

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: FORD MOTOR COMPANY TRUST FUND CASH
1b Three-digit plan number (PN): 107
1c Effective date of plan: 01/01/2012
2a Plan sponsor's name (employer, if for a single-employer plan): FORD MOTOR COMPANY
2b Employer Identification Number (EIN): 36-7324188
2c Plan Sponsor's telephone number: 313-322-3000
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

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

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

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

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  0  </u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

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

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

Receipt Confirmation Code 0

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

<b>A</b> Name of plan <b>FORD MOTOR COMPANY TRUST FUND CASH</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>107</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FORD MOTOR COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>36-7324188</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)...  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ALIGHT FINANCIAL SOLUTIONS, LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE KNOWN	10047457	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BUCK GLOBAL LLC

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE KNOWN	4403583	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

FORD MOTOR COMPANY

38-0549190

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PLAN SPONSOR	2890438	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 50 51 52 62	CUSTODIAN	1935837	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

STATE STREET BANK & TRUST CO

04-3521912

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE KNOWN	1380236	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BDO USA, P.C.

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCOUNTANT	417475	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE KNOWN	308588	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

M2O PRIVATE FUND ADVISORS LLC

80-0734315

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 99	NONE KNOWN	147965	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

DLA PIPER LLP

52-0616490

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE KNOWN	66347	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PAUL HASTINGS LLP

95-2209675

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE KNOWN	29129	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

KIRKLAND & ELLIS

36-1326630

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE KNOWN	17274	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

COMERICA BANK

38-6574332

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 49 50 59 62 72 99	NONE KNOWN	11250	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

<b>A</b> Name of plan <u>FORD MOTOR COMPANY TRUST FUND CASH</u>	<b>B</b> Three-digit plan number (PN)	<u>107</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FORD MOTOR COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>36-7324188</u>	

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

**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.)

<b>a</b> Plan name	FORD MOTOR COMPANY GENERAL RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	FORD MOTOR COMPANY	<b>c</b> EIN-PN 38-0549190-002

<b>a</b> Plan name	FORD MOTOR COMPANY UAW RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	FORD MOTOR COMPANY	<b>c</b> EIN-PN 38-0549190-001

<b>a</b> Plan name	AUTOALLIANCE INTERNATIONAL, INC. RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY THE UAW	
<b>b</b> Name of plan sponsor	FORD MOTOR COMPANY	<b>c</b> EIN-PN 38-0549190-007

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

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

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

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

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

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

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>FORD MOTOR COMPANY TRUST FUND CASH</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>107</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FORD MOTOR COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>36-7324188</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	4528101	1400376
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	31279012	12254710
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	163542116	275047874
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	944086	853069
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	200293315	289556029
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	200293315	289556029

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	4740072	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		4740072
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	-19952	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		-19952
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	2945761	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	6478	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		2939283
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-92965	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-92965

	(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)	
<b>c</b> Other income .....	2c	2995
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	7569433

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	
(2) To insurance carriers for the provision of benefits .....	2e(2)	
(3) Other .....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	0
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	
<b>h</b> Interest expense .....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	14746856
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	
(5) Investment advisory and investment management fees .....	2i(5)	21225443
(6) Bank or trust company trustee/custodial fees .....	2i(6)	1935837
(7) Actuarial fees .....	2i(7)	4712171
(8) Legal fees .....	2i(8)	119119
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses .....	2i(11)	963776
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	43703202
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	43703202

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	-36133769
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	3372049148
(2) From this plan .....	2l(2)	3246652665

