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 TREASURY US 5 YEAR KEY RATE DURATION NON-LENDABLE FUND	**1b** Three-digit plan number (PN) ▶ 001 **1c** Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) 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) 47-4104495 **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.	10/03/2025	BRYAN BOWERS
	Signature of DFE	Date	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)
- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☐ Trust
- **(4)** ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☐ Trust
- **(4)** ☐ General assets of the sponsor

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______________________

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 TREASURY US 5 YEAR KEY RATE DURATION NON-LENDABLE FUND	**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) 47-4104495

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:

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)

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
THOMAS & BETTS CORPORATION PENSION PLAN FOR BARGAINING UNIT EMPLOYEES	ABB INSTALLATION PRODUCTS INC.	22-1326940-003
THOMAS & BETTS PENSION PLAN	ABB INSTALLATION PRODUCTS INC.	22-1326940-001
ABB INC. CASH BALANCE PENSION PLAN	ABB, INCORPORATED	36-3100018-301
ABB INC. MASTER TRUST	ABB, INCORPORATED	36-3100018-050
ABB INC. PENSION PLAN OF FISCHER & PORTER COMPANY	ABB, INCORPORATED	36-3100018-006
AKZONOBEL RETIREMENT PLAN	AKZO NOBEL INC.	56-1349341-001
BEMIS COMPANY INC MASTER PENSION TRUST	AMCOR FLEXIBLES NORTH AMERICA INC.	43-0178130-004
BEMIS HOURLY RETIREMENT PLAN	AMCOR FLEXIBLES NORTH AMERICA INC.	43-0178130-002
BEMIS RETIREMENT PLAN	AMCOR FLEXIBLES NORTH AMERICA INC.	43-0178130-001
AAA RETIREMENT PLAN	AMERICAN AUTOMOBILE ASSOCIATION, I NC.	53-0025420-001
PENSION PLAN A OF THE AMERICAN COLLEGE OF PHYSICIANS INC	AMERICAN COLLEGE OF PHYSICIANS	23-1520302-001
PENSION PLAN B OF THE AMERICAN COLLEGE OF PHYSICIANS INC	AMERICAN COLLEGE OF PHYSICIANS	23-1520302-004

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

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

a Plan name	AMSTED INDUSTRIES INCORPORATED DEFINED BENEFIT PENSION PLAN		
b Name of plan sponsor	AMSTED INDUSTRIES INCORPORATED	**c** EIN-PN	36-0730380-026
a Plan name	ANIXTER INC. PENSION PLAN		
b Name of plan sponsor	ANIXTER INC	**c** EIN-PN	36-2361285-010
a Plan name	AVNET PENSION PLAN		
b Name of plan sponsor	AVNET, INC.	**c** EIN-PN	11-1890605-001
a Plan name	BAKER HUGHES COMPANY PENSION PLAN		
b Name of plan sponsor	BAKER HUGHES HOLDINGS LLC	**c** EIN-PN	76-0207995-050
a Plan name	BANCO POPULAR DE PUERTO RICO RETIREMENT PLAN		
b Name of plan sponsor	BANCO POPULAR DE PUERTO RICO	**c** EIN-PN	66-0561870-001
a Plan name	BAYSTATE HEALTH, INC. RETIREMENT PROGRAM		
b Name of plan sponsor	BAYSTATE HEALTH, INC.	**c** EIN-PN	04-2105941-001
a Plan name	BEKAERT CORPORATION RETIREMENT INCOME PLAN		
b Name of plan sponsor	BEKAERT CORPORATION	**c** EIN-PN	62-1340165-001
a Plan name	BELDEN PENSION PLAN		
b Name of plan sponsor	BELDEN INC.	**c** EIN-PN	36-3601505-001
a Plan name	BORGWARNER INC. RETIREMENT PLAN		
b Name of plan sponsor	BORGWARNER, INC.	**c** EIN-PN	13-3404508-001
a Plan name	BREMER RETIREMENT PLAN		
b Name of plan sponsor	BREMER FINANCIAL CORPORATION	**c** EIN-PN	41-0715583-003
a Plan name	GENERAL RETIREMENT PLAN FOR EMPLOYEES OF THE CARPENTER TECHNOLOGY COR PORATION		
b Name of plan sponsor	CARPENTER TECHNOLOGY CORPORATION	**c** EIN-PN	23-0458500-010
a Plan name	CARRIER CORPORATION REPRESENTED EMPLOYEE PENSION PLAN		
b Name of plan sponsor	CARRIER GLOBAL CORPORATION	**c** EIN-PN	83-4051582-002

