

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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: LONG DURATION CORPORATE CREDIT SCREENED NON-LENDABLE FUND
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.
2b Employer Identification Number (EIN): 27-4520291
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: Filed with authorized/valid electronic signature, Signature of plan administrator, Signature of employer/plan sponsor, and Signature of DFE.

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

Form 5500 (2024) v. 240311

3a 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	3b Administrator's EIN 94-3112180 3c Administrator's telephone number 415-670-2000																				
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 0																				
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">6a(1)</td><td style="width:100px;"></td></tr> <tr><td>6a(2)</td><td style="text-align: right;">0</td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">0</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td style="text-align: right;">0</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)	0	6b		6c		6d	0	6e		6f	0	6g(1)		6g(2)		6h	
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6a(2)	0																				
6b																					
6c																					
6d	0																				
6e																					
6f	0																				
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>LONG DURATION CORPORATE CREDIT SCREENED NON-LENDABLE FUND</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>	D Employer Identification Number (EIN) <u>27-4520291</u>	

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

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b Name of sponsor of entity listed in (a):

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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	ABBVIE PENSION PLAN	
b	Name of plan sponsor	ABBVIE INC.	c EIN-PN 32-0375147-002
a	Plan name	ABBVIE PENSION PLAN FOR FORMER BASF AND FORMER SOLVAY EMPLOYEES	
b	Name of plan sponsor	ABBVIE INC.	c EIN-PN 32-0375147-003
a	Plan name	ABBVIE PENSION PLAN TRUST	
b	Name of plan sponsor	ABBVIE INC.	c EIN-PN 32-0375147-004
a	Plan name	ALCOA SUBSIDIARIES MERGED INACTIVE PLAN	
b	Name of plan sponsor	ALCOA USA CORP.	c EIN-PN 37-1808900-037
a	Plan name	PENSION PLAN FOR CERTAIN HOURLY EMPLOYEES OF ALCOA USA CORP.	
b	Name of plan sponsor	ALCOA USA CORP.	c EIN-PN 37-1808900-002
a	Plan name	PENSION PLAN FOR CERTAIN SALARIED EMPLOYEES OF ALCOA USA CORP.	
b	Name of plan sponsor	ALCOA USA CORP.	c EIN-PN 37-1808900-001
a	Plan name	PENSION PLANS MASTER TRUST FOR ALCOA USA CORP.	
b	Name of plan sponsor	ALCOA USA CORP.	c EIN-PN 37-1808900-101
a	Plan name	LEGACY ALLERGAN, INC. PENSION PLAN	
b	Name of plan sponsor	ALLERGAN, INC.	c EIN-PN 95-1622442-001
a	Plan name	AUTOLIV ASP, INC. PENSION PLAN	
b	Name of plan sponsor	AUTOLIV ASP INC.	c EIN-PN 36-3640053-012
a	Plan name	AVON PRODUCTS INC PERSONAL RETIREMENT ACCOUNT PLAN	
b	Name of plan sponsor	AVON PRODUCTS, INC.	c EIN-PN 13-0544597-001
a	Plan name	BAKER HUGHES COMPANY PENSION PLAN	
b	Name of plan sponsor	BAKER HUGHES HOLDINGS LLC	c EIN-PN 76-0207995-050
a	Plan name	BAYSTATE HEALTH, INC. RETIREMENT PROGRAM	
b	Name of plan sponsor	BAYSTATE HEALTH, INC.	c EIN-PN 04-2105941-001

