

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☒ a DFE (specify) C ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan COMMINGLED PENSION TRUST FUND (STRATEGIC PROPERTY) OF JPMORGAN CHASE BANK, N.A.
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) JPMORGAN CHASE BANK, N.A. 390 MADISON AVENUE NEW YORK, NY 10017
2b	Employer Identification Number (EIN) 13-6038770
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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2026	MICHAEL D'AMBROSIO
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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.....	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 Characteristic Codes in the instructions:

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

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information) – Number Attached 0
- (4)** ☐ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan COMMINGLED PENSION TRUST FUND (STRATEGIC PROPERTY) OF JPMORGAN CHASE BANK, N.A.	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 JPMORGAN CHASE BANK, N.A.	D Employer Identification Number (EIN) 13-6038770	

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:	LIQUIDITY FUND
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b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.
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c EIN-PN 13-6285055-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1740000
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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
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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
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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 GREATER NEW YORK PENSION FUND	
b	Name of plan sponsor 1199 SEIU GREATER NEW YORK PENSION FUND	c EIN-PN 13-6601940-001
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 1199 SEIU HOME CARE EMPLOYEES PENSION FUND	
b	Name of plan sponsor 1199 SEIU HOME CARE EMPLOYEES PENSION FUND	c EIN-PN 13-3943904-001
a	Plan name 32BJ/BROADWAY LEAGUE PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE 32BJ/BROADWAY LEAGUE PENSION FUND	c EIN-PN 13-1998213-001
a	Plan name A&B RET PL. FOR SALARIED EMPLOYEES OF HAWAIIAN COMMERCIAL	
b	Name of plan sponsor ALEXANDER & BALDWIN, INC.	c EIN-PN 99-0032630-006
a	Plan name A&B RET PLAN FOR SALARIED EMPL.OF CALIF.& HAWAIIAN SUGAR CO.	
b	Name of plan sponsor CALIFORNIA AND HAWAIIAN SUGAR COMPANY	c EIN-PN 94-0358540-001
a	Plan name A&B RET. PL FOR SALARIED EMPLOYEES OF A&B INC.	
b	Name of plan sponsor ALEXANDER & BALDWIN, INC.	c EIN-PN 99-0032630-005
a	Plan name A&B RET. PL. FOR SALARIED EMPL. OF PROPERTIES & FOOD PRODUCTS	
b	Name of plan sponsor A&B PROPERTIES, INC.	c EIN-PN 99-0070429-002
a	Plan name A&B RET. PL. FOR SALARIED EMPL.OF MCBRYDE SUGAR COMPANY	
b	Name of plan sponsor MCBRYDE SUGAR COMPANY, LTD.	c EIN-PN 99-0119091-002
a	Plan name A&B RET. PLAN FOR SALARIED EMPLOYEES OF MATSON	
b	Name of plan sponsor MATSON NAVIGATION COMPANY, INC.	c EIN-PN 94-0662400-002
a	Plan name AEP RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor AMERICAN ELECTRIC POWER SERVICE CORPORATION	c EIN-PN 13-4922641-002
a	Plan name AFTRA RETIREMENT PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE AFTRA RETIREMENT FUND	c EIN-PN 13-6414972-001

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	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	AIRCONDITIONING AND REFRIGERATION INDUSTRY RETIREMENT TRUST FUND	
b	Name of plan sponsor	BOT AIRCONDITIONING AND REFRIGERATION INDUSTRY RETIREMENT TRUST FUND	c EIN-PN 95-6035386-001
a	Plan name	AK STEEL MASTER PENSION TRUST	
b	Name of plan sponsor	AK STEEL CORPORATION	c EIN-PN 31-1267098-009
a	Plan name	ALASKA UNITED FOOD AND COMMERCIAL WORKERS PENSION TRUST	
b	Name of plan sponsor	ALASKA UNITED FOOD AND COMMERCIAL WORKERS PENSION TRUST	c EIN-PN 91-6123694-001
a	Plan name	ALLETE AND AFFILIATED COMPANIES RETIREMENT PLAN A	
b	Name of plan sponsor	ALLETE INC.	c EIN-PN 41-0418150-001
a	Plan name	ALLETE AND AFFILIATED COMPANIES RETIREMENT PLAN B	
b	Name of plan sponsor	ALLETE INC.	c EIN-PN 41-0418150-003
a	Plan name	AMERICAN CIVIL LIBERTIES UNION RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN CIVIL LIBERTIES UNION	c EIN-PN 13-3871360-001
a	Plan name	AMERICAN ELECTRIC POWER SYSTEM RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN ELECTRIC POWER SERVICE CORPORATION	c EIN-PN 13-4922641-001
a	Plan name	AMERICAN SPEECH LANGUAGE HEARING ASSOCIATION	
b	Name of plan sponsor	PRUDENTIAL RETIREMENT	c EIN-PN 53-0240474-001
a	Plan name	ANNUITY FUND OF WARDROBE ATTENDANTS UNION LOCAL 764	
b	Name of plan sponsor	BOARD OF TRUSTEES - ANNUITY FUND	c EIN-PN 13-3720229-002
a	Plan name	AON CORE REAL ESTATE FUND, A SEPARATE FUND OF THE AON COLLECTIVE INVESTMENT TRUST	
b	Name of plan sponsor	AON TRUST COMPANY LLC	c EIN-PN 37-6543784-001
a	Plan name	AON CORE REAL ESTATE FUND, A SEPARATE FUND OF THE AON COLLECTIVE INVESTMENT TRUST	
b	Name of plan sponsor	AON TRUST COMPANY LLC	c EIN-PN 37-6543784-037

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 ARISTOKRAFT INC. JASPER INDIANA SERVICE RELATED PENSION PLAN		
b	Name of plan sponsor FORTUNE BRANDS HOME & SECURITY INC.	c EIN-PN 62-1411546-001	
a	Plan name ARIZONA LABORERS AND TEAMSTERS ANNUITY TRUST FUND		
b	Name of plan sponsor ARIZONA LABORERS & TEAMSTERS DEFINED CONTRIBUTION TRUST FUND	c EIN-PN 86-6084210-002	
a	Plan name ARIZONA LABORERS AND TEAMSTERS PENSION TRUST FUND		
b	Name of plan sponsor ARIZONA LABORERS & TEAMSTERS DEFINED BENEFIT TRUST FUND	c EIN-PN 86-6084210-001	
a	Plan name ASSURANT PENSION PLAN		
b	Name of plan sponsor ASSURANT, INC. BENEFIT PLANS COMMITTEE	c EIN-PN 39-1126612-001	
a	Plan name AT&T PENSION BENEFIT PLAN		
b	Name of plan sponsor AT&T INC.	c EIN-PN 43-1301883-006	
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 AUTOMOTIVE MACHINIST PENSION TRUST		
b	Name of plan sponsor BOARD OF TRUSTEES FOR AMPT	c EIN-PN 91-6123687-001	
a	Plan name AVAYA INC. MASTER PENSION TRUST		
b	Name of plan sponsor AVAYA, INC.	c EIN-PN 36-7324179-001	
a	Plan name AVONDALE INDUSTRIES, INC. PENSION PLAN		
b	Name of plan sponsor NORTHROP GRUMMAN SHIP SYSTEMS, INC.	c EIN-PN 94-3041767-003	
a	Plan name BANQUET EMPLOYEES UNIONS PENSION TRUST FUND		
b	Name of plan sponsor CONAGRA INC.	c EIN-PN 47-0248710-004	
a	Plan name BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN		
b	Name of plan sponsor RETIREMENT BOARD OF BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN	c EIN-PN 13-6043636-001	
a	Plan name BIMBO BAKERIES USA DEFINED BENEFIT PENSION PLAN TRUST		
b	Name of plan sponsor BBU, INC.	c EIN-PN 75-2490530-004	

