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
- ☒ 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
US DEBT INDEX 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)
45-4395752

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.

SIGN HERE	Filed with authorized/valid electronic signature. **Signature of plan administrator**	Date	Enter name of individual signing as plan administrator
SIGN HERE	**Signature of employer/plan sponsor**	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature. **Signature of DFE**	10/03/2025 Date	BRYAN BOWERS Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ 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	**6a(1)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	0
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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)	**9b** Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	**(1)** ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	**(2)** ☐ Code section 412(e)(3) insurance contracts
(3) ☐ Trust	**(3)** ☐ Trust
(4) ☐ General assets of the sponsor	**(4)** ☐ 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	**b General Schedules**
(1) ☐ **R** (Retirement Plan Information)	**(1)** ☒ **H** (Financial Information)
(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	**(2)** ☐ **I** (Financial Information – Small Plan)
(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	**(3)** ☐ **A** (Insurance Information) – Number Attached ______
(4) ☐ **DCG** (Individual Plan Information) – Number Attached ______	**(4)** ☐ **C** (Service Provider Information)
(5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)	**(5)** ☒ **D** (DFE/Participating Plan Information)
	(6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	# DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	OMB No. 1210-0110 **2024** **This Form is Open to Public Inspection.**

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

A Name of plan US DEBT INDEX FUND M	**B** Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.	**D** Employer Identification Number (EIN) 45-4395752

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: US DEBT INDEX FUND F

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

c EIN-PN 94-3291425-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3173926079

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	b Name of plan sponsor	c EIN-PN
ADIENT PRODUCTION EMPLOYEES SAVINGS AND INVESTMENT 401(K) PLAN	ADIENT US LLC	38-3380735-003
ADIENT US LLC DEFINED CONTRIBUTION PLANS MASTER TRUST	ADIENT US LLC	38-3380735-006
ADIENT US LLC SAVINGS AND INVESTMENT 401(K) PLAN	ADIENT US LLC	38-3380735-001
AGILENT TECHNOLOGIES, INC. 401(K) PLAN	AGILENT TECHNOLOGIES INC.	77-0518772-003
KNOWABLE, INC. 401(K) RETIREMENT PLAN	AL DIGITAL CONTRACTS INC.	83-3400242-001
ALIGHT SOLUTIONS LLC 401(K) PLAN	ALIGHT SOLUTIONS LLC	36-2235791-001
AMERIPRISE FINANCIAL 401(K) PLAN	AMERIPRISE FINANCIAL, INC.	13-3180631-001
APPLIED MATERIALS, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN	APPLIED MATERIALS, INC.	94-1655526-333
ARTISAN PACKAGING RETIREMENT PLAN	ARTISAN PACKAGING, LLC	84-2482655-001
AVANZAR INTERIORS, LLC SAVINGS AND INVESTMENT 401(K) PLAN	AVANZAR INTERIOR TECHNOLOGIES, LTD	20-1818668-001
BEST BUY PUERTO RICO RETIREMENT SAVINGS PLAN	BEST BUY STORES PUERTO RICO LLC	41-0907483-003
BRIDGEWATER LLC SAVINGS AND INVESTMENT 401(K) PLAN	BRIDGEWATER INTERIORS, LLC	38-3406010-002

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	BRUKER 401K PLAN		
b Name of plan sponsor	BRUKER CORPORATION	**c** EIN-PN	33-1064878-001
a Plan name	BURNS & MCDONNELL, INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	BURNS & MCDONNELL, INC.	**c** EIN-PN	43-1393692-002
a Plan name	CARPENTER CO. EMPLOYEE SAVINGS & INVESTMENT PLAN		
b Name of plan sponsor	CARPENTER CO.	**c** EIN-PN	54-0499731-002
a Plan name	CARPENTER CO. PROFIT SHARING PLAN		
b Name of plan sponsor	CARPENTER CO.	**c** EIN-PN	54-0499731-001
a Plan name	CARPENTER CO. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	CARPENTER CO.	**c** EIN-PN	54-6055684-002
a Plan name	EMPLOYEE RETIREMENT PLAN FOR CLOSURE SYSTEMS INTERNATIONAL		
b Name of plan sponsor	CLOSURE SYSTEMS INTERNATIONAL HOLD INGS LLC	**c** EIN-PN	77-0710458-001
a Plan name	CUNA MUTUAL 401(K) PLAN FOR NON-REPRESENTED EMPLOYEES		
b Name of plan sponsor	CMFG LIFE INSURANCE CO.	**c** EIN-PN	39-0230590-008
a Plan name	CUNA MUTUAL 401(K) PLAN FOR REPRESENTED EMPLOYEES		
b Name of plan sponsor	CMFG LIFE INSURANCE CO.	**c** EIN-PN	39-0230590-004
a Plan name	COMPASS GROUP RETIREMENT PLAN		
b Name of plan sponsor	COMPASS GROUP USA, INC	**c** EIN-PN	56-1874931-007
a Plan name	CONSOLIDATED NUCLEAR SECURITY 401(K) PLAN FOR BARGAINING PANTEX LOCAT ION EMPLOYEES		
b Name of plan sponsor	CONSOLIDATED NUCLEAR SECURITY, LLC	**c** EIN-PN	45-4482782-012
a Plan name	CONSOLIDATED NUCLEAR SECURITY 401(K) PLAN FOR NON-BARGAINING PANTEX L OCATION EMPLOYEES		
b Name of plan sponsor	CONSOLIDATED NUCLEAR SECURITY, LLC	**c** EIN-PN	45-4482782-013
a Plan name	CONSOLIDATED NUCLEAR SECURITY, LLC MASTER RETIREMENT PLAN TRUST		
b Name of plan sponsor	CONSOLIDATED NUCLEAR SECURITY, LLC	**c** EIN-PN	45-4482782-020