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 BASS RETIREMENT PLAN	
b	Name of plan sponsor BEPCO, L.P.	c EIN-PN 75-1076930-002
a	Plan name NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC.	
b	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF ARIZONA INC	c EIN-PN 86-0004538-001
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF BOEING EMPLOYEES CREDIT UNION	
b	Name of plan sponsor BOEING EMPLOYEES' CREDIT UNION	c EIN-PN 91-0219435-001
a	Plan name SENIOR SERVICE AMERICA INC. STAFF PENSION PLAN	
b	Name of plan sponsor CENTER FOR WORKFORCE INCLUSION INC	c EIN-PN 52-1763637-001
a	Plan name RETIREMENT INCOME PLAN OF CENTRAL HUDSON GAS & ELECTRIC CORPORATION	
b	Name of plan sponsor CENTRAL HUDSON GAS & ELECTRIC CORPORATION	c EIN-PN 14-0555980-001
a	Plan name CHRISTIANA CARE HEALTH SERVICES INC. RETIREMENT PLAN	
b	Name of plan sponsor CHRISTIANA CARE HEALTH SERVICES, INC.	c EIN-PN 51-0103684-001
a	Plan name CHRISTIANA CARE HOME HEALTH & COMMUNITY SERVICES, INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor CHRISTIANA CARE HOME HEALTH & COMMUNITY SERVICES, INC.	c EIN-PN 51-0064334-001
a	Plan name CHS INC. PENSION PLAN	
b	Name of plan sponsor CHS INC.	c EIN-PN 41-0251095-001
a	Plan name CHS INC. RETIREMENT PLAN FOR UNION PRODUCTION EMPLOYEES	
b	Name of plan sponsor CHS INC.	c EIN-PN 41-0251095-002
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF CITY CENTER DEVELOPMENT CO	
b	Name of plan sponsor CITY CENTER DEVELOPMENT CO	c EIN-PN 13-4227375-001
a	Plan name CITY CLUB RETIREMENT PLAN DIRECTED RETIREMENT TRUST	
b	Name of plan sponsor CITY CLUB	c EIN-PN 75-2035506-001
a	Plan name CITY CLUB RETIREMENT PLAN	
b	Name of plan sponsor CITY CLUB OF BATON ROUGE	c EIN-PN 72-0501591-001

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	CONOCOPHILLIPS RETIREMENT PLAN	
b	Name of plan sponsor	CONOCOPHILLIPS COMPANY	c EIN-PN 73-0400345-021
a	Plan name	EMPLOYEES' PENSION PLAN OF CREDIT SUISSE	
b	Name of plan sponsor	CREDIT SUISSE SECURITIES (USA) LLC	c EIN-PN 05-0546650-004
a	Plan name	DEFINED BENEFIT RETIREMENT PLAN FOR DARTMOUTH COLLEGE STAFF	
b	Name of plan sponsor	DARTMOUTH COLLEGE	c EIN-PN 02-0222111-002
a	Plan name	JOHN DEERE PENSION PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor	DEERE & COMPANY	c EIN-PN 36-2382580-001
a	Plan name	JOHN DEERE PENSION PLAN FOR WAGE EMPLOYEES	
b	Name of plan sponsor	DEERE & COMPANY	c EIN-PN 36-2382580-002
a	Plan name	JOHN DEERE PENSION TRUST	
b	Name of plan sponsor	DEERE & COMPANY	c EIN-PN 36-2382580-010
a	Plan name	DONNELLEY FINANCIAL PENSION PLAN	
b	Name of plan sponsor	DONNELLEY FINANCIAL LLC	c EIN-PN 13-2618477-002
a	Plan name	DRESSER, LLC CONSOLIDATED SALARIED RETIREMENT PLAN	
b	Name of plan sponsor	DRESSER, LLC	c EIN-PN 75-2795365-164
a	Plan name	DUQUESNE LIGHT COMPANY PENSION TRUST	
b	Name of plan sponsor	DUQUESNE LIGHT COMPANY	c EIN-PN 25-0451600-001
a	Plan name	EAGLE US 2 LLC RETIREMENT PENSION PLAN	
b	Name of plan sponsor	EAGLE US 2 LLC	c EIN-PN 76-0321065-001
a	Plan name	EMORY HEALTHCARE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	EMORY HEALTHCARE, INC.	c EIN-PN 58-2137993-001
a	Plan name	EMORY HEALTHCARE, INC. RETIREMENT PLAN #2	
b	Name of plan sponsor	EMORY HEALTHCARE, INC.	c EIN-PN 58-2137993-003

