

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

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.) [ ] a single-employer plan [X] 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 (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan STRATEGIC COMPLETION NON-LENDABLE FUND M
1b Three-digit plan number (PN) 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. 400 HOWARD STREET SAN FRANCISCO, CA 94105
2b Employer Identification Number (EIN) 46-3525011
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
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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
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	0
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<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>6a(1)</b>	
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	0
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	0
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	0
<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>6g(1)</b>	
<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>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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**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>  <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>STRATEGIC COMPLETION NON-LENDABLE FUND M</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>46-3525011</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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**a** Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC COMPLETION NL FUND F

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO, N.A.

<b>c</b> EIN-PN <u>45-2777766-001</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>361904025</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**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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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**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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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**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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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**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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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**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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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**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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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**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>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	ABC FITNESS SOLUTIONS, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ABC FITNESS SOLUTIONS, LLC	<b>c</b> EIN-PN 71-0602737-001
<b>a</b>	Plan name	ABX AIR, INC. PILOTS INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	ABX AIR, INC.	<b>c</b> EIN-PN 91-1091619-005
<b>a</b>	Plan name	ACORNS GROW 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACORNS GROW, INC.	<b>c</b> EIN-PN 45-4766397-001
<b>a</b>	Plan name	THE 401(K) PLAN SPONSORED BY AEGIS THERAPIES	
<b>b</b>	Name of plan sponsor	AEGIS THERAPIES INC.	<b>c</b> EIN-PN 71-0811574-001
<b>a</b>	Plan name	AGILON HEALTH INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AGILON HEALTH MANAGEMENT INC.	<b>c</b> EIN-PN 81-2677797-001
<b>a</b>	Plan name	ALTASCIENCES USA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALTASCIENCES USA LLC	<b>c</b> EIN-PN 82-1697220-001
<b>a</b>	Plan name	AIR LIQUIDE & AIRGAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN AIR LIQUIDE HOLDINGS, INC .	<b>c</b> EIN-PN 75-3174747-008
<b>a</b>	Plan name	AMERICAN AIR LIQUIDE HOLDINGS, INC. ENHANCED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN AIR LIQUIDE HOLDINGS, INC .	<b>c</b> EIN-PN 75-3174747-007
<b>a</b>	Plan name	AMERICAN AIR LIQUIDE HOLDINGS, INC. REGULAR SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN AIR LIQUIDE HOLDINGS, INC .	<b>c</b> EIN-PN 75-3174747-006
<b>a</b>	Plan name	AMPLIFON USA, INC. INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMPLIFON USA, INC.	<b>c</b> EIN-PN 41-1958972-002
<b>a</b>	Plan name	ANTYLIA SCIENTIFIC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ANTYLIA SCIENTIFIC	<b>c</b> EIN-PN 47-1422256-001
<b>a</b>	Plan name	APOGEE ENTERPRISES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	APOGEE ENTERPRISES, INC.	<b>c</b> EIN-PN 41-0919654-005