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs) (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name BIMBO BAKERIES USA DEFINED BENEFIT PENSION PLAN TRUST		
b	Name of plan sponsor BBU, INC.	c EIN-PN 56-2520491-200	
a	Plan name BLACK HILLS UTILITY HOLDING, INC. PENSION PLAN		
b	Name of plan sponsor BLACK HILLS CORPORATION	c EIN-PN 46-0458824-006	
a	Plan name BLUE BELL CREAMERIES, INC. PENSION PLAN		
b	Name of plan sponsor BLUE BELL CREAMERIES, INC.	c EIN-PN 74-2983264-001	
a	Plan name BLUE CROSS AND BLUE SHIELD OF MINNESOTA PENSION PLAN		
b	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF MINNESOTA	c EIN-PN 83-1330245-001	
a	Plan name BLUE CROSS AND BLUE SHIELD OF MINNESOTA PENSION PLAN		
b	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF MINNESOTA	c EIN-PN 41-0984460-001	
a	Plan name BOARD OF TRUSTEES OF THE MONEY PURCHASE PENSION PLAN OF LOCAL 400 AND MECHANICAL CONTRACTORS ASSOCIATION OF NORTH CENTRAL WISCONSIN		
b	Name of plan sponsor MP PEN PLAN OF LOCAL 400 & MECHANICAL CONTRACTORS ASSN OF NC WI	c EIN-PN 39-1511099-001	
a	Plan name BOEING NORTH AMERICAN RETIREMENT PLAN		
b	Name of plan sponsor THE BOEING COMPANY EMPLOYEE RETIREMENT PLANS MASTER TRUST	c EIN-PN 13-6058820-048	
a	Plan name BOEING SATELLITE SYSTEMS RETIREMENT PLAN		
b	Name of plan sponsor THE BOEING COMPANY EMPLOYEE RETIREMENT PLANS MASTER TRUST	c EIN-PN 13-6058820-060	
a	Plan name BOEING SATELLITE SYSTEMS RETIREMENT PLAN FOR BARGAINED EMPLOYEES		
b	Name of plan sponsor THE BOEING COMPANY EMPLOYEE RETIREMENT PLANS MASTER TRUST	c EIN-PN 13-6058820-061	
a	Plan name BOSTON PLASTERERS AND CEMENT MASONS' UNION LOCAL 534 PENSION FUND		
b	Name of plan sponsor BOSTON PLASTERERS AND CEMENT MASONS UNION LOCAL 534 PENSION FUND	c EIN-PN 04-6127786-001	
a	Plan name BRIDGESTONE AMERICAS, INC. HOURLY EMPLOYEES RETIREMENT PLAN		
b	Name of plan sponsor BRIDGESTONE AMERICAS, INC.	c EIN-PN 88-0335067-005	
a	Plan name BRIDGESTONE AMERICAS, INC. NON-CONTRIBUTORY PENSION PLAN		
b	Name of plan sponsor BRIDGESTONE AMERICAS, INC.	c EIN-PN 88-0335067-003	

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 BRIDGESTONE AMERICAS, INC. SALARIED EMPLOYEES RETIREMENT PLAN		
b	Name of plan sponsor BRIDGESTONE AMERICAS, INC.	c EIN-PN 88-0335067-010	
a	Plan name BUILDING LABORERS LOCAL 310 FRINGE BENEFIT FUND		
b	Name of plan sponsor BUILDING LABORERS LOCAL 310 PENSION FUND	c EIN-PN 34-6573987-001	
a	Plan name C& H PENSION PLAN FOR EMPL. REPRESENTED BY SWU LOCAL NO. 1		
b	Name of plan sponsor CALIFORNIA AND HAWAIIAN SUGAR COMPANY	c EIN-PN 94-0358540-002	
a	Plan name C&H PEN PL. FOR EMPL,REPS BY ILWU LOCAL NO. 6 & ILWU NO. 142		
b	Name of plan sponsor CALIFORNIA AND HAWAIIAN SUGAR COMPANY	c EIN-PN 94-0358540-003	
a	Plan name CAIN CHEMICAL INC PENSION PLAN		
b	Name of plan sponsor LYONDELL CHEMICAL	c EIN-PN 76-0550481-003	
a	Plan name CASH BALANCE PLAN FOR EMPLOYEES OF IBERDOLA USA MANAGEMENT CORPORATION		
b	Name of plan sponsor IBERDOLA USA MANAGEMENT CORPORATION	c EIN-PN 02-0706408-001	
a	Plan name CASH BALANCE RETIREMENT PLAN		
b	Name of plan sponsor NESTLE USA, INC.	c EIN-PN 95-1572209-010	
a	Plan name CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INCORPORATED		
b	Name of plan sponsor HALLMARK CARDS, INCORPORATED	c EIN-PN 44-0272180-002	
a	Plan name CENTRAL MAINE POWER COMPANY RETIREMENT INCOME PLAN FOR NON UNION EMPLOYEES		
b	Name of plan sponsor CENTRAL MAINE POWER COMPANY	c EIN-PN 01-0042740-002	
a	Plan name CENTRAL PENSION FUND OF THE IUOE AND PARTICIPATING EMPLOYERS		
b	Name of plan sponsor BOT OF THE CENTRAL PENSION FUND OF THE IUOE AND PARTICIPATING ERS	c EIN-PN 36-6052390-001	
a	Plan name CHEVRON - MEBA AND ROU MARINE PENSION PLAN		
b	Name of plan sponsor CHEVRON CORPORATION	c EIN-PN 94-0890210-052	
a	Plan name CHEVRON RETIREMENT PLAN		
b	Name of plan sponsor CHEVRON CORPORATION	c EIN-PN 94-0890210-006	

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	CHEVRON -SUP MARINE PENSION PLAN	
b	Name of plan sponsor	CHEVRON CORPORATION	c EIN-PN 94-0890210-051
a	Plan name	CONSOLIDATED EDISON RETIREMENT PLAN	
b	Name of plan sponsor	CONSOLIDATED EDISON COMPANY	c EIN-PN 13-5009340-001
a	Plan name	CONSOLIDATED NUCLEAR SECURITY, LLC MASTER RETIREMENT PLAN TRUST	
b	Name of plan sponsor	CONSOLIDATED NUCLEAR SECURITY, LLC	c EIN-PN 62-1407069-001
a	Plan name	CONSOLIDATED NUCLEAR SECURITY, LLC MASTER RETIREMENT PLAN TRUST	
b	Name of plan sponsor	CONSOLIDATED NUCLEAR SECURITY, LLC	c EIN-PN 45-4482782-020
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	CONSTELLATION ENERGY GENERATION LLC	c EIN-PN 23-3064219-001
a	Plan name	CO-OP RETIREMENT PLAN	
b	Name of plan sponsor	UNITED BENEFITS GROUP	c EIN-PN 01-0689331-001
a	Plan name	COPELAND CORP. RETIREMENT INCOME PLAN FOR EMPLOYEES IN COLLECTIVE BARGAINING UNIT	
b	Name of plan sponsor	EMERSON ELECTRIC CO.	c EIN-PN 43-0259330-007
a	Plan name	CORE PROPERTY INDEX TRUST	
b	Name of plan sponsor	IDR INVESTMENT MANAGEMENT, LLC	c EIN-PN 83-6319108-001
a	Plan name	CORELLE BRANDS PENSION PLAN	
b	Name of plan sponsor	CORELLE BRANDS HOLDINGS INC.	c EIN-PN 16-1403318-004
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
a	Plan name	COTTAGE HEALTH PENSION PLAN	
b	Name of plan sponsor	COTTAGE HEALTH	c EIN-PN 77-0431902-001
a	Plan name	CRAYOLA LLC EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	HALLMARK CARDS, INCORPORATED	c EIN-PN 44-0272180-001

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	DAVIS POLK GENERAL STAFF PENSION PLAN
b	Name of plan sponsor	DAVIS POLK & WARDELL LLP
c	EIN-PN	13-5023295-001
a	Plan name	DEFINED BENEFIT PLAN FOR OPERATING ENGINEERS LOCAL 428 PENSION FUND
b	Name of plan sponsor	BOT OF THE OPERATING ENGINEERS LOCAL NO 428 PENSION TRUST FUND
c	EIN-PN	86-6025732-001
a	Plan name	DEFINED BENEFIT RET INCOME PLAN FOR CERTAIN EMPLOYEES OF AMERICAN MULTI-CINEMA, INC
b	Name of plan sponsor	INVM T CMTE, DB RET INCOME PLAN FOR EES OF AMERICAN MULTI-CINEMA, INC
c	EIN-PN	43-0908577-001
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	DESERET HEALTHCARE EMPLOYEE BENEFIT PLAN
b	Name of plan sponsor	DESERET MUTUAL BENEFIT ADMINISTRATORS
c	EIN-PN	87-0440163-501
a	Plan name	DESERET MUTUAL EMPLOYEE PENSION PLAN
b	Name of plan sponsor	DESERET MUTUAL BENEFIT ADMINISTRATORS
c	EIN-PN	87-0440163-002
a	Plan name	DESERET MUTUAL THRIFT PLAN
b	Name of plan sponsor	DESERET MUTUAL BENEFIT ADMINISTRATORS
c	EIN-PN	87-0440163-003
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	DIRECTORS GUILD OF AMERICA - PRODUCER PENSION PLAN BASIC BENEFIT PLAN
b	Name of plan sponsor	BOARD OF TRUSTEES DIRECTORS GUILD OF AMERICA - PRODUCER PENSION PLAN
c	EIN-PN	95-2892780-001
a	Plan name	DIRECTORS GUILD OF AMERICA - PRODUCER PENSION PLAN SUPPLEMENTAL BENEFIT PLAN
b	Name of plan sponsor	BOARD OF TRUSTEES DIRECTORS GUILD OF AMERICA - PRODUCER PENSION PLAN
c	EIN-PN	95-6027308-002
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 FUND
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.
c	EIN-PN	13-3637899-001

