

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 (LIQUIDITY) 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): 13-6285055 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 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

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

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

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

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

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

Receipt Confirmation Code 0

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

A Name of plan <u>COMMINGLED PENSION TRUST FUND (LIQUIDITY) 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>13-6285055</u>	

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

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 1199 SEIU HEALTHCARE EMPLOYEES PENSION FUND	
b	Name of plan sponsor 1199 SEIU HEALTHCARE EMPLOYEES PENSION FUND	c EIN-PN 13-3604862-001
a	Plan name AIR PRODUCTS AND CHEMICALS, INC. PENSION PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor AIR PRODUCT AND CHEMICALS, INC	c EIN-PN 23-1274455-002
a	Plan name PENSION PLAN FOR HOURLY RATED EMPLOYEES OF AIR PRODUCTS AND CHEMICALS, INC	
b	Name of plan sponsor AIR PRODUCT AND CHEMICALS, INC	c EIN-PN 23-1274455-003
a	Plan name LUCENT TECHNOLOGIES INC. PENSION PLAN	
b	Name of plan sponsor ALCATEL-LUCENT USA INC.	c EIN-PN 22-3463544-002
a	Plan name NOKIA RETIREMENT INCOME PLAN	
b	Name of plan sponsor ALCATEL-LUCENT USA INC.	c EIN-PN 22-3463544-001
a	Plan name NOKIA SAVINGS/ 401(K) PLAN	
b	Name of plan sponsor ALCATEL-LUCENT USA INC.	c EIN-PN 04-6812413-003
a	Plan name ALCON PUERTO RICO SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor ALCON PUERTO RICO INC.	c EIN-PN 75-1596851-011
a	Plan name ALCON 401(K) SAVINGS PLAN	
b	Name of plan sponsor ALCON VISION, LLC	c EIN-PN 75-2252369-012
a	Plan name ALCON RETIREMENT PLAN	
b	Name of plan sponsor ALCON VISION, LLC	c EIN-PN 75-2252369-013
a	Plan name ALLIANT ENERGY CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor ALLIANT ENERGY CORPORATE SERVICES, INC.	c EIN-PN 39-1914946-005
a	Plan name MITTAL STEEL USA INC. RETIREE DRUG PLAN	
b	Name of plan sponsor ARCELORMITTAL USA INC.	c EIN-PN 71-0871875-515
a	Plan name MITTAL STEEL USA INC. RETIREE INSURANCE PLAN	
b	Name of plan sponsor ARCELORMITTAL USA INC.	c EIN-PN 71-0871875-514

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	MITTAL STEEL USA INC. VEBA MASTER TRUST	
b	Name of plan sponsor	ARCELORMITTAL USA INC.	c EIN-PN 71-0871875-517
a	Plan name	AT&T PENSION BENEFIT PLAN	
b	Name of plan sponsor	AT&T INC.	c EIN-PN 43-1301883-017
a	Plan name	AT&T PUERTO RICO PENSION BENEFIT PLAN	
b	Name of plan sponsor	AT&T INC.	c EIN-PN 43-1301883-007
a	Plan name	BRIDGESTONE AMERICAS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	BRIDGESTONE AMERICAS, INC.	c EIN-PN 88-0335067-019
a	Plan name	CARGILL INCORPORATED AND ASSOCIATED COMPANIES MASTER PENSION TRUST	
b	Name of plan sponsor	CARGILL INCORPORATED	c EIN-PN 41-0177680-009
a	Plan name	CARGILL INCORPORATED AND ASSOCIATED COMPANIES PENSION PLAN FOR PRODUCTION EMPLOYEES	
b	Name of plan sponsor	CARGILL INCORPORATED	c EIN-PN 41-0177680-004
a	Plan name	CARGILL INCORPORATED AND ASSOCIATED COMPANIES PENSION PLAN FOR UNION REPRESENTED HOURLY WAGE EMPLOYEES	
b	Name of plan sponsor	CARGILL INCORPORATED	c EIN-PN 41-0177680-003
a	Plan name	CARGILL INCORPORATED AND ASSOCIATED COMPANIES SALARIED PENSION TRUST	
b	Name of plan sponsor	CARGILL INCORPORATED	c EIN-PN 41-0177680-001
a	Plan name	CERASTAR USA PENSION PLAN	
b	Name of plan sponsor	CARGILL INCORPORATED	c EIN-PN 41-0177680-017
a	Plan name	CERASTAR USA RETIREMENT PLAN	
b	Name of plan sponsor	CARGILL INCORPORATED	c EIN-PN 41-0177680-016
a	Plan name	NON-CONTRIBUTORY PENSION PLAN	
b	Name of plan sponsor	CATERPILLAR, INC.	c EIN-PN 37-0602744-001
a	Plan name	RETIREMENT INCOME PLAN	
b	Name of plan sponsor	CATERPILLAR, INC.	c EIN-PN 37-0602744-002