<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	ARCSERVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARCSERVE (USA), LLC	<b>c</b> EIN-PN 47-1155028-001
<b>a</b>	Plan name	DELTA DENTAL OF ARIZONA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARIZONA DENTAL INSURANCE SERVICES, INC.	<b>c</b> EIN-PN 86-0274899-001
<b>a</b>	Plan name	ARS EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARS ACQUISITION HOLDINGS, LLC	<b>c</b> EIN-PN 45-0542275-001
<b>a</b>	Plan name	BECHTEL NR PROGRAM CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor	BECHTEL PLANT MACHINERY, INC	<b>c</b> EIN-PN 94-3330445-010
<b>a</b>	Plan name	BECHTEL NR PROGRAM DEFINED CONTRIBUTION MASTER TRUST	
<b>b</b>	Name of plan sponsor	BECHTEL PLANT MACHINERY, INC	<b>c</b> EIN-PN 45-3559445-001
<b>a</b>	Plan name	BECHTEL NR PROGRAM SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BECHTEL PLANT MACHINERY, INC	<b>c</b> EIN-PN 94-3330445-004
<b>a</b>	Plan name	BOEHRINGER INGELHEIM USA CORPORATION AND ITS AFFILIATES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BOEHRINGER INGELHEIM USA CORPORATION	<b>c</b> EIN-PN 74-3197526-002
<b>a</b>	Plan name	BSI GROUP AMERICA INC. 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BSI GROUP AMERICA INC.	<b>c</b> EIN-PN 31-1655354-001
<b>a</b>	Plan name	MISTER CAR WASH 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CAR WASH PARTNERS, INC.	<b>c</b> EIN-PN 04-3299064-001
<b>a</b>	Plan name	CGB ENTERPRISES, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CGB ENTERPRISES, INC.	<b>c</b> EIN-PN 72-1239162-002
<b>a</b>	Plan name	CHARLES ROSS & SON COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHARLES ROSS & SON COMPANY	<b>c</b> EIN-PN 11-1260400-002
<b>a</b>	Plan name	CHRISTENSEN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHRISTENSEN, INC.	<b>c</b> EIN-PN 91-1107733-001

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 <a href="#">COMPUGROUP MEDICAL SYSTEMS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMPUGROUP MEDICAL, INC.</a>	<b>c</b> EIN-PN <a href="#">32-0307150-002</a>
<b>a</b>	Plan name <a href="#">COOPER CONSOLIDATED, LLC 401(K) RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COOPER CONSOLIDATED, LLC</a>	<b>c</b> EIN-PN <a href="#">26-3175799-001</a>
<b>a</b>	Plan name <a href="#">COVORO MINING SOLUTIONS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COVORO MINING SOLUTIONS LLC</a>	<b>c</b> EIN-PN <a href="#">87-3556444-001</a>
<b>a</b>	Plan name <a href="#">CS WIND AMERICA 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CS WIND AMERICA, INC.</a>	<b>c</b> EIN-PN <a href="#">26-2926730-001</a>
<b>a</b>	Plan name <a href="#">DATALOGIC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DATALOGIC USA INC.</a>	<b>c</b> EIN-PN <a href="#">16-0969362-001</a>
<b>a</b>	Plan name <a href="#">DIGITAL RIVER, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DIGITAL RIVER, INC.</a>	<b>c</b> EIN-PN <a href="#">41-1901640-001</a>
<b>a</b>	Plan name <a href="#">DOMINO AMERICAS RETIREMENT AND 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DOMINO AMJET, INC.</a>	<b>c</b> EIN-PN <a href="#">20-0032856-001</a>
<b>a</b>	Plan name <a href="#">DT MIDSTREAM 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DT MIDSTREAM INC.</a>	<b>c</b> EIN-PN <a href="#">38-2663964-001</a>
<b>a</b>	Plan name <a href="#">RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DUPONT POLYMER PRODUCTS, LLC</a>	<b>c</b> EIN-PN <a href="#">87-3594684-001</a>
<b>a</b>	Plan name <a href="#">EASTMAN INVESTMENT AND EMPLOYEE STOCK OWNERSHIP PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EASTMAN CHEMICAL COMPANY</a>	<b>c</b> EIN-PN <a href="#">62-1539359-002</a>
<b>a</b>	Plan name <a href="#">SMART CARE EQUIPMENT SOLUTIONS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EEC ACQUISITIONS, LLC</a>	<b>c</b> EIN-PN <a href="#">82-3154334-001</a>
<b>a</b>	Plan name <a href="#">QUALITEST GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ELECTRONIC NATION, LLC</a>	<b>c</b> EIN-PN <a href="#">06-1489740-001</a>