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	DIVERSIFIED PLUS FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 01-0595658-001
a	Plan name	ECOLAB PENSION PLAN	
b	Name of plan sponsor	ECOLAB INC.	c EIN-PN 41-0231510-001
a	Plan name	EMERSON ELECTRIC CO. RETIREMENT MASTER TRUST	
b	Name of plan sponsor	EMERSON ELECTRIC CO.	c EIN-PN 43-0259330-121
a	Plan name	EMERSON ELECTRIC CO. RETIREMENT PLAN	
b	Name of plan sponsor	EMERSON ELECTRIC CO.	c EIN-PN 43-0259330-067
a	Plan name	EMERSON NETWORK POWER, ENERGY SYSTEMS, NORTH AMERICA, INC. PERSONAL PENSION ACCOUNT PLAN	
b	Name of plan sponsor	EMERSON ELECTRIC CO.	c EIN-PN 43-0259330-002
a	Plan name	EMERSON PROCESS MANAGEMENT POWER AND WATER SOLUTIONS, INC. PENSION PLAN	
b	Name of plan sponsor	EMERSON ELECTRIC CO,	c EIN-PN 43-0259330-001
a	Plan name	EMPLOYEE RETIREMENT INCOME PLAN OF MCDONNELL DOUGLAS CORPORATION - HOURLY EAST PLAN	
b	Name of plan sponsor	THE BOEING COMPANY EMPLOYEE RETIREMENT PLANS MASTER TRUST	c EIN-PN 13-6058820-003
a	Plan name	EMPLOYEE RETIREMENT INCOME PLAN OF MCDONNELL DOUGLAS CORPORATION - HOURLY WEST PLAN	
b	Name of plan sponsor	THE BOEING COMPANY EMPLOYEE RETIREMENT PLANS MASTER TRUST	c EIN-PN 13-6058820-002
a	Plan name	EMPLOYEE RETIREMENT PLAN OF THE COCA-COLA COMPANY	
b	Name of plan sponsor	THE COCA-COLA COMPANY	c EIN-PN 58-0628465-001
a	Plan name	EMPLOYEES' RETIREMENT PLAN OF THE NATIONAL EDUCATION ASSOCIATION	
b	Name of plan sponsor	NATIONAL EDUCATION ASSOCIATION	c EIN-PN 53-0115260-333
a	Plan name	EMPLOYER'S- SHOPMEN'S LOCAL 516 PENSION TRUST	
b	Name of plan sponsor	EMPLOYER-SHOPMENS LOCAL 516	c EIN-PN 93-0656480-001
a	Plan name	ENDICOTT JOHNSON CORPORATION EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	LYONDELL CHEMICAL	c EIN-PN 98-0045720-032

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	EQUISTAR CHEMICALS LP RETIREMENT PLAN	
b	Name of plan sponsor	LYONDELL CHEMICAL	c EIN-PN 76-0550481-002
a	Plan name	EVONIK CORPORATION QUALIFIED PENSION PLANS MASTER TRUST	
b	Name of plan sponsor	EVONIK CORPORATION	c EIN-PN 63-0673043-001
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 EMPLOYEE SAVINGS PLAN FOR REPRESENTED EMPLOYEES AT CLINTON	
b	Name of plan sponsor	EXELON CORPORATION	c EIN-PN 23-2990190-014
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	FCI (FISHER CONTROLS) INC. PENSION PLAN FOR BARGAINING UNIT EMPLOYEES-MARSHALLTOWN, IA	
b	Name of plan sponsor	EMERSON ELECTRIC CO.	c EIN-PN 43-0259330-001
a	Plan name	FISHER SPIEGEL UNION EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	THE COCA-COLA COMPANY	c EIN-PN 58-0628465-011
a	Plan name	FORD MOTOR COMPANY DEFINED BENEFIT MASTER TRUST	
b	Name of plan sponsor	FORD MOTOR COMPANY	c EIN-PN 38-0549190-001
a	Plan name	GENERAL MOTORS SALARIED RETIREMENT PROGRAM	
b	Name of plan sponsor	GENERAL MOTORS LLC	c EIN-PN 27-0383222-016
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

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 GERBER REEDSBURG HOURLY PENSION PLAN	
b	Name of plan sponsor NESTLE USA, INC.	c EIN-PN 38-0558270-004
a	Plan name GRACO EMPLOYEE RETIREMENT PLAN - BLUE	
b	Name of plan sponsor GRACO INCORPORATED	c EIN-PN 41-0285640-008
a	Plan name GRUMMAN ALLIED INDUSTRIES, INC. AND SUBSIDIARIES RETIREMENT PLAN	
b	Name of plan sponsor NORTHROP GRUMMAN CORPORATION	c EIN-PN 95-4840775-029
a	Plan name HC&S PEN PLAN FOR SALARIED BARGAINING UNIT EMPLOYEES	
b	Name of plan sponsor ALEXANDER & BALDWIN, INC.	c EIN-PN 99-0032630-013
a	Plan name HC&S PENSION PL FOR HOURLY BARGAINING UNIT EMPLOYEES	
b	Name of plan sponsor ALEXANDER & BALDWIN, INC.	c EIN-PN 99-0032630-009
a	Plan name HEAT & FROST INSULATORS AND ALLIED WORKERS LOCAL 6 PENSION FUND	
b	Name of plan sponsor BOT HEAT & FROST INSULATORS AND ALLIED WORKERS LOCAL 6 PENSION	c EIN-PN 51-6135057-001
a	Plan name HII INGALLS SHIPBUILDING INC. HOURLY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor HUNTINGTON INGALLS INDUSTRIES, INC.	c EIN-PN 90-0607005-305
a	Plan name HII NEWPORT NEWS SHIPBUILDING INC. RETIREMENT PLAN	
b	Name of plan sponsor HUNTINGTON INGALLS INDUSTRIES, INC.	c EIN-PN 90-0607005-100
a	Plan name HONDA RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN HONDA MOTOR COMPANY, INC	c EIN-PN 95-2041006-334
a	Plan name HOURLY RATED PENSION PLAN OF NORTHROP GRUMMAN CORPORATION, ELECTRONIC SYSTEMS DIVISION - NORWOOD SITE	
b	Name of plan sponsor NORTHROP GRUMMAN CORPORATION	c EIN-PN 95-4840775-005
a	Plan name HUHTAMAKI RETIREMENT ACCRUAL PLAN	
b	Name of plan sponsor HUHTAMAKI AMERICAS, INC.	c EIN-PN 98-0338708-003
a	Plan name HUNTINGTON INGALLS INDUSTRIES RETIREMENT PLAN B	
b	Name of plan sponsor HUNTINGTON INGALLS INDUSTRIES, INC.	c EIN-PN 90-0607005-041

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	HUNTINGTON INGALLS INDUSTRIES NEWPORT NEWS OPERATIONS PENSION PLAN FOR EMPLOYEES	
b	Name of plan sponsor	HUNTINGTON INGALLS INDUSTRIES, INC.	c EIN-PN 90-0607005-101
a	Plan name	I.A.T.S.E. NATIONAL PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF IATSE NATIONAL PENSION FUND	c EIN-PN 13-1849172-001
a	Plan name	I.B.E.W. LOCAL UNION NO. 90 PENSION FUND	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES I.B.E.W. LOCAL 90 PENSION FUND	c EIN-PN 06-6077020-001
a	Plan name	IBEW LOCAL 952 VENTURA DIVISION OF LA COUNTY CHAPTER NECA PENSION TRUST FUND	
b	Name of plan sponsor	BOT IBEW LOCAL 952 VENTURA DIV OF LA CO. CHAPTER NECA PEN TRUST FUND	c EIN-PN 95-6397996-001
a	Plan name	IBEW LOCAL UNION 456 PENSION PLAN	
b	Name of plan sponsor	IBEW JOINT PENSION FUND LOCAL	c EIN-PN 22-6238955-001
a	Plan name	INDIANA STATE COUNCIL OF PLASTERERS AND CEMENT MASONS PENSION FUND	
b	Name of plan sponsor	BOT THE IN STATE COUNCIL OF PLASTERERS & CEMENT MASONS PENSION FD	c EIN-PN 35-6244876-001
a	Plan name	INGALLS SHIPBUILDING, INC. HOURLY EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	NORTHROP GRUMMAN SHIP SYSTEMS, INC.	c EIN-PN 94-3041767-005
a	Plan name	INL EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	BATTELLE ENERGY ALLIANCE, LLC	c EIN-PN 82-0334144-002
a	Plan name	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 728 PENSION TRUST FUND	
b	Name of plan sponsor	BOT INTL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 728 PEN TRUST F	c EIN-PN 59-6510428-001
a	Plan name	INTERNATIONAL PAPER COMPANY HOURLY SAVINGS PLAN	
b	Name of plan sponsor	INTERNATIONAL PAPER COMPANY	c EIN-PN 13-0872805-118
a	Plan name	INTERNATIONAL PAPER COMPANY SALARIED SAVINGS PLAN	
b	Name of plan sponsor	INTERNATIONAL PAPER COMPANY	c EIN-PN 13-0872805-007
a	Plan name	ITPEU PENSION PLAN	
b	Name of plan sponsor	ITPEU PENSION PLAN	c EIN-PN 11-2506736-001