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 CLARIAN NORTH MEDICAL CENTER 401(K) PLAN	
b	Name of plan sponsor CLARIAN HEALTH NORTH, LLC	c EIN-PN 56-2343791-001
a	Plan name CLARIAN HEALTH PARTNERS DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor CLARIAN HEALTH PARTNERS	c EIN-PN 35-1955872-005
a	Plan name CLARIAN WEST-MEDICAL CENTER 401(K) PLAN	
b	Name of plan sponsor CLARIAN HEALTH WEST LLC	c EIN-PN 43-1980611-001
a	Plan name CONSTELLATION RETIREMENT PROGRAM	
b	Name of plan sponsor CONSTELLATION ENERGY GENERATION LLC	c EIN-PN 23-3064219-001
a	Plan name CUMMINS INC. AND AFFILIATES RETIREMENT AN SAVINGS TRUST	
b	Name of plan sponsor CUMMINS INC	c EIN-PN 23-2662529-102
a	Plan name CUMMINS RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor CUMMINS INC	c EIN-PN 35-0257090-020
a	Plan name CUMMINS RETIREMENT AND SAVINGS PLAN FOR CERTAIN COLLECTIVELY BARGAINED EMPLOYEES	
b	Name of plan sponsor CUMMINS INC	c EIN-PN 35-0257090-030
a	Plan name DESERT STATES EMPLOYERS & UFCW UNION PENSION PLAN	
b	Name of plan sponsor DESERT STATES EMPLOYERS & UFCW UNION PENSION PLAN	c EIN-PN 84-6277982-001
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 EXELON CORPORATION EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor EXELON CORPORATION	c EIN-PN 23-2990190-003
a	Plan name EXELON CORPORATION RETIREMENT PROGRAM	
b	Name of plan sponsor EXELON CORPORATION	c EIN-PN 23-2990190-002
a	Plan name EXELON EMPLOYEE SAVINGS PLAN FOR REPRESENTED EMPLOYEES AT CLINTON	
b	Name of plan sponsor EXELON CORPORATION	c EIN-PN 23-2990190-014

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 EXELON EMPLOYEE SAVINGS PLAN FOR REPRESENTED EMPLOYEES AT TMI AND OYC	
b	Name of plan sponsor EXELON CORPORATION	c EIN-PN 23-2990190-012
a	Plan name CONSTELLATION EMPLOYEE SAVINGS PLAN (FOR WHICH THE CONSTELLATION DEFINED CONTRIBUTION RETIREMENT PLAN TRUST IS THE FUNDING VEHICLE)	
b	Name of plan sponsor EXELON GENERATION COMPANY, LLC	c EIN-PN 23-3064219-001
a	Plan name HEWLETT PACKARD COMPANY 401(K) PLAN	
b	Name of plan sponsor HEWLETT PACKARD COMPANY	c EIN-PN 94-1081436-004
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
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 THE INTERPUBLIC GROUP OF COMPANIES INC. SAVINGS PLAN	
b	Name of plan sponsor INTERPUBLIC GROUP OF COMPANIES, INC.	c EIN-PN 13-1024020-003
a	Plan name ALL COUNTRY INTERNATIONAL EQUITY	
b	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	c EIN-PN 46-2655171-001
a	Plan name CMG PENSION TRUST SHRT DUR CORE PLUS	
b	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	c EIN-PN 84-2662072-001
a	Plan name CORE BOND FUND	
b	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	c EIN-PN 20-3847783-001
a	Plan name CORE DIVERSIFIED COMMERCIAL PROPERTY	
b	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	c EIN-PN 47-2818728-001
a	Plan name CORE PLUS BOND FUND	
b	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	c EIN-PN 81-2849512-001

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	CORPORATE HIGH YIELD FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 13-3869666-001
a	Plan name	DIVERSIFIED COMMERCIAL PROPERTY FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 26-1397584-001
a	Plan name	DIVERSIFIED EQUITY FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 27-3832644-001
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	EAFE EQUITY OPPORTUNITIES FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 13-4043930-001
a	Plan name	EMERGING MARKETS AGGREGATE BOND FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 82-3282328-001
a	Plan name	EMERGING MARKETS EQUITY FOCUSED FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 13-4179575-001
a	Plan name	EMERGING MARKETS EQUITY FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 13-3635124-001
a	Plan name	EMERGING MARKETS FIXED INCOME FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 13-3744061-001
a	Plan name	EMERGING MARKETS STRATEGIC DEBT	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 27-3584126-001