<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	EPS US, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EPS US, LLC	<b>c</b> EIN-PN 87-1469997-001
<b>a</b>	Plan name	EVERBANK, N.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVERBANK N.A.	<b>c</b> EIN-PN 59-3531592-001
<b>a</b>	Plan name	EXEGY INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EXEGY INCORPORATED	<b>c</b> EIN-PN 86-1056004-001
<b>a</b>	Plan name	FORTUNE BRANDS INNOVATIONS HOURLY EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FORTUNE BRANDS INNOVATIONS, INC.	<b>c</b> EIN-PN 62-1411546-002
<b>a</b>	Plan name	FORTUNE BRANDS INNOVATIONS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FORTUNE BRANDS INNOVATIONS, INC.	<b>c</b> EIN-PN 62-1411546-001
<b>a</b>	Plan name	FORTUNE BRANDS INNOVATIONS, INC. DEFINED CONTRIBUTION MASTER TRUST	
<b>b</b>	Name of plan sponsor	FORTUNE BRANDS INNOVATIONS, INC.	<b>c</b> EIN-PN 45-3505568-001
<b>a</b>	Plan name	GALLS, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GALLS, LLC	<b>c</b> EIN-PN 20-3545989-001
<b>a</b>	Plan name	GENERAL MOTORS PERSONAL SAVINGS PLAN FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES	
<b>b</b>	Name of plan sponsor	GENERAL MOTORS LLC	<b>c</b> EIN-PN 27-0383222-014
<b>a</b>	Plan name	GENERAL MOTORS RETIREMENT SAVINGS PLAN FOR SALARIED EMPLOYEES IN THE UNITED STATES	
<b>b</b>	Name of plan sponsor	GENERAL MOTORS LLC	<b>c</b> EIN-PN 27-0383222-002
<b>a</b>	Plan name	GENERAL MOTORS SAVINGS PLAN MASTER TRUST	
<b>b</b>	Name of plan sponsor	GENERAL MOTORS LLC	<b>c</b> EIN-PN 04-3259743-001
<b>a</b>	Plan name	GEORGIA SYSTEM OPERATIONS CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GEORGIA SYSTEM OPERATIONS CORPORAT ION	<b>c</b> EIN-PN 58-2231207-003
<b>a</b>	Plan name	GEORGIA TRANSMISSION CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GEORGIA TRANSMISSION CORPORATION	<b>c</b> EIN-PN 58-2231201-003

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	GOLDEN WEST PACKAGING GROUP LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GOLDEN WEST PACKAGING GROUP LLC	<b>c</b> EIN-PN 82-1709584-001
<b>a</b>	Plan name	GOODRX, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	GOODRX, INC.	<b>c</b> EIN-PN 45-3653763-001
<b>a</b>	Plan name	GREAT WESTERN MALTING CO. SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	GREAT WESTERN MALTING CO.	<b>c</b> EIN-PN 98-0100247-003
<b>a</b>	Plan name	GREEN PLAINS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREEN PLAINS INC.	<b>c</b> EIN-PN 84-1652107-001
<b>a</b>	Plan name	PRNPT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HEALTHCARE EMPLOYEE SERVICES LLC	<b>c</b> EIN-PN 33-0783516-001
<b>a</b>	Plan name	HENRY SCHEIN, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HENRY SCHEIN, INC.	<b>c</b> EIN-PN 11-3136595-003
<b>a</b>	Plan name	HERITAGE DISTRIBUTION HOLDINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HERITAGE DISTRIBUTION OPCO LLC	<b>c</b> EIN-PN 87-1969363-001
<b>a</b>	Plan name	HILLENBRAND, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HILLENBRAND INC.	<b>c</b> EIN-PN 26-1342272-006
<b>a</b>	Plan name	PROCESS EQUIPMENT GROUP 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HILLENBRAND INC.	<b>c</b> EIN-PN 26-1342272-007
<b>a</b>	Plan name	ISO 401(K) SAVINGS AND EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor	INSURANCE SERVICES OFFICE INC.	<b>c</b> EIN-PN 13-3131412-003
<b>a</b>	Plan name	KIA AMERICA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KIA AMERICA, INC	<b>c</b> EIN-PN 33-0539850-003
<b>a</b>	Plan name	KINAXIS CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KINAXIS CORP	<b>c</b> EIN-PN 04-3130818-001

