

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: BLACKROCK MSCI EQUITY INDEX FUND-RUSSIA; 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; 2b Employer Identification Number (EIN): 86-1583137; 2c Plan Sponsor's telephone number: 415-670-2000; 2d Business code (see instructions): 000000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature; 2. Signature of plan administrator; 3. Signature of employer/plan sponsor; 4. Filed with authorized/valid electronic signature; 5. Signature of DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.  400 HOWARD STREET SAN FRANCISCO, CA 94105	<b>3b</b> Administrator's EIN 94-3112180  <b>3c</b> Administrator's telephone number 415-670-2000																																																																																																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																																																																																																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 0																																																																																																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"><b>6a(1)</b></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr> <tr><td><b>6a(2)</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td style="text-align: right;">0</td></tr> <tr><td><b>6b</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td><b>6c</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td><b>6d</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td style="text-align: right;">0</td></tr> <tr><td><b>6e</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td><b>6f</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td style="text-align: right;">0</td></tr> <tr><td><b>6g(1)</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td><b>6h</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	<b>6a(1)</b>										<b>6a(2)</b>									0	<b>6b</b>										<b>6c</b>										<b>6d</b>									0	<b>6e</b>										<b>6f</b>									0	<b>6g(1)</b>										<b>6g(2)</b>										<b>6h</b>									
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<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																																																																																																				

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <u>BLACKROCK MSCI EQUITY INDEX FUND-RUSSIA</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>	<b>D</b> Employer Identification Number (EIN) <u>86-1583137</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MSCI EQUITY INDEX FUND B-RUSSIA</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO, N.A.</u>		
<b>c</b> EIN-PN <u>94-3300062-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>116309</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>b</b> Name of sponsor of entity listed in (a):		
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<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**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):

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**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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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)