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	EQUITY INCOME FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 84-3248717-001
a	Plan name	EQUITY INDEX FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 20-2266703-001
a	Plan name	EUROPE DYNAMIC HEDGED EQUITY	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 47-2802690-001
a	Plan name	EXTENDED DURATION FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 26-0356040-001
a	Plan name	FLOATING RATE INCOME	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 46-3412352-001
a	Plan name	GLOBAL ALLOCATION FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 82-3618774-001
a	Plan name	GLOBAL EMERGING MARKETS OPPORTUNITIES	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 46-2537381-001
a	Plan name	GLOBAL FOCUS FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 27-2013198-001
a	Plan name	GLOBAL OPPORTUNITIES 130/30 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 27-0971988-001
a	Plan name	GLOBAL OPPORTUNITIES FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 27-0772359-001
a	Plan name	HIGH QUALITY LONG CREDIT FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 26-3275041-001
a	Plan name	HIGH YIELD FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 20-4786224-001

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	INCOME	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 84-2670525-001
a	Plan name	INFLATION MANAGED BOND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 27-3033195-001
a	Plan name	INTERMEDIATE AGGREGATE BOND FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 26-2628381-001
a	Plan name	INTERMEDIATE BOND FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 30-0224496-001
a	Plan name	INTERMEDIATE CREDIT FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 13-7197339-001
a	Plan name	INTERMEDIATE INCOME BOND FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 81-2998560-001
a	Plan name	INTERNATIONAL EQUITY	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 26-0001051-001
a	Plan name	INTERNATIONAL RATES FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 13-7197337-001
a	Plan name	INTERNATIONAL REAL ESTATE SECURITIES FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 20-5818900-001
a	Plan name	INTERNATIONAL RESEARCH ENHANCED INDEX	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 13-4143029-001
a	Plan name	INTREPID INTERNATIONAL FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 20-8243427-001
a	Plan name	JPMORGAN CHASE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 13-4994650-002

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	LDI DIVERSIFIED BALANCE FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 47-2831446-001
a	Plan name	LDI DIVERSIFIED GROWTH FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 46-3511871-001
a	Plan name	LIQUID HIGH YIELD	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 87-3643015-001
a	Plan name	LONG CREDIT FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 13-4027152-001
a	Plan name	LONG DURATION CREDIT	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 46-1027513-001
a	Plan name	LONG DURATION FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 26-3073550-001
a	Plan name	LONG DURATION INVESTMENT GRADE FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 26-0199869-001
a	Plan name	LONG SECURITIZED FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 85-1002095-001
a	Plan name	MAS FLEXIBLE ALLOCATION CORPORATE CREDIT	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 85-2875501-001
a	Plan name	MID CAP EQUITY INDEX	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 81-5011550-001
a	Plan name	MORTGAGE PRIVATE PLACEMENT FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 13-6038769-001
a	Plan name	MORTGAGE-BACKED SECURITIES FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 20-4742530-001

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	OPPORTUNISTIC EQUITY LONG/SHORT	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 81-2036319-001
a	Plan name	PUBLIC BOND FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 13-6038767-001
a	Plan name	SHORT DURATION BOND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 45-4795637-001
a	Plan name	SMALL CAP EQUITY INDEX	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 81-5024455-001
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
a	Plan name	SMARTRETIREMENT 2055 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 45-5595944-001

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 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
a	Plan name	SMARTRETIREMENT DRE 2065	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 92-0307615-001

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 2065	
b	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	c EIN-PN 87-3643015-001
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 SPECIAL SITUATION PROPERTY FUND	
b	Name of plan sponsor JPMORGAN CHASE BANK, N.A.	c EIN-PN 13-3980309-001

