAVINGS PLAN	
b	Name of plan sponsor	INTERNATIONAL PAPER COMPANY	c EIN-PN 13-0872805-118

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RETIREMENT PLAN OF INTERNATIONAL PAPER COMPANY	
b	Name of plan sponsor	INTERNATIONAL PAPER COMPANY	c EIN-PN 13-0872805-001
a	Plan name	UAW MASTER PENSION TRUST	
b	Name of plan sponsor	INTERNATIONAL UNION, UAW	c EIN-PN 38-0679801-006
a	Plan name	DIVERSIFIED FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 13-3637899-001
a	Plan name	DIVERSIFIED GLOBAL FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 26-2882162-001
a	Plan name	DIVERSIFIED PLUS FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 01-0595658-001
a	Plan name	SMARTRETIREMENT 2020 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 20-3063359-001
a	Plan name	SMARTRETIREMENT 2025 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 20-5819098-001
a	Plan name	SMARTRETIREMENT 2030 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 20-3063387-001
a	Plan name	SMARTRETIREMENT 2035 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 20-5819181-001
a	Plan name	SMARTRETIREMENT 2040 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 20-3063440-001
a	Plan name	SMARTRETIREMENT 2045 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 20-5819388-001
a	Plan name	SMARTRETIREMENT 2050 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 20-5819476-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SMARTRETIREMENT 2055 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 45-5595944-001
a	Plan name	SMARTRETIREMENT 2060 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 81-3250124-001
a	Plan name	SMARTRETIREMENT CIT 2050 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 47-4675558-001
a	Plan name	SMARTRETIREMENT CIT 2055 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 47-4682074-001
a	Plan name	SMARTRETIREMENT CIT INCOME FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 47-4585612-001
a	Plan name	SMARTRETIREMENT CIT 2020 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 47-4595377-001
a	Plan name	SMARTRETIREMENT CIT 2025 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 47-4612229-001
a	Plan name	SMARTRETIREMENT CIT 2030 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 47-4619720-001
a	Plan name	SMARTRETIREMENT CIT 2035 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 47-4632462-001
a	Plan name	SMARTRETIREMENT CIT 2040 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 47-4646438-001
a	Plan name	SMARTRETIREMENT CIT 2045 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 47-4660069-001
a	Plan name	SMARTRETIREMENT DRE 2060 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 81-3221155-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SMARTRETIREMENT INCOME FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 20-3063490-001
a	Plan name	SMARTRETIREMENT PASSIVE BLEND 2020 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 26-1165037-001
a	Plan name	SMARTRETIREMENT PASSIVE BLEND 2025 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 26-1165154-001
a	Plan name	SMARTRETIREMENT PASSIVE BLEND 2030 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 26-1165198-001
a	Plan name	SMARTRETIREMENT PASSIVE BLEND 2035 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 26-1165348-001
a	Plan name	SMARTRETIREMENT PASSIVE BLEND 2040 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 26-1165392-001
a	Plan name	SMARTRETIREMENT PASSIVE BLEND 2045 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 26-1165449-001
a	Plan name	SMARTRETIREMENT PASSIVE BLEND 2050 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 26-1165477-001
a	Plan name	SMARTRETIREMENT PASSIVE BLEND 2055 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 45-5590883-001
a	Plan name	SMARTRETIREMENT PASSIVE BLEND 2060	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 81-3239155-001
a	Plan name	SMARTRETIREMENT PASSIVE BLEND 2065	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 92-0285683-001
a	Plan name	SMARTRETIREMENT PASSIVE BLEND DRE 2020	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 84-2388804-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SMARTRETIREMENT PASSIVE BLEND DRE 2025	
b	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	c EIN-PN 84-2402523-001
a	Plan name SMARTRETIREMENT PASSIVE BLEND DRE 2030	
b	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	c EIN-PN 84-2420474-001
a	Plan name SMARTRETIREMENT PASSIVE BLEND DRE 2035	
b	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	c EIN-PN 84-2433553-001
a	Plan name SMARTRETIREMENT PASSIVE BLEND DRE 2040 FUND	