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ALASKA AIR GROUP INC RETIREMENT PLAN FOR SALARIED EMPLOYEES	
<b>b</b>	Name of plan sponsor	ALASKA AIRLINES INC	<b>c</b> EIN-PN 92-0009235-016
<b>a</b>	Plan name	ALASKA AIR GROUP RETIREMENT MASTER TRUST	
<b>b</b>	Name of plan sponsor	ALASKA AIRLINES INC	<b>c</b> EIN-PN 92-0009235-015
<b>a</b>	Plan name	ALASKA AIRLINES INC. FIXED INCOME RETIREMENT PLAN FOR PILOTS	
<b>b</b>	Name of plan sponsor	ALASKA AIRLINES INC	<b>c</b> EIN-PN 92-0009235-003
<b>a</b>	Plan name	ALASKA AIRLINES INC. RETIREMENT PLAN FOR MECHANICS & RELATED CRAFTS E MPLOYEES	
<b>b</b>	Name of plan sponsor	ALASKA AIRLINES INC	<b>c</b> EIN-PN 92-0009235-002
<b>a</b>	Plan name	ALASKA AIRLINES, INC., RETIREMENT PLAN FOR CLERICAL OFFICE & PSGR SER VICE EMPLOYEES	
<b>b</b>	Name of plan sponsor	ALASKA AIRLINES INC	<b>c</b> EIN-PN 92-0009235-008
<b>a</b>	Plan name	AMEREN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMEREN CORPORATION	<b>c</b> EIN-PN 43-1723446-005
<b>a</b>	Plan name	BALL CORPORATION CONSOLIDATED HOURLY PENSION PLAN	
<b>b</b>	Name of plan sponsor	BALL CORPORATION	<b>c</b> EIN-PN 35-0160610-035
<b>a</b>	Plan name	BALL CORPORATION PENSION PLAN AS IT APPLIES TO CERTAIN SALARIED EMPLOYEES OF BALL AEROSPACE & TECHNOLOGIES CORPORATION	
<b>b</b>	Name of plan sponsor	BALL CORPORATION	<b>c</b> EIN-PN 35-0160610-039
<b>a</b>	Plan name	BALL PENSION PLAN	
<b>b</b>	Name of plan sponsor	BALL CORPORATION	<b>c</b> EIN-PN 35-0160610-001
<b>a</b>	Plan name	BALL CORPORATION MASTER RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	BALL CORPORATION MASTER PENSION TRUST	<b>c</b> EIN-PN 33-1013896-001
<b>a</b>	Plan name	NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BCS FINANCIAL CORPORATION	
<b>b</b>	Name of plan sponsor	BCS FINANCIAL CORPORATION	<b>c</b> EIN-PN 36-4247278-001
<b>a</b>	Plan name	NATIONAL RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	BLUE CROSS & BLUE SHIELD ASSOCIATION	<b>c</b> EIN-PN 36-6041816-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CRO SS AND BLUE SHIELD ASSOCIATION	
<b>b</b>	Name of plan sponsor BLUE CROSS & BLUE SHIELD ASSOCIATION	<b>c</b> EIN-PN 13-5656874-001
<b>a</b>	Plan name NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CRO SS & BLUE SHIELD OF MISSISSIPPI, A MUTUAL INSURANCE COMPANY	
<b>b</b>	Name of plan sponsor BLUE CROSS & BLUE SHIELD OF MISSISSIPPI A MUTUAL INSURANCE COMPANY	<b>c</b> EIN-PN 64-0295748-002
<b>a</b>	Plan name NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CRO SS AND BLUE SHIELD OF SOUTH CAROLINA	
<b>b</b>	Name of plan sponsor BLUE CROSS & BLUE SHIELD OF SOUTH CAROLINA	<b>c</b> EIN-PN 57-0287419-001
<b>a</b>	Plan name NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CRO SS AND BLUE SHIELD OF WYOMING	
<b>b</b>	Name of plan sponsor BLUE CROSS & BLUE SHIELD OF WYOMING	<b>c</b> EIN-PN 83-0231011-001
<b>a</b>	Plan name NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CRO SS AND BLUE SHIELD OF ARIZONA, INC.	
<b>b</b>	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF ARIZONA INC	<b>c</b> EIN-PN 86-0004538-001
<b>a</b>	Plan name NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CRO SS AND BLUE SHIELD OF FLORIDA, INC.	
<b>b</b>	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF FLORIDA INC	<b>c</b> EIN-PN 59-2015694-001
<b>a</b>	Plan name NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CRO SS AND BLUE SHIELD OF KANSAS, INC.	
<b>b</b>	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF KANSAS INC	<b>c</b> EIN-PN 48-0952857-001
<b>a</b>	Plan name NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CRO SS AND BLUE SHIELD OF NEBRASKA	
<b>b</b>	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF NEBRASKA	<b>c</b> EIN-PN 47-0095156-001
<b>a</b>	Plan name NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CRO SS AND BLUE SHIELD OF VERMONT	
<b>b</b>	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF VERMONT	<b>c</b> EIN-PN 03-0277307-001
<b>a</b>	Plan name NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUECROSS BLUESHIELD OF TENNESSEE, INC.	
<b>b</b>	Name of plan sponsor BLUECROSS BLUESHIELD OF TENNESSEE	<b>c</b> EIN-PN 62-0427913-001
<b>a</b>	Plan name PENTEGRA DEFINED BENEFIT PLAN FOR FINANCIAL INSTITUTIONS	
<b>b</b>	Name of plan sponsor BOARD OF DIRECTORS OF PENTEGRA DEFINED BENEFIT PLAN	<b>c</b> EIN-PN 13-5645888-333
<b>a</b>	Plan name CIC DEFINED CONTRIBUTION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEE CIC - FOREST PRODUCTS RETIREMENT TRUST	<b>c</b> EIN-PN 45-6909074-003