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	STABLE ASSET INCOME FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 20-1978950-001
a	Plan name	STRATEGIC PROPERTY FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 13-6038770-001
a	Plan name	SYSTEMATIC ALPHA	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 46-5327544-001
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
a	Plan name	U.S. REIT INDEX	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 82-4756532-001
a	Plan name	US ACTIVE CORE PLUS EQUITY	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 20-6201314-001
a	Plan name	VALUE PLUS FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 13-7275156-001
a	Plan name	AIRCRAFT BRAKING SYSTEMS/ ENGINEERED FABRICS RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES	
b	Name of plan sponsor	MEGGITT AIRCRAFT BRAKING SYSTEMS CORPORATION	c EIN-PN 34-1614846-001
a	Plan name	K & F INDUSTRIES RETIREMENT PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor	MEGGITT AIRCRAFT BRAKING SYSTEMS CORPORATION	c EIN-PN 34-1614846-002
a	Plan name	MEMORIAL SLOAN KETTERING CANCER CENTER PENSION PLAN	
b	Name of plan sponsor	MEMORIAL SLOAN KETTERING CANCER CENTER	c EIN-PN 13-1924236-001
a	Plan name	MERCK US SAVINGS PLAN	
b	Name of plan sponsor	MERCK & CO., INC.	c EIN-PN 22-1918501-001

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	MSD EMPLOYEE STOCK PURCHASE AND SAVINGS PLAN	
b	Name of plan sponsor	MERCK & CO., INC.	c EIN-PN 22-1918501-004
a	Plan name	MICHELIN RETIREMENT PLAN	
b	Name of plan sponsor	MICHELIN NORTH AMERICA, INC.	c EIN-PN 11-1724631-001
a	Plan name	MSD PUERTO RICO SAVINGS & SECURITY PLAN	
b	Name of plan sponsor	MSD INTERNATIONAL GMBH	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 BOT	c EIN-PN 52-6054620-001
a	Plan name	RETIREMENT AND SECURITY PROGRAM OF THE NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION AND ITS MEMBER SYSTEMS	
b	Name of plan sponsor	NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION	c EIN-PN 52-0741336-333
a	Plan name	NATWEST MARKETS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	NATWEST MARKETS SECURITIES INC	c EIN-PN 13-3172275-002
a	Plan name	CASH BALANCE RETIREMENT PLAN	
b	Name of plan sponsor	NESTLE USA, INC.	c EIN-PN 95-1572209-010
a	Plan name	GERBER FORT SMITH HOURLY PENSION PLAN	
b	Name of plan sponsor	NESTLE USA, INC.	c EIN-PN 38-0558270-009
a	Plan name	GERBER FREMONT HOURLY PENSION	
b	Name of plan sponsor	NESTLE USA, INC.	c EIN-PN 38-0558270-007
a	Plan name	GERBER LIFE INSURANCE COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	NESTLE USA, INC.	c EIN-PN 95-1572209-114
a	Plan name	GERBER REEDSBURG HOURLY PENSION PLAN	
b	Name of plan sponsor	NESTLE USA, INC.	c EIN-PN 38-0558270-004
a	Plan name	LIBBY SACRAMENTO CAN PENSION PLAN	
b	Name of plan sponsor	NESTLE USA, INC.	c EIN-PN 95-1572209-050

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	NESTLE PENSION PLAN	
b	Name of plan sponsor	NESTLE USA, INC.	c EIN-PN 95-1572209-100
a	Plan name	NESTLE RETIREMENT PLAN	
b	Name of plan sponsor	NESTLE USA, INC.	c EIN-PN 95-1572209-006
a	Plan name	NESTLE USA HOURLY PENSION PLAN	
b	Name of plan sponsor	NESTLE USA, INC.	c EIN-PN 95-1572209-047
a	Plan name	NESTLE USA PENSION PLAN	
b	Name of plan sponsor	NESTLE USA, INC.	c EIN-PN 95-1572209-042
a	Plan name	NEW YORK STATE NURSES ASSOCIATION PENSION PLAN	
b	Name of plan sponsor	NEW YORK NURSES ASSOCIATION	c EIN-PN 14-0923749-001
a	Plan name	NORTHROP GRUMMAN DB MASTER TRUST ALTERNATIVE INVESTMENTS FUND	
b	Name of plan sponsor	NORTHROP GRUMMAN CORPORATION	c EIN-PN 13-6692740-007
a	Plan name	NOVARTIS CONSUMER HEALTH FORT WASHINGTON HOURLY EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	NOVARTIS CONSUMER HEALTH CORP.	c EIN-PN 06-1415390-050
a	Plan name	NOVARTIS CONSUMER HEALTH INC. INVESTMENT SAVINGS PLAN.	
b	Name of plan sponsor	NOVARTIS CONSUMER HEALTH CORP.	c EIN-PN 06-1415390-002
a	Plan name	NOVARTIS CORPORATION RETIREMENT SAVINGS PLAN FOR PUERTO RICO EMPLOYEES	
b	Name of plan sponsor	NOVARTIS CORPORATION	c EIN-PN 13-1834433-054
a	Plan name	PENSION PLAN FOR SALARIED EMPLOYEES OF THE NOVARTIS CORPORATION	
b	Name of plan sponsor	NOVARTIS CORPORATION	c EIN-PN 13-1834433-001
a	Plan name	NOVARTIS PHARMACEUTICALS CORP. INVESTMENT SAVINGS PLAN	
b	Name of plan sponsor	NOVARTIS PHARMACEUTICALS CORP	c EIN-PN 22-1857084-002
a	Plan name	ORGANON U.S. SAVINGS PLAN	
b	Name of plan sponsor	ORGANON LLC	c EIN-PN 85-0540903-001