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	EMORY HEALTHCARE, INC. RETIREMENT PLAN MASTER TRUST	
b	Name of plan sponsor	EMORY HEALTHCARE, INC.	c EIN-PN 58-2137993-004
a	Plan name	CHICAGO TITLE AND TRUST COMPANY PENSION PLAN	
b	Name of plan sponsor	FIDELITY NATIONAL TITLE GROUP, INC.	c EIN-PN 36-0906930-001
a	Plan name	CIT GROUP INC. RETIREMENT PLAN	
b	Name of plan sponsor	FIRST CITIZENS BANK AND TRUST COMP ANY, INC.	c EIN-PN 56-0223230-005
a	Plan name	FIRST-CITIZENS BANK AND TRUST COMPANY AND ADOPTING RELATED EMPLOYERS PENSION PLAN	
b	Name of plan sponsor	FIRST CITIZENS BANK AND TRUST COMP ANY, INC.	c EIN-PN 56-0223230-001
a	Plan name	FIRST-CITIZENS BANK AND TRUST COMPANY PENSION PLAN	
b	Name of plan sponsor	FIRST CITIZENS BANK AND TRUST COMP ANY, INC.	c EIN-PN 56-0223230-004
a	Plan name	FLOWERS FOODS, INC. RETIREMENT PLAN NO.2	
b	Name of plan sponsor	FLOWERS FOODS, INC.	c EIN-PN 58-2582379-003
a	Plan name	ALSTOM EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	GE RENEWABLES GRID LLC	c EIN-PN 34-1258868-003
a	Plan name	ALSTOM INC. CASH BALANCE PENSION PLAN	
b	Name of plan sponsor	GE STEAM POWER HOLDING INC.	c EIN-PN 06-1614201-010
a	Plan name	PENSION PLAN FOR HOURLY EMPLOYEES OF ALSTOM POWER INC.	
b	Name of plan sponsor	GE STEAM POWER INC.	c EIN-PN 06-1553604-011
a	Plan name	COMPONENTS PENSION PLAN FOR PUERTO RICO	
b	Name of plan sponsor	GEA CARIBBEAN EXPORT, LLC	c EIN-PN 66-0549331-001
a	Plan name	PENSION PLAN OF GENERAL ATOMICS	
b	Name of plan sponsor	GENERAL ATOMICS	c EIN-PN 95-3735102-001
a	Plan name	THE GENERAL DYNAMICS RETIREMENT PLAN (COMMERCIAL)	
b	Name of plan sponsor	GENERAL DYNAMICS CORPORATION	c EIN-PN 13-1673581-002

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 THE GENERAL DYNAMICS RETIREMENT PLAN (GOVERNMENT)	
b	Name of plan sponsor GENERAL DYNAMICS CORPORATION	c EIN-PN 13-1673581-001
a	Plan name HANESBRANDS INC. MASTER INVESTMENT TRUST FOR DEFINED BENEFIT PLANS	
b	Name of plan sponsor HANESBRANDS, INC.	c EIN-PN 20-3552316-101
a	Plan name HANESBRANDS INC. PENSION PLAN	
b	Name of plan sponsor HANESBRANDS, INC.	c EIN-PN 20-3552316-001
a	Plan name HUBBELL INCORPORATED MASTER PENSION TRUST	
b	Name of plan sponsor HUBBELL INC. & SUBSIDIARIES	c EIN-PN 06-0397030-062
a	Plan name HUBBELL INCORPORATED RETIREMENT PLAN FOR SALARIED & HOURLY EMPLOYEES	
b	Name of plan sponsor HUBBELL INC. & SUBSIDIARIES	c EIN-PN 06-0397030-041
a	Plan name HYDRIL COMPANY RETIREMENT PLAN	
b	Name of plan sponsor HYDRIL COMPANY	c EIN-PN 95-2777268-001
a	Plan name HYDRO EXTRUSION USA LLC PENSION PLAN	
b	Name of plan sponsor HYDRO EXTRUSION USA LLC	c EIN-PN 58-2216096-003
a	Plan name WILTEL COMMUNICATIONS LLC PENSION PLAN	
b	Name of plan sponsor JEFFERIES FINANCIAL GROUP INC	c EIN-PN 13-2615557-004
a	Plan name JEFFERIES EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor JEFFERIES FINANCIAL GROUP, INC.	c EIN-PN 95-4719745-002
a	Plan name KANSAS CITY LIFE INSURANCE COMPANY CASH BALANCE PENSION PLAN	
b	Name of plan sponsor KANSAS CITY LIFE INSURANCE COMPANY	c EIN-PN 44-0308260-001
a	Plan name KIMBERLY-CLARK CORPORATION PENSION PLAN	
b	Name of plan sponsor KIMBERLY-CLARK CORPORATION	c EIN-PN 39-0394230-001
a	Plan name REVISED HOME OFFICE PENSION PLAN OF LEVI STRAUSS & CO.	
b	Name of plan sponsor LEVI STRAUSS & CO.	c EIN-PN 94-0905160-100