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	SAVINGS PROGRAM FOR EMPLOYEES OF CONSOLIDATED NUCLEAR SECURITY, LLC A T THE U.S. DEPARTMENT OF ENERGY FACILITIES AT OAK RIDGE, TENNESSEE		
b Name of plan sponsor	CONSOLIDATED NUCLEAR SECURITY, LLC	**c** EIN-PN	45-4482782-009
a Plan name	DEXYP SAVINGS PLAN		
b Name of plan sponsor	DEX MEDIA HOLDINGS INC	**c** EIN-PN	13-2740040-009
a Plan name	DIRECTV PUERTO RICO RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	DIRECTV ENTERTAINMENT HOLDINGS LLC	**c** EIN-PN	86-2430702-003
a Plan name	DIRECTV SAVINGS PLAN MASTER TRUST		
b Name of plan sponsor	DIRECTV ENTERTAINMENT HOLDINGS LLC	**c** EIN-PN	86-2430702-301
a Plan name	THE DIRECTV RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	DIRECTV ENTERTAINMENT HOLDINGS LLC	**c** EIN-PN	86-2430702-002
a Plan name	EATON PERSONAL INVESTMENT PLAN		
b Name of plan sponsor	EATON CORPORATION	**c** EIN-PN	34-0196300-162
a Plan name	EATON SAVINGS PLAN		
b Name of plan sponsor	EATON CORPORATION	**c** EIN-PN	34-0196300-055
a Plan name	EATON SAVINGS TRUST		
b Name of plan sponsor	EATON CORPORATION	**c** EIN-PN	47-5346861-001
a Plan name	ENBRIDGE EMPLOYEE SERVICES, INC. EMPLOYEES SAVINGS PLAN		
b Name of plan sponsor	ENBRIDGE EMPLOYEE SERVICES, INC.	**c** EIN-PN	76-0697621-001
a Plan name	ENERGY HARBOR 401(K) & RETIREMENT CONTRIBUTION PLAN		
b Name of plan sponsor	ENERGY HARBOR CORP.	**c** EIN-PN	84-3992199-001
a Plan name	EOG RESOURCES, INC. SAVINGS AND RETIREMENT PLAN		
b Name of plan sponsor	EOG RESOURCES, INC.	**c** EIN-PN	47-0684736-001
a Plan name	EMPLOYEE SAVINGS PLAN FOR EVERGREEN PACKAGING		
b Name of plan sponsor	EVERGREEN PACKAGING INC.	**c** EIN-PN	20-8042663-007