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.)	
<b>a</b>	Plan name <b>CIC-TOC PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOARD OF TRUSTEE CIC - FOREST PRODUCTS RETIREMENT TRUST</b>	<b>c</b> EIN-PN <b>45-6909074-001</b>
<b>a</b>	Plan name <b>LUMBER INDUSTRY PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOARD OF TRUSTEE CIC - FOREST PRODUCTS RETIREMENT TRUST</b>	<b>c</b> EIN-PN <b>45-6909074-002</b>
<b>a</b>	Plan name <b>OPERATING ENGINEERS LOCAL 101 PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOARD OF TRUSTEE OF THE OPERATING ENGINEERS LOCAL 101 PENSION FUND</b>	<b>c</b> EIN-PN <b>43-6059213-001</b>
<b>a</b>	Plan name <b>IBEW LOCAL 701 ELECTRICAL WORKERS GENERAL PENSION FUND</b>	
<b>b</b>	Name of plan sponsor <b>BOARD OF TRUSTEES 701 PENSION FUND</b>	<b>c</b> EIN-PN <b>36-6455509-001</b>
<b>a</b>	Plan name <b>NORTH ATLANTIC STATES CARPENTERS PENSION FUND</b>	
<b>b</b>	Name of plan sponsor <b>BOARD OF TRUSTEES OF THE NEW ENGLAND CARPENTERS PENSION FUND</b>	<b>c</b> EIN-PN <b>51-6040899-001</b>
<b>a</b>	Plan name <b>NORTH ATLANTIC STATES CARPENTERS GUARANTEED ANNUITY FUND</b>	
<b>b</b>	Name of plan sponsor <b>BOT OF THE NORTH ATLANTIC STATES CARPENTERS GUARANTEED ANNUITY FUND</b>	<b>c</b> EIN-PN <b>04-2776873-001</b>
<b>a</b>	Plan name <b>BRIDGESTONE/FIRESTONE, INC. MASTER RETIREMENT TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BRIDGESTONE AMERICAS HOLDINGS CO</b>	<b>c</b> EIN-PN <b>34-6505180-008</b>
<b>a</b>	Plan name <b>CELANESE AMERICAS RETIREMENT PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CELANESE AMERICAS LLC</b>	<b>c</b> EIN-PN <b>22-1862783-004</b>
<b>a</b>	Plan name <b>CITIGROUP PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CITIGROUP, INC.</b>	<b>c</b> EIN-PN <b>52-1568099-020</b>
<b>a</b>	Plan name <b>COMERICA INCORPORATED RETIREMENT INCOME ACCOUNT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COMERICA INCORPORATED</b>	<b>c</b> EIN-PN <b>38-1998421-001</b>
<b>a</b>	Plan name <b>COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA</b>	<b>c</b> EIN-PN <b>94-0760193-001</b>
<b>a</b>	Plan name <b>DEFINED BENEFIT RETIREMENT PLAN FOR DARTMOUTH COLLEGE STAFF</b>	
<b>b</b>	Name of plan sponsor <b>DARTMOUTH COLLEGE</b>	<b>c</b> EIN-PN <b>02-0222111-002</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	JOHN DEERE PENSION PLAN FOR SALARIED EMPLOYEES	
<b>b</b>	Name of plan sponsor	DEERE & COMPANY	<b>c</b> EIN-PN 36-2382580-001
<b>a</b>	Plan name	JOHN DEERE PENSION PLAN FOR WAGE EMPLOYEES	
<b>b</b>	Name of plan sponsor	DEERE & COMPANY	<b>c</b> EIN-PN 36-2382580-002
<b>a</b>	Plan name	JOHN DEERE PENSION TRUST	
<b>b</b>	Name of plan sponsor	DEERE & COMPANY	<b>c</b> EIN-PN 36-2382580-010
<b>a</b>	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF DEVON ENERGY CORPORATION	
<b>b</b>	Name of plan sponsor	DEVON ENERGY CORPORATION	<b>c</b> EIN-PN 73-1567067-001
<b>a</b>	Plan name	EASTMAN CHEMICAL COMPANY MASTER RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	EASTMAN CHEMICAL COMPANY	<b>c</b> EIN-PN 62-1539359-003
<b>a</b>	Plan name	EASTMAN RETIREMENT ASSISTANCE PLAN	
<b>b</b>	Name of plan sponsor	EASTMAN CHEMICAL COMPANY	<b>c</b> EIN-PN 62-1539359-001
<b>a</b>	Plan name	STERLING CHEMICALS, INC. AMENDED AND RESTATED PENSION PLAN	
<b>b</b>	Name of plan sponsor	EASTMAN CHEMICAL TEXAS CITY INC.	<b>c</b> EIN-PN 76-0502785-002
<b>a</b>	Plan name	ELECTRODYNAMICS, INC. PENSION PLAN FOR MEMBERS OF LOCAL 134, I.B.E.W.	
<b>b</b>	Name of plan sponsor	ELECTRODYNAMICS, INC.	<b>c</b> EIN-PN 36-3140903-001
<b>a</b>	Plan name	EMERSON ELECTRIC CO. RETIREMENT MASTER TRUST	
<b>b</b>	Name of plan sponsor	EMERSON ELECTRIC COMPANY	<b>c</b> EIN-PN 43-0259330-121
<b>a</b>	Plan name	ENBRIDGE EMPLOYEE SERVICES, INC. EMPLOYEES' PENSION PLAN	
<b>b</b>	Name of plan sponsor	ENBRIDGE EMPLOYEE SERVICES, INC.	<b>c</b> EIN-PN 76-0697621-002
<b>a</b>	Plan name	ERNST & YOUNG DEFINED BENEFIT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ERNST & YOUNG U.S. LLP	<b>c</b> EIN-PN 34-6565596-111
<b>a</b>	Plan name	ERNST & YOUNG INACTIVE DEFINED BENEFIT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ERNST & YOUNG U.S. LLP	<b>c</b> EIN-PN 34-6565596-114