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	MARATHON PETROLEUM MASTER RETIREMENT TRUST
b	Name of plan sponsor	MARATHON PETROLEUM COMPANY LP
c	EIN-PN	46-6645355-101
a	Plan name	MARATHON PETROLEUM RETIREMENT PLAN
b	Name of plan sponsor	MARATHON PETROLEUM COMPANY LP
c	EIN-PN	31-1537655-001
a	Plan name	MARSHALL MEDICAL EMPLOYEES' RETIREMENT PLAN
b	Name of plan sponsor	MARSHALL MEDICAL CENTER
c	EIN-PN	20-6019079-002
a	Plan name	MICHELIN NORTH AMERICA INC. MASTER RETIREMENT TRUST
b	Name of plan sponsor	MICHELIN NORTH AMERICA INC
c	EIN-PN	11-1724631-001
a	Plan name	EMPLOYEES' RETIREMENT PLAN OF THE NATIONAL GEOGRAPHIC SOCIETY
b	Name of plan sponsor	NATIONAL GEOGRAPHIC SOCIETY
c	EIN-PN	53-0193519-001
a	Plan name	NEWELL BRANDS CONSOLIDATED PENSION PLAN
b	Name of plan sponsor	NEWELL OPERATING COMPANY
c	EIN-PN	36-1953130-001
a	Plan name	NISOURCE INC. MASTER RETIREMENT TRUST
b	Name of plan sponsor	NISOURCE INC.
c	EIN-PN	36-6968911-001
a	Plan name	HOSPITAL FOR SPECIAL SURGERY RETIREMENT PLAN
b	Name of plan sponsor	NY SOCIETY FOR THE RELIEF OF THE RUPTURED AND CRIPPLED
c	EIN-PN	13-1624135-001
a	Plan name	OCCIDENTAL PETROLEUM CORPORATION MASTER RETIREMENT PLAN TRUST
b	Name of plan sponsor	OCCIDENTAL PETROLEUM CORPORATION MASTER RETIREMENT PLAN TRUST
c	EIN-PN	36-3055057-100
a	Plan name	PERNOD RICARD USA, LLC EMPLOYEES' RETIREMENT PLAN
b	Name of plan sponsor	PERNOD RICARD USA, LLC
c	EIN-PN	52-2318616-005
a	Plan name	RALEY'S GROUP PENSION PLAN
b	Name of plan sponsor	RALEY'S
c	EIN-PN	94-1316611-011
a	Plan name	RALEY'S PENSION PLAN
b	Name of plan sponsor	RALEY'S
c	EIN-PN	94-1316611-010

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	RECOLOGY DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	RECOLOGY INC.	c EIN-PN 94-2922974-003
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF RICHARDSON AVIATION	
b	Name of plan sponsor	RICHARDSON AVIATION	c EIN-PN 75-2125310-001
a	Plan name	ROCHESTER GENERAL HEALTH SYSTEM EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	ROCHESTER GENERAL HEALTH SYSTEM	c EIN-PN 22-2551509-001
a	Plan name	RETIREMENT INCOME PLAN FOR SALARIED EMPLOYEES OF ROCKEFELLER GROUP IN TERNATIONAL, INC.	
b	Name of plan sponsor	ROCKEFELLER GROUP INTERNATIONAL IN C.	c EIN-PN 13-3975924-001
a	Plan name	GE ENERGY PENSION PLAN	
b	Name of plan sponsor	ROPCOR, INC.	c EIN-PN 61-1399608-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF SAN JOSE CATTLE COMPANY	
b	Name of plan sponsor	SAN JOSE CATTLE COMPANY	c EIN-PN 75-1018369-001
a	Plan name	SCANA CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	SCANA CORPORATION	c EIN-PN 57-0784499-001
a	Plan name	SCHNUCKS OUTSTATE PENSION PLAN	
b	Name of plan sponsor	SCHNUCK MARKETS, INC	c EIN-PN 81-1125597-003
a	Plan name	SHELL PENSION PLAN	
b	Name of plan sponsor	SHELL OIL COMPANY	c EIN-PN 13-1299890-001
a	Plan name	PENSION PLAN FOR THE EMPLOYEES OF SHENANDOAH MEMORIAL HOSPITAL INC.	
b	Name of plan sponsor	SHENANDOAH MEMORIAL HOSPITAL INC.	c EIN-PN 54-0490687-001
a	Plan name	SIGNIFY NORTH AMERICA CORPORATION PENSION PLAN	
b	Name of plan sponsor	SIGNIFY NORTH AMERICA CORPORATION	c EIN-PN 04-3391805-003
a	Plan name	SMITHS GROUP PENSION PLAN	
b	Name of plan sponsor	SMITHS GROUP SERVICES CORPORATION	c EIN-PN 22-3015350-001