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	FIDELITY NATIONAL FINANCIAL GROUP 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	FIDELITY NATIONAL FINANCIAL, INC.	**c** EIN-PN	16-1725106-001
a Plan name	FIRSTENERGY CORPORATION SAVINGS PLAN		
b Name of plan sponsor	FIRSTENERGY CORP.	**c** EIN-PN	34-1843785-002
a Plan name	FORTUNE BRANDS INNOVATIONS HOURLY EMPLOYEE RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	FORTUNE BRANDS INNOVATIONS, INC.	**c** EIN-PN	62-1411546-002
a Plan name	FORTUNE BRANDS INNOVATIONS RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	FORTUNE BRANDS INNOVATIONS, INC.	**c** EIN-PN	62-1411546-001
a Plan name	FORTUNE BRANDS INNOVATIONS, INC. DEFINED CONTRIBUTION MASTER TRUST		
b Name of plan sponsor	FORTUNE BRANDS INNOVATIONS, INC.	**c** EIN-PN	45-3505568-001
a Plan name	EMPLOYEE SAVINGS PLAN FOR GRAHAM PACKAGING		
b Name of plan sponsor	GRAHAM PACKAGING COMPANY, L.P.	**c** EIN-PN	23-2786688-011
a Plan name	HAND COMPOSITE EMPLOYEE BENEFIT TRUST		
b Name of plan sponsor	HAND BENEFITS & TRUST COMPANY	**c** EIN-PN	74-2008758-001
a Plan name	KELLANOVA MASTER TRUST		
b Name of plan sponsor	KELLANOVA	**c** EIN-PN	38-0710690-006
a Plan name	KELLANOVA PRINGLES SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	KELLANOVA	**c** EIN-PN	38-0710690-014
a Plan name	KELLANOVA SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	KELLANOVA	**c** EIN-PN	38-0710690-001
a Plan name	KELLOGG COMPANY BAKERY, CONFECTIONARY, TOBACCO WORKERS & GRAIN MILLER S SAVINGS & INVESTMENT PLAN		
b Name of plan sponsor	KELLOGG COMPANY	**c** EIN-PN	38-0710690-002
a Plan name	KEYSIGHT TECHNOLOGIES, INC. 401(K) PLAN		
b Name of plan sponsor	KEYSIGHT TECHNOLOGIES, INC.	**c** EIN-PN	46-4254555-003

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	KIMBERLY-CLARK PUERTO RICO DEFINED CONTRIBUTION PLAN		
b Name of plan sponsor	KIMBERLY-CLARK COMMERCIAL, INC.	**c** EIN-PN	66-0258078-001
a Plan name	LAND O'LAKES, INC. EMPLOYEE SAVINGS AND SUPPLEMENTAL RETIREMENT PLAN		
b Name of plan sponsor	LAND OLAKES, INC.	**c** EIN-PN	41-0365145-017
a Plan name	LARSON MANUFACTURING COMPANY EMPLOYEE PROFIT SHARING PLAN		
b Name of plan sponsor	LARSON MANUFACTURING COMPANY OF SO UTH DAKOTA, LLC	**c** EIN-PN	46-0278504-001
a Plan name	LOCKTON, INC. 401(K) PLAN		
b Name of plan sponsor	LOCKTON, INC.	**c** EIN-PN	90-0007886-002
a Plan name	MARTIN MARIETTA SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	MARTIN MARIETTA MATERIALS, INC.	**c** EIN-PN	56-1848578-006
a Plan name	MASTERBRAND CABINETS LLC UNION EMPLOYEES SAVINGS PLAN		
b Name of plan sponsor	MASTERBRAND CABINETS LLC	**c** EIN-PN	13-3346717-007
a Plan name	MASTERBRAND, INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	MASTERBRAND, INC.	**c** EIN-PN	88-3479920-008
a Plan name	MCGRAW-HILL EDUCATION 401(K) PLAN		
b Name of plan sponsor	MCGRAW HILL EDUCATION LLC	**c** EIN-PN	90-0942340-003
a Plan name	MILLIMAN PROFIT SHARING AND RETIREMENT PLAN		
b Name of plan sponsor	MILLIMAN, INC.	**c** EIN-PN	91-0675641-001
a Plan name	MOTIVA CHEMICALS SALARY DEFERRAL AND MONEY PURCHASE PENSION PLAN		
b Name of plan sponsor	MOTIVA CHEMICALS LLC	**c** EIN-PN	61-1603903-005
a Plan name	MOTIVA 401(K) AND SAVINGS PLAN		
b Name of plan sponsor	MOTIVA ENTERPRISES LLC	**c** EIN-PN	76-0262490-004
a Plan name	NEXTERA ENERGY, INC. EMPLOYEE RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	NEXTERA ENERGY, INC.	**c** EIN-PN	59-2449419-002