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	CENTURY ALUMINUM CONSOLIDATED RETIREMENT PLAN		
b Name of plan sponsor	CENTURY ALUMINUM COMPANY	**c** EIN-PN	13-3070826-005
a Plan name	CENTURY ALUMINUM SEBREE HOURLY PENSION PLAN		
b Name of plan sponsor	CENTURY ALUMINUM SEBREE LLC	**c** EIN-PN	46-2657599-001
a Plan name	TIME WARNER CABLE PENSION PLAN		
b Name of plan sponsor	CHARTER COMMUNICATIONS, INC.	**c** EIN-PN	84-1496755-001
a Plan name	TIME WARNER CABLE PENSION PLANS MASTER TRUST		
b Name of plan sponsor	CHARTER COMMUNICATIONS, INC.	**c** EIN-PN	84-1496755-100
a Plan name	TIME WARNER CABLE UNION PENSION PLAN		
b Name of plan sponsor	CHARTER COMMUNICATIONS, INC.	**c** EIN-PN	84-1496755-002
a Plan name	CHRISTIANA CARE HEALTH SERVICES INC. RETIREMENT PLAN		
b Name of plan sponsor	CHRISTIANA CARE HEALTH SERVICES, I NC.	**c** EIN-PN	51-0103684-001
a Plan name	CHRISTIANA CARE HOME HEALTH & COMMUNITY SERVICES, INC. DEFINED BENEFI T PLAN		
b Name of plan sponsor	CHRISTIANA CARE HOME HEALTH & COMM UNITY SERVICES, INC.	**c** EIN-PN	51-0064334-001
a Plan name	CITGO PETROLEUM CORPORATION DEFINED BENEFIT PLANS MASTER TRUST		
b Name of plan sponsor	CITGO PETROLEUM CORPORATION	**c** EIN-PN	56-1819750-007
a Plan name	CITGO PETROLEUM CORPORATION SALARIED EMPLOYEES' PENSION PLAN		
b Name of plan sponsor	CITGO PETROLEUM CORPORATION	**c** EIN-PN	73-1173881-004
a Plan name	RETIREMENT PLAN OF CITGO PETROLEUM CORPORATION AND PARTICIPATING SUBS IDIARY COMPANIES		
b Name of plan sponsor	CITGO PETROLEUM CORPORATION	**c** EIN-PN	73-1173881-002
a Plan name	C & J CLARK COMPANY PENSION PLAN		
b Name of plan sponsor	CLARKS AMERICAS, INC.	**c** EIN-PN	23-2051236-001
a Plan name	CLEVELAND-CLIFFS HIBBING MANAGEMENT LLC PENSION PLAN		
b Name of plan sponsor	CLEVELAND-CLIFFS HIBBING MANAGEMEN T LLC	**c** EIN-PN	83-4490897-001