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	MASTER TRUST AGREEMENT BETWEEN PFIZER INC. AND NORTHERN TRUST COMPANY
b	Name of plan sponsor	PFIZER INC.
c	EIN-PN	36-3146075-001
a	Plan name	SANOFI-AVENTIS US GROUP PENSION PLAN
b	Name of plan sponsor	SANOFI-AVENTIS
c	EIN-PN	36-4406953-003
a	Plan name	SOLAR TURBINES INC. NON-CONTRIBUTORY RETIREMENT PLAN
b	Name of plan sponsor	SOLAR TURBINES, INC
c	EIN-PN	95-3621514-006
a	Plan name	SOLAR TURBINES INC. RETIREMENT PLAN
b	Name of plan sponsor	SOLAR TURBINES, INC
c	EIN-PN	95-3621514-007
a	Plan name	SWISS RE GROUP US EMPLOYEES' SAVINGS PLAN
b	Name of plan sponsor	SWISS RE AMERICAN HOLDING CORP
c	EIN-PN	13-2761364-002
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 BOEING COMPANY 401(K) RETIREMENT PLAN
b	Name of plan sponsor	THE BOEING CO. AND CONSOLIDATED SUBSIDIARIES
c	EIN-PN	91-0425694-002
a	Plan name	THE BOEING COMPANY EMPLOYEE RETIREMENT PLANS MASTER TRUST
b	Name of plan sponsor	THE EMPLOYEE BENEFIT INVESTMENT COMMITTEE OF THE BOEING COMPANY
c	EIN-PN	13-6058820-062
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	DENVER AREA MEAT CUTTERS AND EMPLOYERS PENSION PLAN
b	Name of plan sponsor	TRUSTEES OF DENVER AREA MEAT CUTTERS & EMPLOYERS PENSION PLAN
c	EIN-PN	84-6097461-001
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 FOOD AND COMMERCIAL WORKERS UNIONS AND EMPLOYERS PENSION FUND
b	Name of plan sponsor	UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND EMPLOYERS PENSION FUND
c	EIN-PN	56-6101602-001

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 WHITTAKER CORPORATION EMPLOYEES' PENSION PLAN

b Name of plan sponsor WHITTAKER CORPORATION **c** EIN-PN 95-4033076-001

a Plan name SAVINGS PLAN OF XEROX CORPORATION AND THE XEROGRAPHIC DIVISION ROCHESTER REGIONAL JOINT BOARD

b Name of plan sponsor XEROX CORPORATION **c** EIN-PN 04-3192419-002

a Plan name XEROX CORPORATION SAVINGS PLAN

b Name of plan sponsor XEROX CORPORATION **c** EIN-PN 04-3192419-334

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

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b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024	
A Name of plan COMMINGLED PENSION TRUST FUND (LIQUIDITY) 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) 13-6285055

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	296611	3069000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	22748587	24865000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6136978546	5334484000
(2) U.S. Government securities	1c(2)	0	81482000
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		20000000
(B) All other	1c(3)(B)	45000000	3266092000
(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)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	2309953000	505000000

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	8514976744	9234992000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	60852860	100358000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	60852860	100358000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	8454123884	9134634000

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)	284875000	
(B) U.S. Government securities.....	2b(1)(B)	11597000	
(C) Corporate debt instruments.....	2b(1)(C)	2166000	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	162477000	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		461115000
(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)	28520019000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	28520004000	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		15000
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	-10000
d Total income. Add all income amounts in column (b) and enter total	2d	461120000

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)	43000
(5) Investment advisory and investment management fees	2i(5)	39000
(6) Bank or trust company trustee/custodial fees	2i(6)	451000
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	72000
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	605000
j Total expenses. Add all expense amounts in column (b) and enter total	2j	605000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	460515000
l Transfers of assets:		
(1) To this plan	2l(1)	69742048116
(2) From this plan	2l(2)	69522053000

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 _____.