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	OCCIDENTAL PETROLEUM CORPORATION RETIREMENT PLAN		
b Name of plan sponsor	OCCIDENTAL PETROLEUM CORPORATION	**c** EIN-PN	95-4035997-060
a Plan name	OCCIDENTAL PETROLEUM CORPORATION SAVINGS PLAN		
b Name of plan sponsor	OCCIDENTAL PETROLEUM CORPORATION	**c** EIN-PN	95-4035997-001
a Plan name	PANTEXAS DETERRENCE 401(K) PLAN FOR BARGAINING PANTEX LOCATION EMPLOY EES		
b Name of plan sponsor	PANTEXAS DETERRENCE, LLC	**c** EIN-PN	99-6887808-012
a Plan name	PANTEXAS DETERRENCE 401(K) PLAN FOR NON-BARGAINING PANTEX LOCATION EM PLOYEES		
b Name of plan sponsor	PANTEXAS DETERRENCE, LLC	**c** EIN-PN	99-6887808-013
a Plan name	RELX INC. US SALARY INVESTMENT PLAN		
b Name of plan sponsor	RELX INC.	**c** EIN-PN	52-1471842-005
a Plan name	401(K) RETIREMENT PLAN FOR REYNOLDS BARGAINING		
b Name of plan sponsor	REYNOLDS CONSUMER PRODUCTS LLC	**c** EIN-PN	77-0710443-005
a Plan name	401(K) RETIREMENT PLAN FOR REYNOLDS CONSUMER PRODUCTS		
b Name of plan sponsor	REYNOLDS CONSUMER PRODUCTS LLC	**c** EIN-PN	77-0710443-010
a Plan name	EMPLOYEE SAVINGS PLAN (REYNOLDS PACKAGING)		
b Name of plan sponsor	REYNOLDS SERVICES, INC.	**c** EIN-PN	27-0147082-004
a Plan name	EMPLOYEE SAVINGS PLAN FOR PACTIV BARGAINING		
b Name of plan sponsor	REYNOLDS SERVICES, INC.	**c** EIN-PN	27-0147082-034
a Plan name	SAVINGS BANKS EMPLOYEES RETIREMENT ASSOCIATION PLAN		
b Name of plan sponsor	SAVINGS BANKS EMPLOYEES RETIREMENT ASSOCIATION	**c** EIN-PN	04-2004337-001
a Plan name	SELECTIVE INSURANCE RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	SELECTIVE INSURANCE COMPANY OF AME RICA	**c** EIN-PN	22-1272390-002
a Plan name	SHAW INDUSTRIES GROUP, INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	SHAW INDUSTRIES GROUP INC.	**c** EIN-PN	58-1032521-002

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	TIAA CODE SECTION 401(K) PLAN		
b Name of plan sponsor	TEACHERS INSURANCE AND ANNUITY ASS OCIATION OF AMERICA	**c** EIN-PN	13-1624203-003
a Plan name	TIAA RETIREMENT PLAN		
b Name of plan sponsor	TEACHERS INSURANCE AND ANNUITY ASS OCIATION OF AMERICA	**c** EIN-PN	13-1624203-001
a Plan name	EMPLOYEE STOCK OWNERSHIP PLAN OF THE BANK OF NEW YORK COMPANY, INC.		
b Name of plan sponsor	THE BANK OF NEW YORK MELLON CORPOR ATION	**c** EIN-PN	13-2614959-003
a Plan name	THE BANK OF NEW YORK MELLON CORPORATION 401(K) SAVINGS PLAN		
b Name of plan sponsor	THE BANK OF NEW YORK MELLON CORPOR ATION	**c** EIN-PN	13-2614959-004
a Plan name	THE BANK OF NEW YORK MELLON CORPORATION RETIREMENT PLANS MASTER TRUST		
b Name of plan sponsor	THE BANK OF NEW YORK MELLON CORPOR ATION	**c** EIN-PN	26-4392425-001
a Plan name	TURNER RETIREMENT INVESTMENT PLAN		
b Name of plan sponsor	THE TURNER CORPORATION	**c** EIN-PN	13-3209884-002
a Plan name	THE UNIVERSITY OF PHOENIX, INC. SAVINGS & INVESTMENT PLAN		
b Name of plan sponsor	THE UNIVERSITY OF PHOENIX, INC.	**c** EIN-PN	94-2473210-001
a Plan name	TROPICANA PRODUCTS, INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	TROPICANA PRODUCTS, INC.	**c** EIN-PN	13-3346705-002
a Plan name	UNISYS SAVINGS PLAN		
b Name of plan sponsor	UNISYS CORPORATION	**c** EIN-PN	38-0387840-004
a Plan name	UNISYS SAVINGS PLAN FOR PUERTO RICO EMPLOYEES		
b Name of plan sponsor	UNISYS CORPORATION	**c** EIN-PN	38-0387840-017
a Plan name	UNIVERSITY OF COLORADO OPTIONAL RETIREMENT PLAN		
b Name of plan sponsor	UNIVERSITY OF COLORADO	**c** EIN-PN	84-6000555-001
a Plan name	VF 401K SAVINGS PLAN		
b Name of plan sponsor	VF CORPORATION	**c** EIN-PN	23-1180120-002