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

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

a Plan name	CLEVELAND-CLIFFS STEEL LLC PENSION PLAN			
b Name of plan sponsor	CLEVELAND-CLIFFS STEEL LLC	**c**	EIN-PN	71-0871875-009
a Plan name	CONOCOPHILLIPS RETIREMENT PLAN			
b Name of plan sponsor	CONOCOPHILLIPS COMPANY	**c**	EIN-PN	73-0400345-021
a Plan name	DEFINED BENEFIT RETIREMENT PLAN FOR DARTMOUTH COLLEGE STAFF			
b Name of plan sponsor	DARTMOUTH COLLEGE	**c**	EIN-PN	02-0222111-002
a Plan name	DAYCO DEFINED BENEFIT PENSION PLAN			
b Name of plan sponsor	DAYCO INCORPORATED	**c**	EIN-PN	23-1733979-004
a Plan name	DRESSER, LLC CONSOLIDATED SALARIED RETIREMENT PLAN			
b Name of plan sponsor	DRESSER, LLC	**c**	EIN-PN	75-2795365-164
a Plan name	EAGLE ALLIANCE EMPLOYEE PENSION PLAN			
b Name of plan sponsor	EAGLE ALLIANCE	**c**	EIN-PN	52-2308257-001
a Plan name	ESSENTIAL UTILITIES, INC. PENSION PLAN			
b Name of plan sponsor	ESSENTIAL UTILITIES, INC.	**c**	EIN-PN	23-1702594-001
a Plan name	FIRST-CITIZENS BANK AND TRUST COMPANY AND ADOPTING RELATED EMPLOYERS PENSION PLAN			
b Name of plan sponsor	FIRST CITIZENS BANK AND TRUST COMP ANY, INC.	**c**	EIN-PN	56-0223230-001
a Plan name	FIRST-CITIZENS BANK AND TRUST COMPANY PENSION PLAN			
b Name of plan sponsor	FIRST CITIZENS BANK AND TRUST COMP ANY, INC.	**c**	EIN-PN	56-0223230-004
a Plan name	GANNETT RETIREMENT PLAN			
b Name of plan sponsor	GANNETT COMPANY	**c**	EIN-PN	47-2390983-001
a Plan name	THE GATES GROUP RETIREMENT PLAN			
b Name of plan sponsor	GATES CORPORATION	**c**	EIN-PN	84-0857401-333
a Plan name	PENSION PLAN OF GENERAL ATOMICS			
b Name of plan sponsor	GENERAL ATOMICS	**c**	EIN-PN	95-3735102-001

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	GENERAL DYNAMICS RETIREMENT PLAN (ELECTRIC BOAT)		
b Name of plan sponsor	GENERAL DYNAMICS CORPORATION	c EIN-PN	13-1673581-070
a Plan name	THE GENERAL DYNAMICS RETIREMENT PLAN (BATH IRON WORKS)		
b Name of plan sponsor	GENERAL DYNAMICS CORPORATION	c EIN-PN	13-1673581-078
a Plan name	THE GENERAL DYNAMICS RETIREMENT PLAN (COMMERCIAL)		
b Name of plan sponsor	GENERAL DYNAMICS CORPORATION	c EIN-PN	13-1673581-002
a Plan name	THE GENERAL DYNAMICS RETIREMENT PLAN (GOVERNMENT)		
b Name of plan sponsor	GENERAL DYNAMICS CORPORATION	c EIN-PN	13-1673581-001
a Plan name	THE GENERAL DYNAMICS RETIREMENT PLAN (LAND SYSTEMS)		
b Name of plan sponsor	GENERAL DYNAMICS CORPORATION	c EIN-PN	13-1673581-071
a Plan name	THE GENERAL DYNAMICS LAND SYSTEMS PENSION AGREEMENT		
b Name of plan sponsor	GENERAL DYNAMICS LAND SYSTEMS, INC .	c EIN-PN	54-0582680-008
a Plan name	GENERAL CABLE MASTER PENSION PLAN		
b Name of plan sponsor	GK TECHNOLOGIES, INCORPORATED	c EIN-PN	13-3064555-002
a Plan name	HERC RENTALS PENSION PLAN		
b Name of plan sponsor	HERC RENTALS INC.	c EIN-PN	13-6174127-001
a Plan name	HILTON HOTELS RETIREMENT PLAN		
b Name of plan sponsor	HILTON DOMESTIC OPERATING CO, INC	c EIN-PN	38-4009972-100
a Plan name	JACK IN THE BOX INC. RETIREMENT PLAN		
b Name of plan sponsor	JACK IN THE BOX	c EIN-PN	95-2698708-001
a Plan name	WILTEL COMMUNICATIONS LLC PENSION PLAN		
b Name of plan sponsor	JEFFERIES FINANCIAL GROUP INC	c EIN-PN	13-2615557-004
a Plan name	JEFFERIES EMPLOYEES' PENSION PLAN		
b Name of plan sponsor	JEFFERIES FINANCIAL GROUP, INC.	c EIN-PN	95-4719745-002