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

**5500 Supplemental Schedules**

1 JAN 24 - 31 DEC 24

Account number FUS01  
Account Name RESERVE ACCOUNT

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◆ **5% Report - Part A***Single Transaction in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
<b>Interest-Bearing Cash - USD</b>									
<b>United States - USD</b>									
FORD CUSTOM FD CUSIP: 345399778	12,048,739.720	29 Jan 24	1.0000			0.00	12,048,739.72	12,048,739.72	0.00
FORD CUSTOM FD CUSIP: 345399778	227,501,940.040	31 Jan 24	1.0000			0.00	227,501,940.04	227,501,940.04	0.00
FORD CUSTOM FD CUSIP: 345399778	20,005,991.050	13 Feb 24	1.0000			0.00	20,005,991.05	20,005,991.05	0.00
FORD CUSTOM FD CUSIP: 345399778	18,196,419.530	15 Feb 24	1.0000			0.00	18,196,419.53	18,196,419.53	0.00
FORD CUSTOM FD CUSIP: 345399778	111,636,373.280	28 Feb 24	1.0000			0.00	111,636,373.28	111,636,373.28	0.00
FORD CUSTOM FD CUSIP: 345399778	86,398,827.240	29 Feb 24	1.0000			0.00	86,398,827.24	86,398,827.24	0.00
FORD CUSTOM FD CUSIP: 345399778	30,425,682.660	15 Mar 24	1.0000			0.00	30,425,682.66	30,425,682.66	0.00
FORD CUSTOM FD CUSIP: 345399778	73,359,122.960	28 Mar 24	1.0000			0.00	73,359,122.96	73,359,122.96	0.00
FORD CUSTOM FD CUSIP: 345399778	118,355,755.110	29 Mar 24	1.0000			0.00	118,355,755.11	118,355,755.11	0.00
FORD CUSTOM FD CUSIP: 345399778	21,276,353.510	15 Apr 24	1.0000			0.00	21,276,353.51	21,276,353.51	0.00
FORD CUSTOM FD CUSIP: 345399778	186,479,668.400	30 Apr 24	1.0000			0.00	186,479,668.40	186,479,668.40	0.00
FORD CUSTOM FD CUSIP: 345399778	28,174,451.030	15 May 24	1.0000			0.00	28,174,451.03	28,174,451.03	0.00
FORD CUSTOM FD CUSIP: 345399778	14,940,248.400	16 May 24	1.0000			0.00	14,940,248.40	14,940,248.40	0.00
FORD CUSTOM FD CUSIP: 345399778	34,982,096.940	17 May 24	1.0000			0.00	34,982,096.94	34,982,096.94	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 200,293,315.02

**5500 Supplemental Schedules**

1 JAN 24 - 31 DEC 24

Account number FUS01  
Account Name RESERVE ACCOUNT

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◆ **5% Report - Part A***Single Transaction in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
<b>Interest-Bearing Cash - USD</b>									
FORD CUSTOM FD CUSIP: 345399778	21,120,086.070	21 Jun 24	1.0000			0.00	21,120,086.07	21,120,086.07	0.00
FORD CUSTOM FD CUSIP: 345399778	180,196,701.150	28 Jun 24	1.0000			0.00	180,196,701.15	180,196,701.15	0.00
FORD CUSTOM FD CUSIP: 345399778	128,091,187.380	31 Jul 24	1.0000			0.00	128,091,187.38	128,091,187.38	0.00
FORD CUSTOM FD CUSIP: 345399778	27,200,000.000	22 Aug 24	1.0000			0.00	27,200,000.00	27,200,000.00	0.00
FORD CUSTOM FD CUSIP: 345399778	175,691,787.560	29 Aug 24	1.0000			0.00	175,691,787.56	175,691,787.56	0.00
FORD CUSTOM FD CUSIP: 345399778	13,070,617.730	17 Sep 24	1.0000			0.00	13,070,617.73	13,070,617.73	0.00
FORD CUSTOM FD CUSIP: 345399778	174,354,134.780	30 Sep 24	1.0000			0.00	174,354,134.78	174,354,134.78	0.00
FORD CUSTOM FD CUSIP: 345399778	39,835,475.110	16 Oct 24	1.0000			0.00	39,835,475.11	39,835,475.11	0.00
FORD CUSTOM FD CUSIP: 345399778	26,046,781.810	23 Oct 24	1.0000			0.00	26,046,781.81	26,046,781.81	0.00
FORD CUSTOM FD CUSIP: 345399778	31,961,582.000	28 Oct 24	1.0000			0.00	31,961,582.00	31,961,582.00	0.00
FORD CUSTOM FD CUSIP: 345399778	150,165,387.940	31 Oct 24	1.0000			0.00	150,165,387.94	150,165,387.94	0.00
FORD CUSTOM FD CUSIP: 345399778	14,184,267.940	4 Nov 24	1.0000			0.00	14,184,267.94	14,184,267.94	0.00
FORD CUSTOM FD CUSIP: 345399778	19,976,252.220	7 Nov 24	1.0000			0.00	19,976,252.22	19,976,252.22	0.00
FORD CUSTOM FD CUSIP: 345399778	26,634,823.740	18 Nov 24	1.0000			0.00	26,634,823.74	26,634,823.74	0.00
FORD CUSTOM FD CUSIP: 345399778	205,413,689.710	31 Dec 24	1.0000			0.00	205,413,689.71	205,413,689.71	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 200,293,315.02