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.)	
<b>a</b>	Plan name ERNST & YOUNG PARTNERSHIP DEFINED BENEFIT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ERNST & YOUNG U.S. LLP	<b>c</b> EIN-PN 34-6565596-113
<b>a</b>	Plan name ERNST & YOUNG PARTNERSHIP RETIREMENT (HR-10) PLAN	
<b>b</b>	Name of plan sponsor ERNST & YOUNG U.S. LLP	<b>c</b> EIN-PN 34-6565596-001
<b>a</b>	Plan name EXCELLUS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EXCELLUS HEALTH PLAN, INC.	<b>c</b> EIN-PN 15-0329043-001
<b>a</b>	Plan name EXXON MOBIL MASTER PENSION TRUST	
<b>b</b>	Name of plan sponsor EXXONMOBIL CORPORATION	<b>c</b> EIN-PN 13-3077576-001
<b>a</b>	Plan name FACTORY MUTUAL INSURANCE COMPANY PENSION PLAN	
<b>b</b>	Name of plan sponsor FACTORY MUTUAL INSURANCE COMPANY	<b>c</b> EIN-PN 05-0316605-001
<b>a</b>	Plan name FCA US LLC MASTER RETIREMENT TRUST BALANCED POOL	
<b>b</b>	Name of plan sponsor FCA US LLC	<b>c</b> EIN-PN 13-3112458-059
<b>a</b>	Plan name FINRA EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FINANCIAL INDUSTRY REGULATORY AUTHORITY, INC.	<b>c</b> EIN-PN 53-0088710-001
<b>a</b>	Plan name FRONTIER COMMUNICATIONS PENSION PLAN	
<b>b</b>	Name of plan sponsor FRONTIER COMMUNICATIONS PARENT, IN C	<b>c</b> EIN-PN 06-0619596-001
<b>a</b>	Plan name L3HARRIS PENSION PLAN FOR EMPLOYEES IN THE COMMUNICATIONS SOLUTIONS B ARGAINING UNIT	
<b>b</b>	Name of plan sponsor HARRIS CORPORATION	<b>c</b> EIN-PN 34-0276860-004
<b>a</b>	Plan name HP INC. DEFERRED PROFIT-SHARING PLAN	
<b>b</b>	Name of plan sponsor HP INC.	<b>c</b> EIN-PN 94-1081436-001
<b>a</b>	Plan name HP INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor HP INC.	<b>c</b> EIN-PN 94-1081436-003
<b>a</b>	Plan name RETIREMENT BENEFIT PLAN OF INDSPEC CHEMICAL CORPORATION FOR HOURLY-PA ID EMPLOYEES FOR PETROLIA, PA PLANT	
<b>b</b>	Name of plan sponsor INDSPEC CHEMICAL CORP.	<b>c</b> EIN-PN 25-1720937-004