<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	KONE INC. EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KONE INC.	<b>c</b> EIN-PN 36-2357423-004
<b>a</b>	Plan name	L'OCCITANE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	L'OCCITANE, INC.	<b>c</b> EIN-PN 13-3844764-001
<b>a</b>	Plan name	LEDVANCE LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LEDVANCE LLC	<b>c</b> EIN-PN 81-0887998-007
<b>a</b>	Plan name	LENOVO SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LENOVO (UNITED STATES) INC	<b>c</b> EIN-PN 52-2449153-002
<b>a</b>	Plan name	LEONARDO DRS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEONARDO DRS, INC.	<b>c</b> EIN-PN 13-2632319-001
<b>a</b>	Plan name	LLOYDS BANK CORPORATE MARKETS PLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LLOYDS BANK CORPORATE MARKETS PLC	<b>c</b> EIN-PN 98-1390502-002
<b>a</b>	Plan name	MACATAWA BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MACATAWA BANK CORPORATION	<b>c</b> EIN-PN 38-3378283-001
<b>a</b>	Plan name	MANN+HUMMEL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANN+HUMMEL FILTRATION TECHNOLOGY US LLC	<b>c</b> EIN-PN 20-1483497-001
<b>a</b>	Plan name	MASSACHUSETTS FINANCIAL SERVICES COMPANY DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	MASSACHUSETTS FINANCIAL SERVICES C OMPANY	<b>c</b> EIN-PN 04-2747644-002
<b>a</b>	Plan name	MFSAVINGS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MASSACHUSETTS FINANCIAL SERVICES C OMPANY	<b>c</b> EIN-PN 04-2747644-015
<b>a</b>	Plan name	MASTERBRAND CABINETS LLC UNION EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MASTERBRAND CABINETS LLC	<b>c</b> EIN-PN 13-3346717-007
<b>a</b>	Plan name	MASTERBRAND, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MASTERBRAND, INC.	<b>c</b> EIN-PN 88-3479920-008

<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	MASTERCARD SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MASTERCARD INTERNATIONAL INC.	<b>c</b> EIN-PN 95-2536378-002
<b>a</b>	Plan name	MEI RIGGING AND CRATING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MEI RIGGING AND CRATING, LLC	<b>c</b> EIN-PN 46-1164581-001
<b>a</b>	Plan name	MERCER WISE POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	MERCER INVESTMENTS LLC	<b>c</b> EIN-PN 30-0282430-001
<b>a</b>	Plan name	RUE21 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW RUE21, LLC	<b>c</b> EIN-PN 82-2784521-001
<b>a</b>	Plan name	NEWFOLD DIGITAL, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEWFOLD DIGITAL, INC.	<b>c</b> EIN-PN 35-2015980-001
<b>a</b>	Plan name	NORIT AMERICAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORIT AMERICAS INC.	<b>c</b> EIN-PN 59-0142210-001
<b>a</b>	Plan name	NORTERA FOODS USA INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NORTERA FOODS USA INC.	<b>c</b> EIN-PN 45-4770767-001
<b>a</b>	Plan name	OGLETHORPE POWER CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OGLETHORPE POWER CORPORATION	<b>c</b> EIN-PN 58-1211925-002
<b>a</b>	Plan name	OSRAM SYLVANIA SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OSRAM SYLVANIA INC.	<b>c</b> EIN-PN 04-3349012-002
<b>a</b>	Plan name	PARACO GAS & AFFILIATES 401(K) SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PARACO GAS CORPORATION	<b>c</b> EIN-PN 13-3149941-001
<b>a</b>	Plan name	PERATON CORP. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PERATON CORP.	<b>c</b> EIN-PN 81-5224276-002
<b>a</b>	Plan name	PETER BRASSELER HOLDINGS, LLC PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PETER BRASSELER HOLDINGS, LLC	<b>c</b> EIN-PN 58-1853076-001