**5500 Supplemental Schedules**

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◆ **5% Report - Part A***Single Transaction in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
<b>Interest-Bearing Cash - USD</b>									
FORD CUSTOM FD CUSIP: 345399778	-111,944,291.460	2 Jan 24		1.0000		0.00	111,944,291.46	111,944,291.46	0.00
FORD CUSTOM FD CUSIP: 345399778	-18,298,873.880	18 Jan 24		1.0000		0.00	18,298,873.88	18,298,873.88	0.00
FORD CUSTOM FD CUSIP: 345399778	-194,822,503.390	1 Feb 24		1.0000		0.00	194,822,503.39	194,822,503.39	0.00
FORD CUSTOM FD CUSIP: 345399778	-64,232,036.460	1 Mar 24		1.0000		0.00	64,232,036.46	64,232,036.46	0.00
FORD CUSTOM FD CUSIP: 345399778	-82,473,973.300	4 Mar 24		1.0000		0.00	82,473,973.30	82,473,973.30	0.00
FORD CUSTOM FD CUSIP: 345399778	-10,931,244.360	14 Mar 24		1.0000		0.00	10,931,244.36	10,931,244.36	0.00
FORD CUSTOM FD CUSIP: 345399778	-90,429,801.230	21 Mar 24		1.0000		0.00	90,429,801.23	90,429,801.23	0.00
FORD CUSTOM FD CUSIP: 345399778	-193,416,867.750	1 Apr 24		1.0000		0.00	193,416,867.75	193,416,867.75	0.00
FORD CUSTOM FD CUSIP: 345399778	-194,607,369.200	1 May 24		1.0000		0.00	194,607,369.20	194,607,369.20	0.00
FORD CUSTOM FD CUSIP: 345399778	-50,326,918.060	31 May 24		1.0000		0.00	50,326,918.06	50,326,918.06	0.00
FORD CUSTOM FD CUSIP: 345399778	-16,906,129.260	12 Jun 24		1.0000		0.00	16,906,129.26	16,906,129.26	0.00
FORD CUSTOM FD CUSIP: 345399778	-195,355,087.620	1 Jul 24		1.0000		0.00	195,355,087.62	195,355,087.62	0.00
FORD CUSTOM FD CUSIP: 345399778	-79,642,722.200	1 Aug 24		1.0000		0.00	79,642,722.20	79,642,722.20	0.00
FORD CUSTOM FD CUSIP: 345399778	-189,219,641.040	30 Aug 24		1.0000		0.00	189,219,641.04	189,219,641.04	0.00
FORD CUSTOM FD CUSIP: 345399778	-11,152,990.090	16 Sep 24		1.0000		0.00	11,152,990.09	11,152,990.09	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 200,293,315.02

**5500 Supplemental Schedules**

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◆ **5% Report - Part A***Single Transaction in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
<b>Interest-Bearing Cash - USD</b>									
FORD CUSTOM FD CUSIP: 345399778	-194,411,919.990	1 Oct 24		1.0000		0.00	194,411,919.99	194,411,919.99	0.00
FORD CUSTOM FD CUSIP: 345399778	-25,696,842.070	11 Oct 24		1.0000		0.00	25,696,842.07	25,696,842.07	0.00
FORD CUSTOM FD CUSIP: 345399778	-196,853,586.650	1 Nov 24		1.0000		0.00	196,853,586.65	196,853,586.65	0.00
FORD CUSTOM FD CUSIP: 345399778	-21,498,367.470	29 Nov 24		1.0000		0.00	21,498,367.47	21,498,367.47	0.00
FORD CUSTOM FD CUSIP: 345399778	-27,456,227.560	6 Dec 24		1.0000		0.00	27,456,227.56	27,456,227.56	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 200,293,315.02