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 JACK IN THE BOX INC RETIREMENT PLAN		
b	Name of plan sponsor JACK IN THE BOX INC	c EIN-PN 95-2698708-001	
a	Plan name JM FAMILY ENTERPRISES, INC. MASTER RETIREMENT TRUST		
b	Name of plan sponsor JM FAMILY ENTERPRISES, INC.	c EIN-PN 59-1390794-002	
a	Plan name JOHNSON NEWSPAPER CORPORATION RETIREMENT INCOME PLAN		
b	Name of plan sponsor JOHNSON NEWSPAPER CORPORATION	c EIN-PN 15-0253500-001	
a	Plan name JPMCB CORE DIVERSIFIED COMMERCIAL PROPERTY		
b	Name of plan sponsor JPMCB CORE DIVERSIFIED COMMERCIAL PROPERTY	c EIN-PN 47-2818728-001	
a	Plan name JUAN DE LA CRUZ PENSION PLAN		
b	Name of plan sponsor JUAN DE LA CRUZ PENSION PLAN BOARD OF TRUSTEES	c EIN-PN 95-6454441-001	
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 KCC, INC. PENSION PLAN FOR HOURLY BARGAINING UNIT EMPLOYEES		
b	Name of plan sponsor KAUAI COMMERCIAL COMPANY, INC.	c EIN-PN 99-0291347-006	
a	Plan name KCC, INC. PENSION PLAN FOR SALARIED BARGAINING UNIT EMPLOYEES		
b	Name of plan sponsor KAUAI COMMERCIAL COMPANY, INC.	c EIN-PN 99-0291347-007	
a	Plan name KENNECOTT CORPORATION PENSION PLAN FOR HOURLY EMPLOYEES		
b	Name of plan sponsor KENNECOTT UTAH COPPER CORP.	c EIN-PN 13-3108078-202	
a	Plan name KEYSpan CORPORATION PENSION MASTER TRUST		
b	Name of plan sponsor KEYSpan CORPORATION PENSION MASTER TRUST	c EIN-PN 11-3431358-010	
a	Plan name KT&S PENSION PL FOR HOURLY BARGAINING UNIT EMPLOYEES		
b	Name of plan sponsor KAHULUI TRUCKING & STORAGE, INC.	c EIN-PN 99-0141397-003	
a	Plan name KT&S PENSION PLAN FOR BULK SUGAR & TUGBOAT EMPLOYEES		
b	Name of plan sponsor KAHULUI TRUCKING & STORAGE, INC.	c EIN-PN 99-0141397-008	

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	LABORER'S DISTRICT COUNCIL OF W.PA PENSION TRUST FUND BOARD OF TRUSTEES	
b	Name of plan sponsor	LABORERS DISTRICT COUNCIL OF W. PA. PENSION FUND	c EIN-PN 25-6135576-001
a	Plan name	LANS DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	LOS ALAMOS NATIONAL SECURITY LLC	c EIN-PN 20-3104541-003
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	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	LIBBY SARAMENTO CAN PENSION PLAN	
b	Name of plan sponsor	NESTLE USA, INC.	c EIN-PN 95-1572209-050
a	Plan name	LIUNA NATIONAL INDUSTRIAL PENSION TRUST	
b	Name of plan sponsor	THE BOARD OF TRUSTEES OF THE LIUNA NATIONAL PENSION FUND	c EIN-PN 52-6074345-001
a	Plan name	LIUNA STAFF AND AFFILIATES PENSION FUND	
b	Name of plan sponsor	THE BOARD OF TRUSTEES OF THE LIUNA STAFF AND AFFILIATES PENSION FUND	c EIN-PN 52-0743575-001
a	Plan name	LLNS DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	LAWRENCE LIVERMORE NATIONAL SECURITY LLC	c EIN-PN 20-5624386-003
a	Plan name	LOCAL 191 IBEW MONEY PURCHASE PENSION TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES, LOCAL 191 IBEW MONEY PURCHASE PLAN	c EIN-PN 91-1176302-002
a	Plan name	LOCAL 282 PENSION TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF LOCAL 282	c EIN-PN 11-6245313-001
a	Plan name	LOCAL 553 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF LOCAL 553 PENSION FUND	c EIN-PN 13-6637826-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LOCAL 703, I.B. OF T., GROCERY & FOOD EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor	LOCAL 703, I.B. OF T., GROCERY & FOOD EMPLOYEES PENSION TRUST	c EIN-PN 36-6491473-001
a	Plan name	LUZENAC AMERICA INC. RETIREMENT PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor	LUZENAC AMERICA INC.	c EIN-PN 84-1196358-002
a	Plan name	LUZENAC AMERICA INC. RETIREMENT PLAN FOR THREE FORKS EMPLOYEES	
b	Name of plan sponsor	LUZENAC AMERICA INC.	c EIN-PN 84-1196358-003
a	Plan name	LYONDELL CHEMICAL COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	LYONDELL CHEMICAL	c EIN-PN 95-4160558-002
a	Plan name	LYONDELL CITGO LP RETIREMENT PLAN FOR NON REPRESENTED EMPLOYEES	
b	Name of plan sponsor	LYONDELL CHEMICAL	c EIN-PN 76-0550481-062
a	Plan name	LYONDELL CITGO LP RETIREMENT PLAN FOR REPRESENTED EMPLOYEES	
b	Name of plan sponsor	LYONDELL CHEMICAL	c EIN-PN 76-0550481-061
a	Plan name	MASSACHUSETTS BRICKLAYERS & MASONS PENSION PLAN	
b	Name of plan sponsor	MASSACHUSETTS BRICKLAYERS & MASONS PENSION FUND	c EIN-PN 04-6128039-001
a	Plan name	MASSMUTUAL PENSION PLAN	
b	Name of plan sponsor	MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY	c EIN-PN 04-1590850-001
a	Plan name	MASTER LOCK COMPANY PENSION PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor	FORTUNE BRANDS HOME & SECURITY INC.	c EIN-PN 62-1411546-002
a	Plan name	MASTER PENSION TRUST OF THE BOY SCOUTS OF AMERICA RETIREMENT PLAN FOR EMPLOYEES	
b	Name of plan sponsor	BOY SCOUTS OF AMERICA	c EIN-PN 22-1576300-001
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	MATSON NAVIGATION & TERMINALS PEN PL - SALARIED CLERICAL	
b	Name of plan sponsor	MATSON NAVIGATION COMPANY, INC.	c EIN-PN 94-0662400-006

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	MATSON NAVIGATION PEN PL FOR SALARIED CLERICAL BARGAINING UNIT	
b	Name of plan sponsor	MATSON NAVIGATION COMPANY, INC.	c EIN-PN 94-0662400-008
a	Plan name	MATSON PENSION PL FOR SALARIED CLERICAL BARGAINING UNIT	
b	Name of plan sponsor	MATSON NAVIGATION COMPANY, INC.	c EIN-PN 94-0662400-012
a	Plan name	MCBRYDE PENSION PL FOR HOURLY BARGAINING UNIT EMPLOYEES	
b	Name of plan sponsor	MCBRYDE SUGAR COMPANY, LTD.	c EIN-PN 99-0119091-003
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	MERVYN'S PENSION PLAN	
b	Name of plan sponsor	MERVYNS	c EIN-PN 94-1274456-008
a	Plan name	MESSER CONSTRUCTION CO. - HOURLY EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	MESSER CONSTRUCTION CO.	c EIN-PN 31-0740877-002
a	Plan name	MESSER INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	MESSER INC.	c EIN-PN 20-1963972-001
a	Plan name	METAL TRADES BRANCH LOCAL 638 PENSION FUND	
b	Name of plan sponsor	METAL TRADES BRANCH LOCAL 638 PENSION FUND	c EIN-PN 13-2541630-001
a	Plan name	MICHELIN RETIREMENT PLAN	
b	Name of plan sponsor	MICHELIN NORTH AMERICA, INC.	c EIN-PN 11-1724631-001
a	Plan name	MIDWEST EXPRESS INC. RETIREMENT PENSION PLAN	
b	Name of plan sponsor	AMERICAN HONDA MOTOR COMPANY, INC	c EIN-PN 95-2041006-002
a	Plan name	MIDWEST OPERATING ENGINEERS PENSION PLAN	
b	Name of plan sponsor	MIDWEST OPERATING ENGINEERS PENSION FUND	c EIN-PN 36-6140097-001
a	Plan name	MILLENNIUM CHEMICALS CONSOLIDATED RETIREMENT PLAN	
b	Name of plan sponsor	LYONDELL CHEMICAL	c EIN-PN 98-0045720-001