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.)	
<b>a</b>	Plan name RETIREMENT PLAN OF INDSPEC CHEMICAL CORPORATION FOR SALARIED EMPLOYEE S	
<b>b</b>	Name of plan sponsor INDSPEC CHEMICAL CORP.	<b>c</b> EIN-PN 25-1720937-003
<b>a</b>	Plan name INFINEUM PENSION PLAN	
<b>b</b>	Name of plan sponsor INFINEUM USA INC.	<b>c</b> EIN-PN 74-2890923-001
<b>a</b>	Plan name INTEL MINIMUM PENSION PLAN	
<b>b</b>	Name of plan sponsor INTEL CORPORATION	<b>c</b> EIN-PN 94-1672743-002
<b>a</b>	Plan name JEFFERIES EMPLOYEES' PENSION PLAN	
<b>b</b>	Name of plan sponsor JEFFERIES FINANCIAL GROUP, INC.	<b>c</b> EIN-PN 95-4719745-002
<b>a</b>	Plan name EMPLOYEES RETIREMENT PLAN OF JOHN WILEY & SONS, INC.	
<b>b</b>	Name of plan sponsor JOHN WILEY & SONS INC.	<b>c</b> EIN-PN 13-5593032-001
<b>a</b>	Plan name JOHNS HOPKINS UNIVERSITY SUPPORT STAFF PENSION PLAN	
<b>b</b>	Name of plan sponsor JOHNS HOPKINS UNIVERSITY OFFICE OF BENEFITS SERVICES	<b>c</b> EIN-PN 52-0595110-002
<b>a</b>	Plan name JPMORGAN CHASE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JP MORGAN CHASE BANK NATIONAL ASSO CIATION	<b>c</b> EIN-PN 13-4994650-001
<b>a</b>	Plan name KEYCORP CONSOLIDATED CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor KEYCORP	<b>c</b> EIN-PN 34-6542451-007
<b>a</b>	Plan name KOHLER CO. PENSION PLAN	
<b>b</b>	Name of plan sponsor KOHLER CO SUBSIDIARIES	<b>c</b> EIN-PN 39-0402810-004
<b>a</b>	Plan name REVISED PENSION PLAN FOR HOURLY RATED EMPLOYEES OF L3HARRIS CINCINNATI ELECTRONICS CORPORATION	
<b>b</b>	Name of plan sponsor L-3 COMMUNICATIONS CINCINNATI ELECTRONICS CORPORATION	<b>c</b> EIN-PN 31-0826926-030
<b>a</b>	Plan name L3HARRIS AVIATION PRODUCTS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor L3 AVIATION PRODUCTS, INC.	<b>c</b> EIN-PN 38-1865601-002
<b>a</b>	Plan name THE COOPERATIVE PENSION INCOME PLAN	
<b>b</b>	Name of plan sponsor L3 TECHNOLOGIES INC.	<b>c</b> EIN-PN 13-3937436-016