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

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

a Plan name	PENSION PLAN FOR EMPLOYEES OF DARTMOUTH-HITCHCOCK		
b Name of plan sponsor	MARY HITCHCOCK MEMORIAL HOSPITAL	**c** EIN-PN	02-0222140-001
a Plan name	MICHELIN NORTH AMERICA INC. MASTER RETIREMENT TRUST		
b Name of plan sponsor	MICHELIN NORTH AMERICA INC	**c** EIN-PN	11-1724631-001
a Plan name	MILLERCOORS LLC PENSION PLAN		
b Name of plan sponsor	MILLERCOORS LLC	**c** EIN-PN	26-2387410-001
a Plan name	EMPLOYEES' RETIREMENT PLAN OF THE NATIONAL GEOGRAPHIC SOCIETY		
b Name of plan sponsor	NATIONAL GEOGRAPHIC SOCIETY	**c** EIN-PN	53-0193519-001
a Plan name	NCR PENSION PLAN		
b Name of plan sponsor	NCR CORPORATION	**c** EIN-PN	31-0387920-001
a Plan name	OCCIDENTAL PETROLEUM CORPORATION MASTER RETIREMENT PLAN TRUST		
b Name of plan sponsor	OCCIDENTAL PETROLEUM CORPORATION M ASTER RETIREMENT PLAN TRUST	**c** EIN-PN	36-3055057-100
a Plan name	PCS ADMINISTRATION USA, INC. DEFINED BENEFIT TRUST		
b Name of plan sponsor	PCS ADMINISTRATION USA, INC.	**c** EIN-PN	56-2156471-001
a Plan name	UNO-VEN RETIREMENT PLAN		
b Name of plan sponsor	PDV MIDWEST REFINING L.L.C.	**c** EIN-PN	36-4138789-001
a Plan name	PRYSMIAN CABLES AND SYSTEMS PENSION PLAN		
b Name of plan sponsor	PRYSMIAN CABLES AND SYS USA, LLC	**c** EIN-PN	57-1061511-004
a Plan name	PRYSMIAN GROUP U.S. PENSION PLAN MASTER TRUST		
b Name of plan sponsor	PRYSMIAN CABLES AND SYS USA, LLC	**c** EIN-PN	86-6618775-008
a Plan name	RALEY'S PENSION PLAN		
b Name of plan sponsor	RALEY'S	**c** EIN-PN	94-1316611-010
a Plan name	RETIREMENT INCOME PLAN FOR SALARIED EMPLOYEES OF ROCKEFELLER GROUP IN TERNATIONAL, INC.		
b Name of plan sponsor	ROCKEFELLER GROUP INTERNATIONAL IN C.	**c** EIN-PN	13-3975924-001