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	MILLENNIUM INORGANIC CHEMICALS HOURLY EMPLOYEES RETIREMENT PLAN
b	Name of plan sponsor	LYONDELL CHEMICAL
c	EIN-PN	13-3290300-029
a	Plan name	MINNEAPOLIS RETAIL MEAT CUTTERS AND FOOD HANDLERS PENSION PLAN
b	Name of plan sponsor	BOT MINNEAPOLIS RETAIL MEAT CUTTERS AND FOOD HANDLERS PENSION PLAN
c	EIN-PN	41-0905139-001
a	Plan name	MOTION PICTURE INDUSTRY INDIVIDUAL ACCOUNT PLAN
b	Name of plan sponsor	BOARD OF DIRECTORS MOTION PICTURE INDUSTRY PENSION PLANS
c	EIN-PN	95-0030749-002
a	Plan name	MOTION PICTURE INDUSTRY PENSION PLAN
b	Name of plan sponsor	MOTION PICTURE INDUSTRY PENSION PLAN
c	EIN-PN	95-1810805-001
a	Plan name	MTI PENSION PLAN FOR CEM EMPLOYEES
b	Name of plan sponsor	MATSON TERMINALS, INC.
c	EIN-PN	94-0662450-010
a	Plan name	MTI PENSION PLAN FOR CFS/CY EMPLOYEES
b	Name of plan sponsor	MATSON TERMINALS, INC.
c	EIN-PN	94-0662450-004
a	Plan name	MTI PENSION PLAN FOR LONGSHORE EMPLOYEES
b	Name of plan sponsor	MATSON TERMINALS, INC.
c	EIN-PN	94-0662450-003
a	Plan name	MTI PENSION PLAN FOR SPECIAL OFFICERS
b	Name of plan sponsor	MATSON TERMINALS, INC.
c	EIN-PN	94-0662450-009
a	Plan name	MUTUAL OF OMAHA RETIREMENT INCOME PLAN
b	Name of plan sponsor	MUTUAL OF OMAHA INSURANCE COMPANY
c	EIN-PN	47-0246511-004
a	Plan name	NATIONAL AUTOMATIC SPRINKLER INDUSTRY PENSION FUND
b	Name of plan sponsor	NTL AUTOMATIC SPRINKLER INDUSTRY PENSION FUND JT BOARD OF TRUSTEE
c	EIN-PN	52-6054620-001
a	Plan name	NATIONAL AUTOMATIC SPRINKLER METAL TRADES PENSION PLAN
b	Name of plan sponsor	BOARD IF TRUSTEES NATIONAL AUTOMATIC SPRINKLER METAL TRADES
c	EIN-PN	52-6133856-001
a	Plan name	NATIONAL FUEL GAS COMPANY RETIREMENT PLAN
b	Name of plan sponsor	NATIONAL FUEL GAS COMPANY
c	EIN-PN	13-1086010-001

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 GRID INCENTIVE THRIFT PLAN I	
b	Name of plan sponsor	NATIONAL GRID USA SERVICE COMPANY INC.	c EIN-PN 04-1663150-005
a	Plan name	NATIONAL GRID INCENTIVE THRIFT PLAN II	
b	Name of plan sponsor	NATIONAL GRID USA SERVICE COMPANY INC.	c EIN-PN 04-1663150-007
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	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 ENGLAND CARPENTERS GUARANTEED ANNUITY FUND	
b	Name of plan sponsor	BOT TRUSTEES OF THE NEW ENGLAND CARPENTERS GUARANTEED ANNUITY FUND	c EIN-PN 04-2776873-001
a	Plan name	NEW ENGLAND CARPENTER'S PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES NEW ENGLAND CARPENTERS PENSION FUND	c EIN-PN 51-6040899-001
a	Plan name	NEW YORK LIFE INSURANCE COMPANY RETIREMENT PLAN AND PENSION PLAN TRUST	
b	Name of plan sponsor	NEW YORK LIFE INSURANCE COMPANY	c EIN-PN 13-5582869-001
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	NEWPORT NEWS SHIPBUILDING AND DRY DOCK COMPANY PENSION PLAN FOR CERTAIN FORMER EMPLOYEES OF GREENVILLE INDUSTRIES, INC.	
b	Name of plan sponsor	NEWPORT NEWS SHIPBUILDING AND DRY DOCK COMPANY	c EIN-PN 54-0318880-011

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	NEWPORT NEWS SHIPBUILDING & DRY DOCK CO. PEN PLAN FOR EES COVERED BY SECURITY, POLICE & FIRE PROF OF AMRC CBA	
b	Name of plan sponsor	NEWPORT NEWS SHIPBUILDING AND DRY DOCK COMPANY	c EIN-PN 54-0318880-004
a	Plan name	NEWPORT NEWS SHIPBUILDING & DRY DOCK CO. PENSION PLAN FOR EMPLOYEES COVERED BY UTD STEELWORKERS OF AMRC, LOCAL 8888 CBA	
b	Name of plan sponsor	NEWPORT NEWS SHIPBUILDING AND DRY DOCK COMPANY	c EIN-PN 54-0318880-001
a	Plan name	NEWPORT NEWS SHIPBUILDING AND DRY DOCK COMPANY PENSION PLAN FOR FIRE DEPARTMENT EMPLOYEES	
b	Name of plan sponsor	NEWPORT NEWS SHIPBUILDING AND DRY DOCK COMPANY	c EIN-PN 54-0318880-006
a	Plan name	NEWPORT NEWS SHIPBUILDING, INC. RETIREMENT PLAN	
b	Name of plan sponsor	NORTHROP GRUMMAN CORPORATION	c EIN-PN 95-4840775-100
a	Plan name	NIAGARA MOHAWK PENSION PLAN	
b	Name of plan sponsor	NIAGARA MOHAWK PENSION PLAN	c EIN-PN 13-6038545-001
a	Plan name	NON CONTRIBUTORY RETIREMENT PLAN (BOEING PHILADELPHIA)	
b	Name of plan sponsor	THE BOEING COMPANY EMPLOYEE RETIREMENT PLANS MASTER TRUST	c EIN-PN 13-6058820-005
a	Plan name	NORDSON CORPORATION PENSION INVESTMENT TRUST	
b	Name of plan sponsor	NORDSON CORPORATION	c EIN-PN 34-0590250-019
a	Plan name	NORTHERN CALIFORNIA ELECTRIC WORKERS PENSION TRUST	
b	Name of plan sponsor	NORTHERN CALIFORNIA ELECTRIC WORKERS	c EIN-PN 94-6062674-001
a	Plan name	NORTHERN CALIFORNIA PIPE TRADES PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES, NORTHER CALIFORNIA PIPE TRADE	c EIN-PN 94-3190386-001
a	Plan name	NORTHERN CALIFORNIA PLASTERING INDUSTRY PENSION PLAN	
b	Name of plan sponsor	BOT NORTHERN CALIFORNIA PLASTERING INDUSTRY PENSION TRUST FUND	c EIN-PN 94-6129382-001
a	Plan name	NORTHROP GRUMMAN CORPORATION NAVAL SYSTEMS DIVISION - CLEVELAND FACILITY HOURLY-WAGE EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	NORTHROP GRUMMAN CORPORATION	c EIN-PN 95-4840775-019
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