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	EDO CORPORATION EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	L3HARRIS TECHNOLOGIES, INC.	<b>c</b> EIN-PN 34-0276860-020
<b>a</b>	Plan name	L3HARRIS PENSION MASTER TRUST	
<b>b</b>	Name of plan sponsor	L3HARRIS TECHNOLOGIES, INC.	<b>c</b> EIN-PN 36-6668234-300
<b>a</b>	Plan name	L3HARRIS PENSION PLAN FOR EMPLOYEES AT THE PACIFIC MISSILE RANGE FACI LITY	
<b>b</b>	Name of plan sponsor	L3HARRIS TECHNOLOGIES, INC.	<b>c</b> EIN-PN 34-0276860-235
<b>a</b>	Plan name	L3HARRIS PENSION PLAN FOR EMPLOYEES IN THE ELECTRONIC SYSTEMS/INTEGRA TED ELECTRONIC WARFARE SYSTEMS BARGAINING UNIT	
<b>b</b>	Name of plan sponsor	L3HARRIS TECHNOLOGIES, INC.	<b>c</b> EIN-PN 34-0276860-006
<b>a</b>	Plan name	L3HARRIS SALARIED PENSION PLAN	
<b>b</b>	Name of plan sponsor	L3HARRIS TECHNOLOGIES, INC.	<b>c</b> EIN-PN 34-0276860-001
<b>a</b>	Plan name	REVISED HOME OFFICE PENSION PLAN OF LEVI STRAUSS & CO.	
<b>b</b>	Name of plan sponsor	LEVI STRAUSS & CO.	<b>c</b> EIN-PN 94-0905160-100
<b>a</b>	Plan name	LIBERTY MUTUAL RETIREMENT BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	LIBERTY MUTUAL GROUP INC.	<b>c</b> EIN-PN 04-3583679-001
<b>a</b>	Plan name	LIBERTY MUTUAL RETIREMENT PLAN MASTER TRUST	
<b>b</b>	Name of plan sponsor	LIBERTY MUTUAL GROUP INC. AND LIBE RTY MUTUAL AGENCY CORPORATION	<b>c</b> EIN-PN 27-4064359-001
<b>a</b>	Plan name	MARATHON PETROLEUM MASTER RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	MARATHON PETROLEUM COMPANY LP	<b>c</b> EIN-PN 46-6645355-101
<b>a</b>	Plan name	MARATHON PETROLEUM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MARATHON PETROLEUM COMPANY LP	<b>c</b> EIN-PN 31-1537655-001
<b>a</b>	Plan name	MYMICHIGAN HEALTH EMPLOYEES' PENSION PLAN	
<b>b</b>	Name of plan sponsor	MYMICHIGAN HEALTH	<b>c</b> EIN-PN 38-2459948-001
<b>a</b>	Plan name	NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF NATIONAL ACCOUNT SERVICE COMPANY	
<b>b</b>	Name of plan sponsor	NATIONAL ACCOUNT SERVICE COMPANY	<b>c</b> EIN-PN 58-1767730-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name EMPLOYEES' RETIREMENT PLAN OF THE NATIONAL EDUCATION ASSOCIATION	
<b>b</b>	Name of plan sponsor NATIONAL EDUCATION ASSOCIATION OF THE UNITED STATES, INC.	<b>c</b> EIN-PN 53-0115260-333
<b>a</b>	Plan name NATIONAL FUEL GAS COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NATIONAL FUEL GAS COMPANY	<b>c</b> EIN-PN 13-1086010-001
<b>a</b>	Plan name RETIREMENT & SECURITY PROGRAM FOR EMPLOYEES OF NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION AND ITS MEMBERS	
<b>b</b>	Name of plan sponsor NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION	<b>c</b> EIN-PN 52-0741336-333
<b>a</b>	Plan name NECA-IBEW PENSION TRUST FUND	
<b>b</b>	Name of plan sponsor NECA-IBEW PENSION TRUST FUND	<b>c</b> EIN-PN 51-6029903-001
<b>a</b>	Plan name OCCIDENTAL CHEMICAL CORPORATION RETIREMENT PLAN FOR NIAGARA HOURLY UNION EMPLOYEES	
<b>b</b>	Name of plan sponsor OCCIDENTAL CHEMICAL CORPORATION	<b>c</b> EIN-PN 16-0484732-042
<b>a</b>	Plan name OXY CONSOLIDATED HOURLY PENSION PLAN	
<b>b</b>	Name of plan sponsor OCCIDENTAL CHEMICAL CORPORATION	<b>c</b> EIN-PN 16-0484732-045
<b>a</b>	Plan name OXYCHEM ALKALI PENSION PLAN FOR HOURLY-RATED EMPLOYEES	
<b>b</b>	Name of plan sponsor OCCIDENTAL CHEMICAL CORPORATION	<b>c</b> EIN-PN 16-0484732-057
<b>a</b>	Plan name OXYCHEM PENSION PLAN FOR UNION REPRESENTED EMPLOYEES	
<b>b</b>	Name of plan sponsor OCCIDENTAL CHEMICAL CORPORATION	<b>c</b> EIN-PN 16-0484732-070
<b>a</b>	Plan name OCCIDENTAL OIL AND GAS CONSOLIDATED RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor OCCIDENTAL PETROLEUM CORPORATION	<b>c</b> EIN-PN 95-4035997-071
<b>a</b>	Plan name OCCIDENTAL PETROLEUM CORPORATION MASTER RETIREMENT PLAN TRUST	
<b>b</b>	Name of plan sponsor OCCIDENTAL PETROLEUM CORPORATION MASTER RETIREMENT PLAN TRUST	<b>c</b> EIN-PN 36-3055057-100
<b>a</b>	Plan name FIRSTENERGY CORPORATION MASTER RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor OHIO EDISON COMPANY	<b>c</b> EIN-PN 34-0437786-001
<b>a</b>	Plan name OHIO OPERATING ENGINEERS HEALTH & WELFARE STAFF EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor OHIO OPERATING ENGINEERS HEALTH WELFARE PLAN	<b>c</b> EIN-PN 31-4446857-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name OHIO OPERATING ENGINEERS PENSION FUND	
<b>b</b>	Name of plan sponsor OHIO OPERATING ENGINEERS PENSION P LAN	<b>c</b> EIN-PN 31-6129968-001
<b>a</b>	Plan name ORRICK, HERRINGTON & SUTCLIFFE LLP PARTNERS PENSION PLAN	
<b>b</b>	Name of plan sponsor ORRICK, HERRINGTON & SUTCLIFFE LLP	<b>c</b> EIN-PN 94-2952627-006
<b>a</b>	Plan name PENNSYLVANIA STATE EDUCATION ASSOCIATION PENSION PLAN	
<b>b</b>	Name of plan sponsor PENNSYLVANIA STATE EDUCATION ASSOC IATION	<b>c</b> EIN-PN 23-0961125-001
<b>a</b>	Plan name PROCTER & GAMBLE MASTER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PROCTER & GAMBLE COMPANY	<b>c</b> EIN-PN 31-0411980-012
<b>a</b>	Plan name PROCTER & GAMBLE PUERTO RICO PENSION PLAN	
<b>b</b>	Name of plan sponsor PROCTER AND GAMBLE COMMERCIAL LLC	<b>c</b> EIN-PN 66-0676831-003
<b>a</b>	Plan name TODD SHIPYARDS CORPORATION RETIREMENT SYSTEM	
<b>b</b>	Name of plan sponsor PUGET SOUND COMMERCE CENTER, INC.	<b>c</b> EIN-PN 91-1506719-001
<b>a</b>	Plan name ZOOLOGICAL SOCIETY OF SAN DIEGO RESTATED PENSION PLAN FOR NON-UNION E MPLOYEES	
<b>b</b>	Name of plan sponsor SAN DIEGO ZOO WILDLIFE ALLIANCE	<b>c</b> EIN-PN 95-1648219-001
<b>a</b>	Plan name ZOOLOGICAL SOCIETY OF SAN DIEGO RESTATED PENSION PLAN FOR UNION EMPLOYEES	
<b>b</b>	Name of plan sponsor SAN DIEGO ZOO WILDLIFE ALLIANCE	<b>c</b> EIN-PN 95-1648219-002
<b>a</b>	Plan name SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN	
<b>b</b>	Name of plan sponsor SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC	<b>c</b> EIN-PN 61-1565172-001
<b>a</b>	Plan name SHELL PENSION PLAN	
<b>b</b>	Name of plan sponsor SHELL OIL COMPANY	<b>c</b> EIN-PN 13-1299890-001
<b>a</b>	Plan name FARMLAND FOODS, INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SMITHFIELD FOODS, INC.	<b>c</b> EIN-PN 52-0845861-005
<b>a</b>	Plan name SMITHFIELD FOODS HOURLY PENSION PLAN	
<b>b</b>	Name of plan sponsor SMITHFIELD FOODS, INC.	<b>c</b> EIN-PN 52-0845861-003