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	SABRE INC. LEGACY PENSION PLAN		
b Name of plan sponsor	SABRE GLBL INC.	**c** EIN-PN	75-2109502-001
a Plan name	RETIREMENT INCOME PLAN FOR SELECTIVE INSURANCE COMPANY OF AMERICA		
b Name of plan sponsor	SELECTIVE INSURANCE COMPANY OF AME RICA	**c** EIN-PN	22-1272390-003
a Plan name	SMITHS GROUP PENSION PLAN		
b Name of plan sponsor	SMITHS GROUP SERVICES CORPORATION	**c** EIN-PN	22-3015350-001
a Plan name	SPIRE RETIREMENT INCOME PLAN		
b Name of plan sponsor	SPIRE ALABAMA, INC.	**c** EIN-PN	63-0022000-013
a Plan name	THE SPIRE ALABAMA RETIREMENT INCOME TRUST		
b Name of plan sponsor	SPIRE ALABAMA, INC.	**c** EIN-PN	63-0022000-100
a Plan name	UNITED STEELWORKERS SPIRE ALABAMA PENSION PLAN		
b Name of plan sponsor	SPIRE ALABAMA, INC.	**c** EIN-PN	63-0022000-001
a Plan name	SPIRE MISSOURI EMPLOYEES RETIREMENT PLAN		
b Name of plan sponsor	SPIRE MISSOURI INC.	**c** EIN-PN	43-0368139-001
a Plan name	SPIRE MISSOURI WEST RETIREMENT INCOME PLAN		
b Name of plan sponsor	SPIRE MISSOURI INC.	**c** EIN-PN	43-0368139-008
a Plan name	THE SPIRE MISSOURI RETIREMENT INCOME TRUST		
b Name of plan sponsor	SPIRE MISSOURI INC.	**c** EIN-PN	43-0368139-015
a Plan name	STANDEX INTERNATIONAL CORPORATION PENSION PLANS		
b Name of plan sponsor	STANDEX INTERNATIONAL CORPORATION	**c** EIN-PN	31-0596149-001
a Plan name	SUMITOMO RUBBER USA LLC 1950 PENSION PLAN		
b Name of plan sponsor	SUMITOMO RUBBER USA, LLC.	**c** EIN-PN	34-1899137-002
a Plan name	SUMITOMO RUBBER USA LLC 1970 PENSION PLAN		
b Name of plan sponsor	SUMITOMO RUBBER USA, LLC.	**c** EIN-PN	34-1899137-004

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	SUMITOMO RUBBER USA, LLC MASTER RETIREMENT TRUST		
b Name of plan sponsor	SUMITOMO RUBBER USA, LLC.	**c** EIN-PN	34-1899137-020
a Plan name	SUMITOMO RUBBER USA, LLC SALARIED EMPLOYEES RETIREMENT PLAN		
b Name of plan sponsor	SUMITOMO RUBBER USA, LLC.	**c** EIN-PN	34-1899137-001
a Plan name	SUPERVALU INC. RETIREMENT PLAN		
b Name of plan sponsor	SUPERVALU INC.	**c** EIN-PN	41-0617000-002
a Plan name	THE HERSHEY COMPANY RETIREMENT PLAN		
b Name of plan sponsor	THE HERSHEY COMPANY	**c** EIN-PN	23-0691590-001
a Plan name	THE HERSHEY COMPANY RETIREMENT PLAN FOR HOURLY EMPLOYEES		
b Name of plan sponsor	THE HERSHEY COMPANY	**c** EIN-PN	23-0691590-002
a Plan name	NEIMAN MARCUS GROUP LLC RETIREMENT PLAN		
b Name of plan sponsor	THE NEIMAN MARCUS GROUP LLC	**c** EIN-PN	95-4119509-001
a Plan name	TI GROUP AUTOMOTIVE SYSTEMS RETIREMENT PLAN		
b Name of plan sponsor	TI GROUP AUTOMOTIVE SYSTEMS LLC	**c** EIN-PN	38-3610909-001
a Plan name	TOWER INTERNATIONAL PENSION PLAN		
b Name of plan sponsor	TOWER AUTOMOTIVE OPERATIONS USA I, LLC	**c** EIN-PN	26-0440499-003
a Plan name	RETIREMENT PLAN OF TRANSCONTINENTAL US LLC		
b Name of plan sponsor	TRANSCONTINENTAL US LLC	**c** EIN-PN	76-0678895-002
a Plan name	INSURANCE ORGANIZATIONS' PENSION TRUST (IOPT)		
b Name of plan sponsor	TRUSTEES OF THE INS ORGANIZATION P ENSION TRUST	**c** EIN-PN	13-6312183-001
a Plan name	U.S. BANK DEFINED BENEFIT PENSION PLANS MASTER TRUST		
b Name of plan sponsor	US BANCORP	**c** EIN-PN	41-0255900-008
a Plan name	U.S. BANK LEGACY PENSION PLAN		
b Name of plan sponsor	US BANCORP	**c** EIN-PN	41-0255900-007