<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	PBFS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PYE-BARKER FIRE AND SAFETY, LLC	<b>c</b> EIN-PN 20-0378887-004
<b>a</b>	Plan name	QUBICAAMF WORLDWIDE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUBICAAMF WORLDWIDE, LLC	<b>c</b> EIN-PN 54-1390740-001
<b>a</b>	Plan name	R.T. VANDERBILT HOLDING COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R.T. VANDERBILT HOLDING COMPANY, I NC.	<b>c</b> EIN-PN 46-1031856-003
<b>a</b>	Plan name	RECREATIONAL EQUIPMENT, INC. RETIREMENT AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RECREATIONAL EQUIPMENT, INC.	<b>c</b> EIN-PN 91-0656890-001
<b>a</b>	Plan name	RINCHEM COMPANY LLC AND AFFILIATES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RINCHEM COMPANY, LLC	<b>c</b> EIN-PN 87-4781493-001
<b>a</b>	Plan name	RISKONNECT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RISKONNECT, INC	<b>c</b> EIN-PN 26-0842782-001
<b>a</b>	Plan name	RWE AMERICA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RWE CLEAN ENERGY SERVICES, LLC	<b>c</b> EIN-PN 27-1769505-001
<b>a</b>	Plan name	SABIC U.S. EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SABIC INNOVATIVE PLASTICS US LLC	<b>c</b> EIN-PN 33-1169273-005
<b>a</b>	Plan name	MISSOURI METALS, A DIVISION OF SAMUEL, SON AND CO. (USA) INC. UNION 4 01(K) PLAN	
<b>b</b>	Name of plan sponsor	SAMUEL, SON & CO. (USA) INC.	<b>c</b> EIN-PN 06-1251791-010
<b>a</b>	Plan name	SAMUEL, SON AND CO. (USA) INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAMUEL, SON & CO. (USA) INC.	<b>c</b> EIN-PN 06-1251791-003
<b>a</b>	Plan name	STEEL FAB, A DIVISION OF SAMUEL, SON AND CO. (USA) INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAMUEL, SON & CO. (USA) INC.	<b>c</b> EIN-PN 06-1251791-008
<b>a</b>	Plan name	SANTANDER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SANTANDER HOLDINGS USA, INC.	<b>c</b> EIN-PN 23-2453088-002

<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	SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SCHWAN'S SHARED SERVICES, LLC	<b>c</b> EIN-PN 81-0572771-001
<b>a</b>	Plan name	SELECT CUSTOM SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SELECT CUSTOM SOLUTIONS, LLC	<b>c</b> EIN-PN 88-2771390-001
<b>a</b>	Plan name	SELECT MILK PRODUCERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SELECT MILK PRODUCERS, INC.	<b>c</b> EIN-PN 85-0425525-001
<b>a</b>	Plan name	SELECTIVE INSURANCE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SELECTIVE INSURANCE COMPANY OF AME RICA	<b>c</b> EIN-PN 22-1272390-002
<b>a</b>	Plan name	SHARI'S MANAGEMENT 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SHARI'S MANAGEMENT CORPORATION	<b>c</b> EIN-PN 93-1263136-001
<b>a</b>	Plan name	SHPP U.S. EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SHPP U.S. LLC	<b>c</b> EIN-PN 83-4241533-001
<b>a</b>	Plan name	SILVERADO SENIOR LIVING HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SILVERADO SENIOR LIVING HOLDINGS, INC.	<b>c</b> EIN-PN 27-4275556-001
<b>a</b>	Plan name	THE KIN AND CARTA US 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOLSTICE CONSULTING, LLC	<b>c</b> EIN-PN 36-4481735-001
<b>a</b>	Plan name	SOUTHERN STATES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SOUTHERN STATES COOPERATIVE	<b>c</b> EIN-PN 54-0387200-334
<b>a</b>	Plan name	ST ENGINEERING LEEBOY 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ST ENGINEERING LEEBOY INC.	<b>c</b> EIN-PN 56-1217123-001
<b>a</b>	Plan name	STAFFING 360 SOLUTIONS, INC. AND SUBSIDIARIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STAFFING 360 SOLUTIONS, INC.	<b>c</b> EIN-PN 68-0680859-001
<b>a</b>	Plan name	STAND TOGETHER BENEFITS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STAND TOGETHER BENEFITS, LLC	<b>c</b> EIN-PN 45-2663979-001