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 CANADIAN PACIFIC PENSION PLAN FOR US MANAGEMENT EMPLOYEES	
b	Name of plan sponsor SOO LINE RAILROAD COMPANY	c EIN-PN 41-6009079-001
a	Plan name SOUTHERN BANK AND TRUST COMPANY PENSION PLAN	
b	Name of plan sponsor SOUTHERN BANK AND TRUST COMPANY	c EIN-PN 56-0132260-001
a	Plan name SPEEDWAY RETIREMENT PLAN	
b	Name of plan sponsor SPEEDWAY LLC	c EIN-PN 31-1551430-007
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF SUNDANCE SQUARE	
b	Name of plan sponsor SUNDANCE SQUARE PARTNERS, L.P.	c EIN-PN 75-2033292-001
a	Plan name SUPERVALU INC. RETIREMENT PLAN	
b	Name of plan sponsor SUPERVALU INC.	c EIN-PN 41-0617000-002
a	Plan name EMPLOYEES RETIREMENT PLAN OF SURINAME ALUMINUM COMPANY FOR EMPLOYEES IN SURINAME PLAN I	
b	Name of plan sponsor SURINAME ALUMINUM COMPANY, LLC.	c EIN-PN 98-0150255-003
a	Plan name EMPLOYEES RETIREMENT PLAN OF SURINAME ALUMINUM COMPANY FOR EMPLOYEES IN SURINAME PLAN II	
b	Name of plan sponsor SURINAME ALUMINUM COMPANY, LLC.	c EIN-PN 98-0150255-037
a	Plan name RETIREMENT INCOME PLAN FOR EMPLOYEES OF THE CLEARING HOUSE PAYMENTS C OMPANY LLC	
b	Name of plan sponsor THE CLEARING HOUSE PAYMENTS COMPAN Y LLC	c EIN-PN 84-1650027-001
a	Plan name THE FIDELITY BANK PENSION PLAN	
b	Name of plan sponsor THE FIDELITY BANK	c EIN-PN 56-0132040-001
a	Plan name HEARST CORPORATION MASTER TRUST FOR PENSION AND PROFIT SHARING PLANS	
b	Name of plan sponsor THE HEARST CORPORATION	c EIN-PN 13-3691321-001
a	Plan name THE HEARST CORPORATION BROADCAST RETIREMENT PLAN	
b	Name of plan sponsor THE HEARST CORPORATION	c EIN-PN 13-0433120-049
a	Plan name THE HEARST CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor THE HEARST CORPORATION	c EIN-PN 13-0433120-048