b	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	c EIN-PN 84-2447445-001
a	Plan name SMARTRETIREMENT PASSIVE BLEND DRE 2045 FUND	
b	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	c EIN-PN 84-2460155-001
a	Plan name SMARTRETIREMENT PASSIVE BLEND DRE 2050 FUND	
b	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	c EIN-PN 84-2477816-001
a	Plan name SMARTRETIREMENT PASSIVE BLEND DRE 2055 FUND	
b	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	c EIN-PN 84-2492102-001
a	Plan name SMARTRETIREMENT PASSIVE BLEND DRE 2060 FUND	
b	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	c EIN-PN 84-2507352-001
a	Plan name SMARTRETIREMENT PASSIVE BLEND DRE INCOME	
b	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	c EIN-PN 84-2373652-001
a	Plan name SMARTRETIREMENT PASSIVE BLEND INCOME FUND	
b	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	c EIN-PN 26-1164871-001
a	Plan name THE JPMORGAN CHASE 401(K)	
b	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	c EIN-PN 13-4994650-002
a	Plan name THE JPMORGAN CHASE RETIREMENT PLAN	
b	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	c EIN-PN 13-4994650-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MONEY PURCHASE PENSION PLAN OF LOCAL 400 AND MECHANICAL CONTRACTORS ASSOCIATION OF NORTH CENTRAL WISCONSIN -	
b	Name of plan sponsor	LOCAL 400 AND MCA NORTH CENTRAL WIS	c EIN-PN 39-1511099-001
a	Plan name	MERCK & CO INC SAVINGS AND SECURITY PLAN	
b	Name of plan sponsor	MERCK & CO INC	c EIN-PN 22-1109110-001
a	Plan name	MERCK & CO INC STOCK PURCHASE & SAVINGS PLAN	
b	Name of plan sponsor	MERCK & CO INC	c EIN-PN 22-1109110-004
a	Plan name	MERCK U.S. SAVINGS PLAN	
b	Name of plan sponsor	MERCK & CO., INC.	c EIN-PN 22-1261880-001
a	Plan name	MSD EMPLOYEE STOCK PURCHASE AND SAVINGS PLAN	
b	Name of plan sponsor	MERCK & CO., INC.	c EIN-PN 22-1261880-004
a	Plan name	METAL TRADES BRANCH, LOCAL 638 PENSION FUND	
b	Name of plan sponsor	METAL TRADES BRANCH, LOCAL 638 PENSION FUND	c EIN-PN 13-2541630-001
a	Plan name	METALLUS INC. SAVINGS AND INVESTMENT PENSION PLAN	
b	Name of plan sponsor	METALLUS INC.	c EIN-PN 46-4024951-003
a	Plan name	METALLUS INC. SAVINGS PLAN FOR CERTAIN BARGAINING EMPLOYEES	
b	Name of plan sponsor	METALLUS INC.	c EIN-PN 46-4024951-007
a	Plan name	METALLUS INC. VOLUNTARY INVESTMENT PENSION PLAN	
b	Name of plan sponsor	METALLUS INC.	c EIN-PN 46-4024951-004
a	Plan name	MSD PUERTO RICO EMPLOYEE SAVINGS AND SECURITY PLAN	
b	Name of plan sponsor	MSD INTERNATIONAL BMBH PUERTO RICO BRANCH LLC	c EIN-PN 22-1918501-061
a	Plan name	MSD PUERTO RICO EMPLOYEE RETIREMENT SAVINGS AND SECURITY PLAN	
b	Name of plan sponsor	MSD INTERNATIONAL GMBH PUERTO RICO LLC	c EIN-PN 98-0658260-061
a	Plan name	NATIONAL AUTOMATIC SPRINKLER INDUSTRY PENSION FUND	
b	Name of plan sponsor	NATIONAL AUTOMATIC SPRINKLER INDUSTRY PENSION FUND JT BOARD OF TRUSTEE	c EIN-PN 52-6054620-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NATIONAL INTEGRATED GROUP PENSION PLAN	
b	Name of plan sponsor	NATIONAL INTEGRATED GROUP PENSION PLAN BOARD OF TRUSTEES	c EIN-PN 22-6190618-001
a	Plan name	PETER KIEWIT SONS', INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PETER KIEWIT SONS, INC.	c EIN-PN 91-1842817-333
a	Plan name	QBE THE AMERICAS PENSION EQUITY PLAN	
b	Name of plan sponsor	QBE THE AMERICAS	c EIN-PN 52-1147383-001
a	Plan name	THE 401(K) SAVINGS AND PROFIT SHARING PLAN OF S&P GLOBAL INC. AND ITS SUBSIDIARIES	
b	Name of plan sponsor	S&P GLOBAL INC.	c EIN-PN 13-1026995-002
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF S.C. JOHNSON & SON, INC.	
b	Name of plan sponsor	S.C. JOHNSON & SON, INC.	c EIN-PN 39-0379990-002
a	Plan name	THE SCHERING-PLOUGH PUERTO RICO EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SCHERING-PLOUGH PRODUCTS, LLC	c EIN-PN 52-2170309-002
a	Plan name	THE SHERWIN-WILLIAMS COMPANY MASTER TRUST	
b	Name of plan sponsor	SHERWIN-WILLIAMS COMPANY	c EIN-PN 13-4202017-045
a	Plan name	SOUTHWEST CARPENTERS PENSION TRUST	
b	Name of plan sponsor	SOUTHWEST CARPENTERS PENSION TRUST	c EIN-PN 95-6042875-001
a	Plan name	TELERX MARKETING INC. 401(K) PLAN	
b	Name of plan sponsor	TELERX MARKETING, INC.	c EIN-PN 23-2123705-001
a	Plan name	THE ART INSTITUTE OF CHICAGO PENSION PLAN	
b	Name of plan sponsor	THE ART INSTITUTE OF CHICAGO	c EIN-PN 36-2167725-001
a	Plan name	INDIANA STATE COUNCIL OF PLASTERERS AND CEMENT MASONS PENSION FUND	
b	Name of plan sponsor	THE BOT OF THE IN ST CNCL OF PLASTERERS AND CEMENT MASONS PNSN FUND	c EIN-PN 35-6244876-001
a	Plan name	THE TIMKEN COMPANY SAVINGS AND INVESTMENT PENSION PLAN	
b	Name of plan sponsor	THE TIMKEN COMPANY	c EIN-PN 34-0577130-011