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SMITHFIELD FOODS SALARIED PENSION PLAN	
<b>b</b>	Name of plan sponsor	SMITHFIELD FOODS, INC.	<b>c</b> EIN-PN 52-0845861-001
<b>a</b>	Plan name	SOLUTION INC. EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	SOLUTION INC.	<b>c</b> EIN-PN 43-1781797-001
<b>a</b>	Plan name	SOUTHERN CALIFORNIA EDISON COMPANY RETIREMENT PLAN TRUST	
<b>b</b>	Name of plan sponsor	SOUTHERN CALIFORNIA EDISON COMPANY	<b>c</b> EIN-PN 95-1240335-004
<b>a</b>	Plan name	NORTH ATLANTIC STATES CARPENTERS ANNUITY FUND	
<b>b</b>	Name of plan sponsor	SOUTHERN NEW ENGLAND CARPENTERS ANNUITY PLAN	<b>c</b> EIN-PN 06-1308364-001
<b>a</b>	Plan name	SPEEDWAY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SPEEDWAY LLC	<b>c</b> EIN-PN 31-1551430-007
<b>a</b>	Plan name	GLENMEDE CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE GLENMEDE CORPORATION	<b>c</b> EIN-PN 23-2228772-001
<b>a</b>	Plan name	OGILVY & MATHER ACCOUNT BALANCE DEFINED BENEFIT CONTINUATION PENSION PLAN	
<b>b</b>	Name of plan sponsor	THE OGILVY GROUP, LLC	<b>c</b> EIN-PN 13-2555496-005
<b>a</b>	Plan name	THE PRUDENTIAL MERGED RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	<b>c</b> EIN-PN 22-1211670-003
<b>a</b>	Plan name	TOTALENERGIES FINANCE USA, INC. MASTER TRUST	
<b>b</b>	Name of plan sponsor	TOTALENERGIES FINANCE USA, INC.	<b>c</b> EIN-PN 23-3060301-020
<b>a</b>	Plan name	INSURANCE ORGANIZATIONS' PENSION TRUST (IOPT)	
<b>b</b>	Name of plan sponsor	TRUSTEES OF THE INS ORGANIZATION PENSION TRUST	<b>c</b> EIN-PN 13-6312183-001
<b>a</b>	Plan name	UNITED MINE WORKERS OF AMERICA 1974 PENSION PLAN	
<b>b</b>	Name of plan sponsor	UMWA 1974 PENSION TRUST BOARD OF TRUSTEES	<b>c</b> EIN-PN 52-1050282-002
<b>a</b>	Plan name	UNISYS PENSION PLAN	
<b>b</b>	Name of plan sponsor	UNISYS CORPORATION	<b>c</b> EIN-PN 38-0387840-005