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	NORTHROP GRUMMAN ELECTRONIC SYSTEM - SPACE DIVISION CONSOLIDATED PENSION PLAN	
b	Name of plan sponsor	NORTHROP GRUMMAN CORPORATION	c EIN-PN 95-4840775-040
a	Plan name	NORTHROP GRUMMAN ELECTRONIC SYSTEMS UNION REPRESENTED EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	NORTHROP GRUMMAN CORPORATION	c EIN-PN 95-4840775-045
a	Plan name	NORTHROP GRUMMAN NORDEN SYSTEMS EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	NORTHROP GRUMMAN CORPORATION	c EIN-PN 95-4840775-032
a	Plan name	NORTHROP GRUMMAN NORDEN SYSTEMS REPRESENTED EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	NORTHROP GRUMMAN CORPORATION	c EIN-PN 95-4840775-031
a	Plan name	NORTHROP GRUMMAN PEI PENSION PLAN	
b	Name of plan sponsor	NORTHROP GRUMMAN ELECTRONICOS, INC.	c EIN-PN 95-4565705-001
a	Plan name	NORTHROP GRUMMAN PENSION PLAN	
b	Name of plan sponsor	NORTHROP GRUMMAN CORPORATION	c EIN-PN 95-4840775-030
a	Plan name	NORTHROP GRUMMAN REPRESENTED EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	NORTHROP GRUMMAN CORPORATION	c EIN-PN 95-4840775-037
a	Plan name	NORTHROP GRUMMAN RETIREMENT PLAN B	
b	Name of plan sponsor	NORTHROP GRUMMAN CORPORATION	c EIN-PN 95-4840775-041
a	Plan name	NORTHROP GRUMMAN SPACE & MISSION SYSTEMS CORP. SALARIED PENSION PLAN	
b	Name of plan sponsor	NORTHROP GRUMMAN CORPORATION	c EIN-PN 95-4840775-007
a	Plan name	NRA - IATSE LOCAL 720 RETIREMENT PLAN	
b	Name of plan sponsor	NRA - IATSE LOCAL 720 RETIREMENT PLAN	c EIN-PN 51-0144767-001
a	Plan name	NYLIC RETIREMENT PLAN TRUST	
b	Name of plan sponsor	NEW YORK LIFE INSURANCE COMPANY	c EIN-PN 13-5582869-005
a	Plan name	OFFICE AND PROFESSIONALS EMPLOYEE INTERNATIONAL UNION LOCAL 30 & 537 RETIREMENT FUND	
b	Name of plan sponsor	INTERNATIONAL UNION LOCAL 30 & 537	c EIN-PN 95-6072309-001

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	OFFICER'S AND EMPLOYEES' PENSION PLAN FOR INTERNATIONAL BROTHERHOOD OF BOILERMAKERS, IRON SHIP BUILDERS, BLACKSMITHS, FORGERS, AND HELPERS	
b	Name of plan sponsor	OFFICERS AND EMPLOYEES PENSION TRUST	c EIN-PN 48-6121249-001
a	Plan name	ONCOR RETIREMENT PLAN	
b	Name of plan sponsor	ONCOR ELECTRIC DELIVERY COMPANY LLC	c EIN-PN 46-6227335-004
a	Plan name	ONCOR RETIREMENT PLAN	
b	Name of plan sponsor	ONCOR ELECTRIC DELIVERY COMPANY LLC	c EIN-PN 75-2967830-001
a	Plan name	OPERATING ENGINEERS LOCAL 101 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES, OPERATING ENGINEERS LOCAL 101 PENSION FUND	c EIN-PN 43-6059213-001
a	Plan name	OPERATING ENGINEERS LOCAL NO. 428 ANNUITY TRUST FUND	
b	Name of plan sponsor	OPERATING ENGINEERS LOCAL NO. 428 ANNUITY TRUST FUND	c EIN-PN 86-6025732-002
a	Plan name	OREGON LABORERS PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES FOR OREGON LABORERS EMPLOYERS PENSION PLAN	c EIN-PN 93-6075363-001
a	Plan name	OREGON RETAIL EMPLOYEES PENSION TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES OREGON RETAIL EMPLOYEES PENSION TRUST	c EIN-PN 93-6074377-001
a	Plan name	PACIFIC GAS AND ELECTRIC COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	PACIFIC GAS & ELECTRIC COMPANY	c EIN-PN 94-0742640-001
a	Plan name	PANTEXAS DETERRENCE RETIREMENT PLAN FOR NON-BARGAINING PANTEX LOCATION EMPLOYEES	
b	Name of plan sponsor	PANTEXAS DETERRENCE, LLC	c EIN-PN 92-3671850-010
a	Plan name	PANTEXAS DETERRENCE, LLC RETIREMENT PLAN FOR BARGAINING UNIT MEMBERS OF THE PANTEX GUARDS UNION; AND	
b	Name of plan sponsor	PANTEXAS DETERRENCE, LLC	c EIN-PN 92-3671850-008
a	Plan name	PAUL, WEISS, RIFKIND, WHARTON & GARRISON LLP EMPLOYEES PENSION & RETIREMENT PLAN	
b	Name of plan sponsor	PAUL, WEISS, RIFKIND, WHARTON & GARRISON LLP	c EIN-PN 13-1662105-001
a	Plan name	PAUL, WEISS, RIFKIND, WHARTON & GARRISON LLP PARTNERS DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	PAUL, WEISS, RIFKIND, WHARTON & GARRISON, LLP	c EIN-PN 13-1662105-005

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	PAW PAW PLANT REPRESENTED EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	THE COCA-COLA COMPANY	c EIN-PN 58-0628465-014
a	Plan name	PDG CHEMICAL PENSION PLAN	
b	Name of plan sponsor	LYONDELL CHEMICAL	c EIN-PN 76-0550481-004
a	Plan name	PENNSYLVANIA STATE EDUCATION ASSOCIATION PENSION PLAN	
b	Name of plan sponsor	PENNSYLVANIA STATE EDUCATION ASSOCIATION	c EIN-PN 23-0961125-001
a	Plan name	PENSION AND ANNUITY PLAN OF THE BRICKLAYERS PENSION FUND	
b	Name of plan sponsor	PENSION AND ANNUITY PLAN OF THE BRICKLAYERS PENSION FUND	c EIN-PN 51-6135291-001
a	Plan name	PENSION FUND OF NO. ONE I.A.T.S.E.	
b	Name of plan sponsor	PENSION FUND OF NO. ONE I.A.T.S.E.	c EIN-PN 13-6414973-001
a	Plan name	PENSION FUND OF WARDROBE LOCAL 764	
b	Name of plan sponsor	TRUSTEES OF PENSION FUND OF WARDROBE LOCAL 764	c EIN-PN 13-6137855-001
a	Plan name	PENSION PLAN FOR ELIGIBLE HOURLY REPRESENTED EMPLOYEES OF EQUESTAR	
b	Name of plan sponsor	LYONDELL CHEMICAL	c EIN-PN 76-0550481-001
a	Plan name	PENSION PLAN FOR EMPLOYEES OF SKF USA INC.	
b	Name of plan sponsor	SKF USA INC	c EIN-PN 23-1043740-001
a	Plan name	PENSION PLAN FOR EMPLOYEES OF SUN CHEMICAL (WHO ARE MEMBERS OF PARTICIPATING UNIONS)	
b	Name of plan sponsor	SUN CHEMICAL CORPORATION	c EIN-PN 22-2761297-001
a	Plan name	PENSION PLAN FOR HOURLY EMPLOYEES OF CLEVELAND CLIFFS IRON COMPANY	
b	Name of plan sponsor	THE CLEVELAND CLIFFS IRON COMPANY	c EIN-PN 34-0677332-004
a	Plan name	PENSION PLAN FOR HOURLY EMPLOYEES OF THE SALEM GRAVURE DIVISION OF QUAD/GRAPHICS PRINTING CORP.	
b	Name of plan sponsor	QUAD/GRAPHICS PRINTING CORP	c EIN-PN 52-2009152-011
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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	PENSION PLAN FOR KATO ENGINEERING INC. EMPLOYEES MEMBERS OF INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 1999
b	Name of plan sponsor	EMERSON ELECTRIC CO.
c	EIN-PN	43-0259330-018
a	Plan name	PENSION PLAN OF BLACK HILLS CORPORATION
b	Name of plan sponsor	BLACK HILLS CORPORATION
c	EIN-PN	46-0458824-001
a	Plan name	PENSION PLAN OF CHEVRON MINING COMPANY
b	Name of plan sponsor	CHEVRON CORPORATION
c	EIN-PN	94-0890210-072
a	Plan name	PENSION PLAN OF L'OREAL USA, INC. MASTER RETIREMENT TRUST
b	Name of plan sponsor	LOREAL USA, INC.
c	EIN-PN	13-3647058-001
a	Plan name	PENSION PLAN OF MAKE-UP ARTISTS AND HAIRSTYLISTS LOCAL 798, IATSE
b	Name of plan sponsor	BOT PENSION PLAN OF MAKE-UP ARTISTS AND HAIRSTYLISTS LOCAL 798, IATSE
c	EIN-PN	13-6116950-001
a	Plan name	PENSION TRUST FUND FOR OPERATING ENGINEERS
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES PENSION TRUST FUND FOR OPERATING ENGINEERS
c	EIN-PN	94-6090764-001
a	Plan name	PENSION TRUST FUND LOCAL UNION NO. 1034
b	Name of plan sponsor	BOARD OF TRUSTEES OF LOCAL 1034 PENSION TRUST FUND
c	EIN-PN	13-6594795-001
a	Plan name	PENSION TRUST FUND LOCAL UNION NO. 27
b	Name of plan sponsor	BOT PAPER PRODUCTS, MISC CHAUFFERS, WAREHOUSEMEN, HELPERS, MESSENGERS
c	EIN-PN	13-6567546-001
a	Plan name	PEPSICO INC. MASTER TRUST
b	Name of plan sponsor	PEPSICO INC MASTER TRUST
c	EIN-PN	41-2205169-120
a	Plan name	PHILLIPS 66 RETIREMENT PLAN
b	Name of plan sponsor	PHILLIPS 66 COMPANY
c	EIN-PN	37-1652702-001
a	Plan name	PINNACLE WEST CAPITAL CORPORATION RETIREMENT PLAN
b	Name of plan sponsor	PINNACLE WEST CAPITAL CORPORATION
c	EIN-PN	86-0512431-001
a	Plan name	PIPEFITTERS LOCAL 537
b	Name of plan sponsor	PIPE & REFRIGERATION FITTERS LOCAL 537 PENSION FUND BOT
c	EIN-PN	51-6030859-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PLUMBERS & STEAMFITTERS 298 JURISDICTION PENSION PLAN	
b	Name of plan sponsor	BOT PLUMBERS AND STEAMFITTERS 298 JURISDICTION PENSION PLAN	c EIN-PN 39-0542913-001
a	Plan name	PLUMBERS & STEAMFITTERS LOCAL 33 RETIREMENT TRUST	
b	Name of plan sponsor	PLUMBERS & STEAMFITTERS LOCAL 33	c EIN-PN 42-6086687-001
a	Plan name	PLUMBERS LOCAL 9 PENSION	
b	Name of plan sponsor	PLUMBERS LOCAL 9 PENSION PLAN	c EIN-PN 51-0219541-001
a	Plan name	PPG INDUSTRIES, INC. PENSION PLAN TRUST	
b	Name of plan sponsor	PPG INDUSTRIES, INC.	c EIN-PN 25-0730780-001
a	Plan name	PRODUCER-WRITERS GUILD OF AMERICA PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES-PRODUCER WRITERS GUILD OF AMERICA PENSION PLAN	c EIN-PN 95-2216304-001
a	Plan name	QUAD/GRAPHICS BAIRD-WARD RETIREMENT PLAN	
b	Name of plan sponsor	QUAD/GRAPHICS PRINTING CORP	c EIN-PN 52-2009152-019
a	Plan name	QUAD/GRAPHICS BUFFALO INC. RETIREMENT PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor	QUAD/GRAPHICS PRINTING CORP	c EIN-PN 52-2009152-020
a	Plan name	QUAD/GRAPHICS KINGSPORT PENSION PLAN	
b	Name of plan sponsor	QUAD/GRAPHICS PRINTING CORP	c EIN-PN 52-2009152-024
a	Plan name	QUAD/GRAPHICS PRINTING PENSION PLAN	
b	Name of plan sponsor	QUAD/GRAPHICS PRINTING CORP	c EIN-PN 52-2009152-001
a	Plan name	QWEST PENSION PLAN	
b	Name of plan sponsor	QWEST COMMUNICATIONS	c EIN-PN 84-1339282-005
a	Plan name	REFRIGERATION, A/C & SERVICE DIV UA-NJ PENSION PLAN	
b	Name of plan sponsor	REFRIGERATION, A/C & SERVICE DIV UA-NJ PENSION PLAN	c EIN-PN 22-6109064-001
a	Plan name	REGIONS FINANCIAL CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	REGIONS FINANCIAL CORPORATION	c EIN-PN 63-0589368-001