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	THE TIMKEN COMPANY SAVINGS PLAN FOR CERTAIN BARGAINING ASSOCIATES	
b	Name of plan sponsor	THE TIMKEN COMPANY	c EIN-PN 34-0577130-022
a	Plan name	THE TIMKEN COMPANY VOLUNTARY INVESTMENT PENSION PLAN	
b	Name of plan sponsor	THE TIMKEN COMPANY	c EIN-PN 34-0577130-019
a	Plan name	THE TIMKEN CONE DRIVE SAVINGS AND INVESTMENT RETIREMENT PLAN	
b	Name of plan sponsor	THE TIMKEN COMPANY	c EIN-PN 05-0425787-002
a	Plan name	THE TIMKEN CONE DRIVE SAVINGS AND INVESTMENT RETIREMENT PLAN FOR BARGAINING ASSOCIATES	
b	Name of plan sponsor	THE TIMKEN COMPANY	c EIN-PN 05-0425787-001
a	Plan name	SENIOR ADMINISTRATIVE OFFICER RETIREMENT PLAN OF THE UNIVERSITY OF NORTH CAROLINA	
b	Name of plan sponsor	THE UNIVERSITY OF NORTH CAROLINA	c EIN-PN 56-6172047-002
a	Plan name	SENIOR ATHLETIC EMPLOYEE RETIREMENT PROGRAM OF THE UNIVERSITY OF NORTH CAROLINA	
b	Name of plan sponsor	THE UNIVERSITY OF NORTH CAROLINA	c EIN-PN 56-6172047-005
a	Plan name	THE OPTIONAL RETIREMENT PLAN OF THE UNIVERSITY OF NORTH CAROLINA	
b	Name of plan sponsor	THE UNIVERSITY OF NORTH CAROLINA	c EIN-PN 56-6172047-001
a	Plan name	THE TIMKEN BELTS SAVINGS AND INVESTMENT RETIREMENT PLAN FOR BARGAINING ASSOCIATES TRUST	
b	Name of plan sponsor	TIMKEN SMO LLC	c EIN-PN 32-0422708-002
a	Plan name	TREASURERS AND TICKET SELLERS LOCAL 751	
b	Name of plan sponsor	TREASURERS AND TICKET SELLERS LOCAL 751	c EIN-PN 13-6164776-001
a	Plan name	LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND	
b	Name of plan sponsor	UNITE HERE RETIREMENT FUND	c EIN-PN 82-0994119-001
a	Plan name	CO-OP RETIREMENT PLAN	
b	Name of plan sponsor	UNITED BENEFITS GROUP	c EIN-PN 01-0689331-001
a	Plan name	UNITED BROTHERHOOD OF CARPENTERS PENSION FUND (U.S. PLAN)	
b	Name of plan sponsor	UNITED BROTHERHOOD OF CARPENTERS PENSION FUND	c EIN-PN 52-6075035-002

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2024 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024	
A Name of plan COMMINGLED PENSION TRUST FUND (CORE BOND) OF JPMORGAN CHASE BANK, N.A.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JPMORGAN CHASE BANK, N.A.	D Employer Identification Number (EIN) 20-3847783

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	469269	3463000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	67053657	90574000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15293000	21818000
(2) U.S. Government securities	1c(2)	5386943518	6561238000
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1804705182	2444593000
(B) All other	1c(3)(B)	2930090553	3838546000
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	0	11076000
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	778347225	878936000
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	218812855	80801000

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	11201715259	13931045000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	12390548	193403000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	12390548	193403000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	11189324711	13737642000

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	17000	
(B) U.S. Government securities.....	2b(1)(B)	229041000	
(C) Corporate debt instruments.....	2b(1)(C)	248599000	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	13558000	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		491215000
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	3131763000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3196252000	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-64489000
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	596159000	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		61194000
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-38990000
d Total income. Add all income amounts in column (b) and enter total	2d		1045089000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	54000	
(5) Investment advisory and investment management fees	2i(5)	183000	
(6) Bank or trust company trustee/custodial fees	2i(6)	1437000	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	3000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	76000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1753000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1753000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1043336000
l Transfers of assets:			
(1) To this plan	2l(1)		3788066388
(2) From this plan	2l(2)		2283085099

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.