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>BLACKROCK MSCI EQUITY INDEX FUND-RUSSIA</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</b>	<b>D</b> Employer Identification Number (EIN) <b>86-1583137</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	4497294
		20519666
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	3101
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	33364
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	116309

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	4530658	20639076
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	4497294	20519508
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	4497294	20519508
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	33364	119568

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	114	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		114
(2) Dividends: <b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	82945	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		24037712
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		24120771

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	2854	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2854
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		2854

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		24117917
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		24031713

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**

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

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

**B** This return/report is:  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**

<p><b>1a</b> Name of plan</p> <p>BLACKROCK MSCI EQUITY INDEX FUND-RUSSIA</p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p> <p><b>1c</b> Effective date of plan</p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</p> <p>400 HOWARD STREET SAN FRANCISCO, CA 94105</p>	<p><b>2b</b> Employer Identification Number (EIN) <u>86-1583137</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>415-670-2000</u></p> <p><b>2d</b> Business code (see instructions) <u>000000</u></p>

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

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

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		10/03/2025	BRYAN BOWERS
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.  400 HOWARD STREET SAN FRANCISCO, CA 94105	<b>3b</b> Administrator's EIN 94-3112180 <hr/> <b>3c</b> Administrator's telephone number 415-670-2000
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:  <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																																	
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>5</b></td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	<b>5</b>		0																														
<b>5</b>		0																																
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).  <b>a(1)</b> Total number of active participants at the beginning of the plan year . . . . . <b>a(2)</b> Total number of active participants at the end of the plan year . . . . . <b>b</b> Retired or separated participants receiving benefits . . . . . <b>c</b> Other retired or separated participants entitled to future benefits. . . . . <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. . . . . <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. . . . . <b>f</b> Total. Add lines 6d and 6e. . . . .  <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) . . . . . <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) . . . . . <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> <tr> <td><b>6a(1)</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6a(2)</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6b</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6c</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6d</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6e</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6f</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6g(1)</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6g(2)</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6h</b></td> <td></td> <td style="text-align: right;">0</td> </tr> </table>			0	<b>6a(1)</b>		0	<b>6a(2)</b>		0	<b>6b</b>		0	<b>6c</b>		0	<b>6d</b>		0	<b>6e</b>		0	<b>6f</b>		0	<b>6g(1)</b>		0	<b>6g(2)</b>		0	<b>6h</b>		0
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<b>6g(2)</b>		0																																
<b>6h</b>		0																																
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>7</b></td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	<b>7</b>		0																														
<b>7</b>		0																																

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

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

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

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

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

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

---

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

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

Receipt Confirmation Code \_\_\_\_\_

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