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	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	RETIREMENT INCOME PLAN FOR UNION EMPLOYEES OF CENTRAL MAINE POWER COMPANY	
b	Name of plan sponsor	CENTRAL MAINE POWER COMPANY	c EIN-PN 01-0042740-001
a	Plan name	RETIREMENT PLAN #1 FOR HOURLY EMPLOYEES OF MCGILL MANUFACTURING CO., INC.	
b	Name of plan sponsor	EMERSON ELECTRIC CO,	c EIN-PN 43-0259330-001
a	Plan name	RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF THE METAL TRADES COUNCIL OF PANTEXAS DETERRENCE, LLC	
b	Name of plan sponsor	PANTEXAS DETERRENCE, LLC	c EIN-PN 92-3671850-002
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF BRISTOL BABCOCK INC. UNITED STEELWORKERS OF AMERICA, LOCAL 895L	
b	Name of plan sponsor	EMERSON ELECTRIC CO.	c EIN-PN 43-0259330-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF THE AVISTA CORPORATION	
b	Name of plan sponsor	AVISTA CORPORATION	c EIN-PN 91-0462470-001
a	Plan name	RETIREMENT PLAN FOR MAINTENANCE SHOP EMPLOYEES UNDER TERMINALS MULTIEMPLOYER PLAN	
b	Name of plan sponsor	HAWAII STEVEDORES INC.	c EIN-PN 99-0389370-001
a	Plan name	RETIREMENT PLAN FOR SALARIED EMPLOYEES OF HAWAII STEVEDORES, INC.	
b	Name of plan sponsor	HAWAII STEVEDORES INC.	c EIN-PN 99-0108338-001
a	Plan name	RETIREMENT PLAN FOR THE EMPLOYEES OF THE ACADEMY OF MOTION PICTURE ARTS AND SCIENCE	
b	Name of plan sponsor	ACADEMY OF MOTION PICTURE ARTS AND SCIENCE	c EIN-PN 95-0473280-001
a	Plan name	RETIREMENT PLAN OF IDAHO POWER COMPANY	
b	Name of plan sponsor	IDAHO POWER COMPANY	c EIN-PN 82-0130980-001
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	RETIREMENT TRUST FOR EMPLOYEES OF BEN E. KEITH COMPANY AND ITS AFFILIATES	
b	Name of plan sponsor	BEN E. KEITH COMPANY	c EIN-PN 75-0372230-001

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	RHODE ISLAND CARPENTERS ANNUITY FUND	
b	Name of plan sponsor	RHODE ISLAND CARPENTERS ANNUITY BOARD OF TRUSTEES	c EIN-PN 05-0388849-002
a	Plan name	RIO TINTO AMERICA INC RETIREMENT PLAN	
b	Name of plan sponsor	RIO TINTO AMERICA INC.	c EIN-PN 11-3359689-001
a	Plan name	ROCHESTER GAS & ELECTRIC RETIREMENT PLAN	
b	Name of plan sponsor	ROCHESTER GAS & ELECTRIC GAS CORPORATION	c EIN-PN 16-0612110-003
a	Plan name	SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN	
b	Name of plan sponsor	SAVANNAH RIVER NUCLEAR SOLUTIONS	c EIN-PN 61-1565172-001
a	Plan name	SAVINGS PLAN FOR EMPLOYEES AT ORNL	
b	Name of plan sponsor	UT-BATTELLE, LLC	c EIN-PN 62-1788235-002
a	Plan name	SCREEN ACTORS GUILD-PRODUCERS PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES--SCREEN ACTORS GUILD-PRODUCERS PENSION PLAN	c EIN-PN 95-6031814-001
a	Plan name	SEAFARERS MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES SEAFARERS MONEY PURCHASE PENSION PLAN	c EIN-PN 52-1994914-001
a	Plan name	SEAFARERS PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES SEAFARERS PENSION PLAN	c EIN-PN 13-6100329-001
a	Plan name	SHEET METAL WORKERS' LOCAL 100 WASHINGTON, D.C. AREA PENSION FUND	
b	Name of plan sponsor	BOT SHEET METAL WORKERS LOCAL 100 WASHINGTON, D.C. AREA PENSION FUND	c EIN-PN 52-6038495-001
a	Plan name	SHEET METAL WORKERS LOCAL 73 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE SHEET METAL WORKERS 73 PENSION FUND	c EIN-PN 51-6126221-001
a	Plan name	SHELL PENSION PLAN	
b	Name of plan sponsor	SHELL USA, INC.	c EIN-PN 13-1299890-001
a	Plan name	SHELTER INSURANCE EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	SHELTER MUTUAL INSURANCE COMPANY	c EIN-PN 43-0613000-002

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	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
a	Plan name	SMARTRETIREMENT 2060 FUND	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 81-3221155-001
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 DRE 2020	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 84-2388804-001
a	Plan name	SMARTRETIREMENT PASSIVE BLEND DRE 2025	
b	Name of plan sponsor	JPMORGAN CHASE BANK, N.A.	c EIN-PN 84-2402523-001