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 NORTHERN TRUST COMPANY PENSION PLAN	
b	Name of plan sponsor	THE NORTHERN TRUST COMPANY	c EIN-PN 36-1561860-001
a	Plan name	OGILVY & MATHER ACCOUNT BALANCE DEFINED BENEFIT CONTINUATION PENSION PLAN	
b	Name of plan sponsor	THE OGILVY GROUP, LLC	c EIN-PN 13-2555496-005
a	Plan name	TOPCO ASSOCIATES LLC PENSION PLAN TRUST	
b	Name of plan sponsor	TOPCO ASSOCIATES LLC	c EIN-PN 36-4469052-001
a	Plan name	TOPFLIGHT CORPORATION REVISED RETIREMENT PLAN	
b	Name of plan sponsor	TOPFLIGHT CORPORATION	c EIN-PN 23-1280121-001
a	Plan name	RETIREMENT PLAN OF TRANSCONTINENTAL US LLC	
b	Name of plan sponsor	TRANSCONTINENTAL US LLC	c EIN-PN 76-0678895-002
a	Plan name	INSURANCE ORGANIZATIONS' PENSION TRUST (IOPT)	
b	Name of plan sponsor	TRUSTEES OF THE INS ORGANIZATION P ENSION TRUST	c EIN-PN 13-6312183-001
a	Plan name	UNITY HEALTH SYSTEM RETIREMENT PLAN	
b	Name of plan sponsor	UNITY HEALTH SYSTEM	c EIN-PN 22-2572873-001
a	Plan name	UNIVERSITY OF SOUTHERN CALIFORNIA SUPPORT STAFF RETIREMENT PLAN	
b	Name of plan sponsor	UNIVERSITY OF SOUTHERN CALIFORNIA	c EIN-PN 95-1642394-004
a	Plan name	VALLEY HEALTH SYSTEM EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	VALLEY HEALTH SYSTEM	c EIN-PN 52-1357729-001
a	Plan name	VALLEY HEALTH SYSTEM MASTER TRUST	
b	Name of plan sponsor	VALLEY HEALTH SYSTEM	c EIN-PN 45-3459695-001
a	Plan name	VIRGINIA MASON MEDICAL CENTER DEFINED BENEFIT RETIREMENT PLAN	
b	Name of plan sponsor	VIRGINIA MASON MEDICAL CENTER	c EIN-PN 91-0565539-001
a	Plan name	WELLSPAN HEALTH PENSION PLAN	
b	Name of plan sponsor	WELLSPAN HEALTH	c EIN-PN 22-2517863-001

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	YOUNG & RUBICAM LLC CAREER CASH BALANCE CONTINUATION PLAN	
b Name of plan sponsor	YOUNG & RUBICAM, LLC	c EIN-PN 13-1493710-004

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

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b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LONG DURATION CORPORATE CREDIT SCREENED NON-LENDABLE FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.	D Employer Identification Number (EIN) 27-4520291

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 8185215	7242796
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 144285184	149748873
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 104160598	98441404
(2) U.S. Government securities	1c(2)	48696829
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B) 9618198812	8957743295
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	9874829809	9261873197
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	42829216	45220027
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	42829216	45220027
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9832000593	9216653170

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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	8884802	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	462442285	
(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)		471327087
(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)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	6835420606	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	7420743551	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-67131673	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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		-181127531

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)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	10018	
(5) Investment advisory and investment management fees	2i(5)	318884	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	1134	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	3300	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		333336
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		333336

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-181460867
l Transfers of assets:			
(1) To this plan.....	2l(1)		2603112014
(2) From this plan	2l(2)		3036998570

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

<p>Form 5500</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>Annual Return/Report of Employee Benefit Plan</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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</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>1a Name of plan</p> <p>LONG DURATION CORPORATE CREDIT SCREENED NON-LENDABLE FUND</p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p> <p>1c Effective date of plan</p>
<p>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)</p> <p>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</p> <p>400 HOWARD STREET SAN FRANCISCO, CA 94105</p>	<p>2b Employer Identification Number (EIN) <u>27-4520291</u></p> <p>2c Plan Sponsor's telephone number <u>415-670-2000</u></p> <p>2d 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

3a 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	3b Administrator's EIN 94-3112180 <hr/> 3c Administrator's telephone number 415-670-2000
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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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="text-align: right;">0</td> </tr> </table>	5	0																		
5	0																				
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).	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(1)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6a(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6b</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6c</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6d</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6f</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6g(1)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6g(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6h</td> <td style="text-align: right;">0</td> </tr> </table>	6a(1)	0	6a(2)	0	6b	0	6c	0	6d	0	6e	0	6f	0	6g(1)	0	6g(2)	0	6h	0
6a(1)	0																				
6a(2)	0																				
6b	0																				
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6d	0																				
6e	0																				
6f	0																				
6g(1)	0																				
6g(2)	0																				
6h	0																				
7 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%;">7</td> <td style="text-align: right;">0</td> </tr> </table>	7	0																		
7	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:

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

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

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

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

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

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

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

Receipt Confirmation Code _____