<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	SYNAGRO TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYNAGRO TECHNOLOGIES, INC.	<b>c</b> EIN-PN 88-0219860-001
<b>a</b>	Plan name	TANGOE US, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TANGOE US, INC.	<b>c</b> EIN-PN 06-1571143-001
<b>a</b>	Plan name	TIAA CODE SECTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA	<b>c</b> EIN-PN 13-1624203-003
<b>a</b>	Plan name	TIAA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA	<b>c</b> EIN-PN 13-1624203-001
<b>a</b>	Plan name	TED'S MONTANA GRILL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TED'S MONTANA GRILL, INC	<b>c</b> EIN-PN 58-2629149-001
<b>a</b>	Plan name	THRIVENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THRIVENT FINANCIAL FOR LUTHERANS	<b>c</b> EIN-PN 39-0123480-007
<b>a</b>	Plan name	THRIVENT CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor	THRIVENT FINANCIAL FOR LUTHERANS	<b>c</b> EIN-PN 39-0123480-008
<b>a</b>	Plan name	THRIVENT FINANCIAL DEFINED CONTRIBUTION PLAN TRUST	
<b>b</b>	Name of plan sponsor	THRIVENT FINANCIAL FOR LUTHERANS	<b>c</b> EIN-PN 39-0123480-200
<b>a</b>	Plan name	SAVINGS PLAN FOR TRANSCONTINENTAL US LLC AND CERTAIN OF ITS AFFILIATE S	
<b>b</b>	Name of plan sponsor	TRANSCONTINENTAL US LLC	<b>c</b> EIN-PN 76-0678895-003
<b>a</b>	Plan name	TROPICANA PRODUCTS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TROPICANA PRODUCTS, INC.	<b>c</b> EIN-PN 13-3346705-002
<b>a</b>	Plan name	RETIREMENT SAVINGS PLAN OF TYSON FOODS, INC.	
<b>b</b>	Name of plan sponsor	TYSON FOODS, INC.	<b>c</b> EIN-PN 71-0225165-004
<b>a</b>	Plan name	UNUM GROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	UNUM GROUP	<b>c</b> EIN-PN 62-1598430-002



<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>STRATEGIC COMPLETION NON-LENDABLE FUND M</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>46-3525011</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.

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</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>	406621      1070604
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	755      679
<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>	339821318      361904025
<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>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(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>	340228694	362975308
<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>	526424	1204982
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	526424	1204982
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	339702270	361770326

**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>		(a) Amount	(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>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	61	
<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>		61
<b>(2) Dividends:</b>			
<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>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	122572	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	122572	
<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>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	15626116	
<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 .....	2b(6)		-5539487
(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)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		10086690

**Expenses**

<b>e</b> 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)		
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> 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)	3735	
(5) Investment advisory and investment management fees .....	2i(5)	493919	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)	1284	
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses .....	2i(11)	-5843	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		493095
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		493095

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		9593595
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		97017020
(2) From this plan .....	2l(2)		84542559

**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>STRATEGIC COMPLETION NON-LENDABLE FUND M</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>46-3525011</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="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 . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6a(1)</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6a(2)</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6b</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6c</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6d</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6e</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6f</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6g(1)</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6g(2)</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6h</b></td> <td style="text-align: right;">0</td> </tr> </table>	<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
<b>6a(1)</b>	0																				
<b>6a(2)</b>	0																				
<b>6b</b>	0																				
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<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																				
<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 . . . . .																					
<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="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)	<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	(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)

<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)**

**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 \_\_\_\_\_