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 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	SO. CAL UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYEES JOINT PENSION TRUST FUND	
b	Name of plan sponsor	BOT SO. CAL UTD FOOD & COMMERCIAL WKS & FOOD ERS UNION JOINT PEN TF	c EIN-PN 95-1939092-001
a	Plan name	SOUTHERN CALIFORNIA PIPE TRADES RETIREMENT FUND	
b	Name of plan sponsor	BOT SOUTHERN CALIFORNIA PIPE TRADES RETIREMENT FUND	c EIN-PN 51-6108443-001
a	Plan name	SOUTHERN FARM BUREAU CASUALTY INSURANCE CO. RETIREMENT PLAN	
b	Name of plan sponsor	SOUTHERN FARM BUREAU CASUALTY INSURANCE CO.	c EIN-PN 64-0288243-001
a	Plan name	STEAMFITTERS' INDUSTRY PENSION FUND	
b	Name of plan sponsor	STEAMFITTERS INDUSTRY PENSION FUND	c EIN-PN 13-6149680-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	STEELWORKERS PENSION TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEE OF THE STEELWORKERS PENSION TRUST	c EIN-PN 23-6648508-499
a	Plan name	SUN CHEMICAL CORPORATION MASTER PENSION TRUST	
b	Name of plan sponsor	SUN CHEMICAL CORPORATION	c EIN-PN 22-2761297-005
a	Plan name	SUN CHEMICAL CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	SUN CHEMICAL CORPORATION	c EIN-PN 22-2761297-002
a	Plan name	SUNCOR ENERGY US PENSION PLAN	
b	Name of plan sponsor	SUNCOR ENERGY (U.S.A.) INC.	c EIN-PN 51-0403125-003
a	Plan name	TBCERP MT CONTROL POOL	
b	Name of plan sponsor	THE BOEING COMPANY & CONSOLIDATED SUBS	c EIN-PN 91-0425694-062
a	Plan name	TEAMSTER AFFILIATES PENSION PLAN	
b	Name of plan sponsor	AFFILIATES OF THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS	c EIN-PN 38-6059444-333
a	Plan name	TEAMSTERS LOCAL 814 ANNUITY FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES, TEAMSTERS LOCAL 814 ANNUITY FUND	c EIN-PN 11-6234357-002
a	Plan name	TEAMSTERS LOCAL 814 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES TEAMSTERS LOCAL 814 PENSION FUND	c EIN-PN 11-6234358-001
a	Plan name	THE BOEING COMPANY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	THE BOEING COMPANY EMPLOYEE RETIREMENT PLANS MASTER TRUST	c EIN-PN 13-6058820-001
a	Plan name	THE BOEING COMPANY PENSION VALUE PLAN FOR HERITAGE MDC EMPLOYEES	
b	Name of plan sponsor	THE BOEING COMPANY EMPLOYEE RETIREMENT PLANS MASTER TRUST	c EIN-PN 13-6058820-029
a	Plan name	THE CULTURAL INSTITUTIONS PENSIONS PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE CULTURAL INSTITUTIONS RETIREMENT SYSTEM	c EIN-PN 11-2001170-001
a	Plan name	THE NEWSPAPER GUILD INTERNATIONAL PENSION PLAN	
b	Name of plan sponsor	TNG INTERNATIONAL PENSION FUND	c EIN-PN 52-1082662-001

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	THE RETIREMENT PLAN FOR NEW YORK STATE ELECTRIC AND GAS CORPORATION	
b	Name of plan sponsor	NEW YORK STATE ELECTRICAL & GAS CORPORATION	c EIN-PN 15-0398550-001
a	Plan name	THE RETIREMENT PLAN OF THE J.C. HUDSON COMPANY	
b	Name of plan sponsor	TARGET CORPORATION	c EIN-PN 41-0215170-003
a	Plan name	THE TARGET CORPORATION PENSION PLAN	
b	Name of plan sponsor	TARGET CORPORATION	c EIN-PN 41-0215170-001
a	Plan name	THE TEN COMPANIES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	THE TEN COMPANIES, INC.	c EIN-PN 06-1074514-001
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	U.S. BORAX INC. RETIREMENT PLAN FOR REPRESENTED HOURLY EMPLOYEES	
b	Name of plan sponsor	U.S. BORAX INC.	c EIN-PN 98-0047580-002
a	Plan name	U.S. RETIREMENT PLAN	
b	Name of plan sponsor	MARS INCORPORATED	c EIN-PN 22-1594774-001
a	Plan name	UAW MASTER PENSION TRUST	
b	Name of plan sponsor	INTL UAW, UNITED AUTO, AEROSPACE & AGRICULTURAL IMPLEMENT WKS OF AMRC	c EIN-PN 38-3140311-006
a	Plan name	UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION PENSION PLAN FOR EMPLOYEES	
b	Name of plan sponsor	UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND EMPLOYERS PENSION FUND	c EIN-PN 36-6156395-002
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
a	Plan name	UNITED FURNITURE WORKERS PENSION FUND A	
b	Name of plan sponsor	UNITED FURNITURE WORKERS PENSION FUND A	c EIN-PN 13-5511877-001
a	Plan name	UNITED MINE WORKERS OF AMERICA 1974 PENSION TRUST	
b	Name of plan sponsor	UMWA 1974 PENSION TRUST BOARD OF TRUSTEES	c EIN-PN 52-1050282-002

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	UNITED PARCEL SERVICE, INC. LOCAL 177, I.B.T. MULTI-EMPLOYER RETIREMENT PLAN
b	Name of plan sponsor	BOT UPS LOCAL 177, INTERNATIONAL BROTHERHOOD OF TEAMSTERS
c	EIN-PN	13-1426500-419
a	Plan name	UNITED SCENIC ARTISTS, LOCAL 829 PENSION FUND
b	Name of plan sponsor	BOARD OF TRUSTEES OF PENSION FUND UNITED SCENIC ARTISTS LOCAL 829
c	EIN-PN	13-1982707-001
a	Plan name	UPS GROUP TRUST
b	Name of plan sponsor	UNITED PARCEL SERVICES, INC.
c	EIN-PN	35-2371556-001
a	Plan name	USAA PENSION PLAN
b	Name of plan sponsor	UNITED SERVICES AUTOMOBILE ASSOCIATION
c	EIN-PN	74-0959140-001
a	Plan name	WASHINGTON GAS LIGHT COMPANY SAVINGS PLAN
b	Name of plan sponsor	WASHINGTON GAS LIGHT COMPANY
c	EIN-PN	53-0162882-003
a	Plan name	WASHINGTON STATE PLUMBING & PIPEFITTING INDUSTRY PENSION PLAN
b	Name of plan sponsor	BOARD OF TRUSTEES
c	EIN-PN	91-6029141-001
a	Plan name	WESTAR ENERGY INC. RETIREMENT PLAN
b	Name of plan sponsor	WESTAR ENERGY, INC.
c	EIN-PN	48-0290150-001
a	Plan name	WESTERN UNITE HERE AND EMPLOYERS PENSION FUND
b	Name of plan sponsor	WESTERN UNITE HERE AND EMPLOYERS PENSION FUND
c	EIN-PN	93-4160766-001
a	Plan name	WILCOX HOURLY RETIREMENT PLAN
b	Name of plan sponsor	NORTHROP GRUMMAN CORPORATION
c	EIN-PN	95-4840775-002
a	Plan name	WORLD COLOR MT. MORRIS II INC. EMPLOYEES PENSION PLAN
b	Name of plan sponsor	WORLD COLOR MT. MORRIS II LLC
c	EIN-PN	01-0598472-003
a	Plan name	ZURICH AMERICAN INSURANCE COMPANY RETIREMENT ACCOUNT PLAN
b	Name of plan sponsor	ZURICH AMERICAN INSURANCE COMPANY
c	EIN-PN	36-4233459-001
a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan COMMINGLED PENSION TRUST FUND (STRATEGIC PROPERTY) 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) 13-6038770	

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	129000	6000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	24348276000	23992622000
(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)	719000	1740000
(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)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	24349124000	23994368000

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	120000	120000
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	120000	120000

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	24349004000	23994248000
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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)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)	2030635000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2152866000	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-122231000
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1457434000	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1457434000

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		40596000
(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		
d Total income. Add all income amounts in column (b) and enter total	2d		1375799000

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		117554000
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	17064000	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		17064000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		134618000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1241181000
l Transfers of assets:			
(1) To this plan	2l(1)		1709370000
(2) From this plan	2l(2)		3305307000

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:

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.)

	Yes	No	Amount
4a			

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.)

4b			
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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.)

4c			
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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.)

4d			
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e Was this plan covered by a fidelity bond?

4e			
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f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

4f			
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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?

4g			
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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?

4h			
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i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

4i			
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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.)

4j			
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k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

4k			
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l Has the plan failed to provide any benefit when due under the plan?

4l			
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m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

4m			
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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.

4n			
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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 _____.