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	U.S. BANK PENSION PLAN		
b Name of plan sponsor	US BANCORP	**c** EIN-PN	41-0255900-001
a Plan name	US FOODS CONSOLIDATED DEFINED BENEFIT RETIREMENT PLAN		
b Name of plan sponsor	US FOODS, INC.	**c** EIN-PN	36-3642294-012
a Plan name	US FOODS, INC. MASTER DEFINED BENEFIT PENSION TRUST		
b Name of plan sponsor	US FOODS, INC.	**c** EIN-PN	36-3642294-200
a Plan name	VALEO INC. PENSION PLAN		
b Name of plan sponsor	VALEO NORTH AMERICA, INC.	**c** EIN-PN	13-3744485-006
a Plan name	WILLIS NORTH AMERICA INC. PENSION PLAN		
b Name of plan sponsor	WILLIS NORTH AMERICA, INC.	**c** EIN-PN	13-5654526-001
a Plan name	WILLIS TOWERS WATSON PENSION PLAN FOR U.S. EMPLOYEES		
b Name of plan sponsor	WILLIS TOWERS WATSON US LLC	**c** EIN-PN	53-0181291-004
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	

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 TREASURY US 5 YEAR KEY RATE DURATION NON-LENDABLE FUND	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.	**D** Employer Identification Number (EIN) 47-4104495

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**	9755875	140975000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	**1b(1)**		
(2) Participant contributions	**1b(2)**		
(3) Other	**1b(3)**	12853577	7771170
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	**1c(1)**	423635898	39515515
(2) U.S. Government securities	**1c(2)**	915641285	1245994944
(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)**		
(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)**	133000994	

		(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**	1494887629	1434256629
Liabilities			
g Benefit claims payable	**1g**		
h Operating payables	**1h**		
i Acquisition indebtedness	**1i**		
j Other liabilities	**1j**	168918410	143586753
k Total liabilities (add all amounts in lines 1g through1j)	**1k**	168918410	143586753
Net Assets			
l Net assets (subtract line 1k from line 1f)	**1l**	1325969219	1290669876

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)**	8146269	
(B) U.S. Government securities	**2b(1)(B)**	43495537	
(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)**		51641806
(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)**	5295869000	
(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	5251067548	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		44801452
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
(B) Other	**2b(5)(B)**	-281141066	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		-281141066

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-184697808

Expenses

		(a) Amount	(b) Total
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		657203
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)	9658	
(5) Investment advisory and investment management fees	2i(5)	58974	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	1134	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3284	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		73050
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		730253

Net Income and Reconciliation

		(a) Amount	(b) Total
k Net income (loss). Subtract line **2j** from line **2d**	2k		-185428061
l Transfers of assets:			
(1) To this plan	2l(1)		503429208
(2) From this plan	2l(2)		353300490

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
- [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 TREASURY US 5 YEAR KEY RATE DURATION NON-LENDABLE FUND	**1b** Three-digit plan number (PN) ▶ 001 **1c** Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) 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) 47-4104495 **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	10/03/2025	BRYAN BOWERS
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address ☐ 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:	**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) X **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☐ **A** (Insurance Information) - Number Attached ______
- (4) ☐ **C** (Service Provider Information)
- (5) X **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 ______________________