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	VIASAT, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	VIASAT, INC.	**c** EIN-PN	33-0174996-001
a Plan name	VSP RETIREMENT PLAN		
b Name of plan sponsor	VISION SERVICE PLAN (VSP)	**c** EIN-PN	94-1632821-001
a Plan name	VISIONWORKS OF AMERICA INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	VISIONWORKS OF AMERICA, INC.	**c** EIN-PN	25-1801124-001
a Plan name	VISTEON INVESTMENT PLAN		
b Name of plan sponsor	VISTEON CORPORATION	**c** EIN-PN	38-3519512-002
a Plan name	WPMG 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	WASHINGTON PERMANENTE MEDICAL GROU P, P.C.	**c** EIN-PN	91-1841629-001
a Plan name	WILLIAM BLAIR 401(K) AND PROFIT SHARING PLAN		
b Name of plan sponsor	WILLIAM BLAIR & COMPANY, LLC	**c** EIN-PN	36-2214610-001
a Plan name	WK KELLOGG CO BAKERY, CONFECTIONERY TOBACCO WORKERS AND GRAIN MILLERS SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	WK KELLOGG CO	**c** EIN-PN	92-1243173-002
a Plan name	WK KELLOGG CO SAVINGS & INVESTMENT MASTER TRUST		
b Name of plan sponsor	WK KELLOGG CO	**c** EIN-PN	92-1243173-006
a Plan name	WK KELLOGG CO SAVINGS & INVESTMENT PLAN		
b Name of plan sponsor	WK KELLOGG CO	**c** EIN-PN	92-1243173-016
a Plan name	WOOD 401(K) PLAN		
b Name of plan sponsor	WOOD GROUP US HOLDINGS, INC.	**c** EIN-PN	76-0688757-001
a Plan name	WORLD WIDE TECHNOLOGY, LLC EMPLOYEE SALARY DEFERRAL RETIREMENT PROGRA M		
b Name of plan sponsor	WORLD WIDE TECHNOLOGY, LLC	**c** EIN-PN	43-1912895-001
a Plan name	ZOETIS SAVINGS PLAN		
b Name of plan sponsor	ZOETIS INC.	**c** EIN-PN	46-0696167-001

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Financial Information** This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	OMB No. 1210-0110 **2024** **This Form is Open to Public Inspection**

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

A Name of plan
US DEBT INDEX FUND M

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)
45-4395752

Part I Asset and Liability Statement

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

Assets		**(a)** Beginning of Year	**(b)** End of Year
a Total noninterest-bearing cash	**1a**		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	**1b(1)**		
(2) Participant contributions	**1b(2)**		
(3) Other	**1b(3)**	15633177	24134517
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	**1c(1)**	755	1004
(2) U.S. Government securities	**1c(2)**		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	**1c(3)(A)**		
(B) All other	**1c(3)(B)**		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	**1c(4)(A)**		
(B) Common	**1c(4)(B)**		
(5) Partnership/joint venture interests	**1c(5)**		
(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)**	3265539988	3173926079
(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)**		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	3281173920	3198061600
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	15868161	24383626
k Total liabilities (add all amounts in lines 1g through1j)	1k	15868161	24383626
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3265305759	3173677974

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)	79	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		79
(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)	268427	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	268427	
(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)	-29272026	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-29272026

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		78367862
(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		49095915
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)	3738	
(5) Investment advisory and investment management fees	2i(5)	989570	
(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)	2274	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		996866
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		996866
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		48099049
l Transfers of assets:			
(1) To this plan	2l(1)		958942360
(2) From this plan	2l(2)		1098669194

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.)	4a			
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b			
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d			
e	Was this plan covered by a fidelity bond?	4e			
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f			
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g			
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h			
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j			
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k			
l	Has the plan failed to provide any benefit when due under the plan?	4l			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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 ____________________.

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**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
- ☒ 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 US DEBT INDEX 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) 45-4395752 **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.

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	Bryan Bowers **Signature of DFE**	10/03/2025 Date	BRYAN BOWERS 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 ☐ Same as Plan Sponsor	3b Administrator's EIN
BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.	94-3112180
	3c Administrator's telephone number
400 HOWARD STREET SAN FRANCISCO, CA 94105	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:	**4b** EIN	
a	Sponsor's name	**4d** PN	
c	Plan Name		
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	**6a(1)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	0
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	0
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☐ Trust	(3) ☐ Trust
(4) ☐ General assets of the sponsor	(4) ☐ 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) ☐ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) - Number Attached ________
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☐ **A** (Insurance Information) - Number Attached ________
- (4) ☐ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 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 ______________________