**5500 Supplemental Schedules**

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◆ **5% Report - Part B***Series of Non-Security Transactions with Same Party in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
<b><i>NORTHERN TRUST COMPANY, CHICAGO</i></b>									
<b>Cash and Cash Equivalents</b>									
<b>British pound sterling - GBP</b>									
FX DEAL TRANSACTED ON 02 JAN 2024 USD / GBP EX.RATE 1.260969 WITH NORTHERN TRUST	-368,110.610	2 Jan 24				0.00	-464,176.07	-464,721.29	-545.22
FX DEAL TRANSACTED ON 04 NOV 2024 GBP / USD EX.RATE 0.7701478 WITH NORTHERN	329,428.590	4 Nov 24				0.00	427,747.21	427,598.32	-148.89
FX DEAL TRANSACTED ON 05 JUN 2024 GBP / USD EX.RATE 1.279834 WITH NORTHERN TRUST	1,365,055.720	5 Jun 24				0.00	1,747,044.72	1,741,606.56	-5,438.16
FX DEAL TRANSACTED ON 06 AUG 2024 GBP / USD EX.RATE 0.7872646 WITH NORTHERN	592,971.470	6 Aug 24				0.00	753,204.81	753,577.82	373.01
FX DEAL TRANSACTED ON 08 AUG 2024 GBP / USD EX.RATE 0.7867257 WITH NORTHERN	1,844,800.120	8 Aug 24				0.00	2,344,908.83	2,345,571.41	662.58
FX DEAL TRANSACTED ON 14 FEB 2024 GBP / USD EX.RATE 0.7955272 WITH NORTHERN	623,557.260	14 Feb 24				0.00	783,828.94	782,533.28	-1,295.66
FX DEAL TRANSACTED ON 15 FEB 2024 GBP / USD EX.RATE 0.7940737 WITH NORTHERN	3,337,998.420	15 Feb 24				0.00	4,203,638.21	4,189,021.62	-14,616.59
FX DEAL TRANSACTED ON 16 JUL 2024 GBP / USD EX.RATE 0.7715168 WITH NORTHERN	4,095,167.160	16 Jul 24				0.00	5,307,942.72	5,302,218.19	-5,724.53
FX DEAL TRANSACTED ON 19 NOV 2024 USD / GBP EX.RATE 1.266169 WITH NORTHERN TRUST	-783,714.000	19 Nov 24				0.00	-992,314.37	-992,612.97	-298.60
FX DEAL TRANSACTED ON 21 MAY 2024 GBP / USD EX.RATE 1.271836 WITH NORTHERN TRUST	1,666,431.660	21 May 24				0.00	2,119,427.78	2,120,534.33	1,106.55
<b>Euro - EUR</b>									
FX DEAL TRANSACTED ON 01 MAR 2024 EUR / USD EX.RATE 0.9222183 WITH NORTHERN	54,984.670	1 Mar 24				0.00	59,622.19	59,501.66	-120.53
FX DEAL TRANSACTED ON 01 NOV 2024 USD / EUR EX.RATE 1.084607 WITH NORTHERN TRUST	-3,587,362.000	1 Nov 24				0.00	-3,890,877.94	-3,891,929.20	-1,051.26

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 200,293,315.02

**5500 Supplemental Schedules**

1 JAN 24 - 31 DEC 24

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◆ **5% Report - Part B***Series of Non-Security Transactions with Same Party in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
<b><i>NORTHERN TRUST COMPANY, CHICAGO</i></b>									
FX DEAL TRANSACTED ON 01 OCT 2024 USD / EUR EX.RATE 1.106047 WITH NORTHERN TRUST	-646,744.510	1 Oct 24				0.00	-715,329.83	-716,366.60	-1,036.77
FX DEAL TRANSACTED ON 02 AUG 2024 EUR / USD EX.RATE 0.9158356 WITH NORTHERN	861,223.000	2 Aug 24				0.00	940,368.53	940,670.84	302.31
FX DEAL TRANSACTED ON 02 FEB 2024 USD / EUR EX.RATE 1.08006 WITH NORTHERN TRUST	-1,211,401.000	2 Feb 24				0.00	-1,308,385.76	-1,311,826.15	-3,440.39
FX DEAL TRANSACTED ON 02 JAN 2024 USD / EUR EX.RATE 1.093653 WITH NORTHERN TRUST	-2,498,844.650	2 Jan 24				0.00	-2,732,868.95	-2,734,610.76	-1,741.81
FX DEAL TRANSACTED ON 02 JUL 2024 USD / EUR EX.RATE 1.071716 WITH NORTHERN TRUST	-1,213,707.570	2 Jul 24				0.00	-1,300,749.82	-1,302,247.65	-1,497.83
FX DEAL TRANSACTED ON 03 APR 2024 USD / EUR EX.RATE 1.082758 WITH NORTHERN TRUST	-147,514.570	3 Apr 24				0.00	-159,722.58	-159,647.65	74.93
FX DEAL TRANSACTED ON 04 MAR 2024 USD / EUR EX.RATE 1.085057 WITH NORTHERN TRUST	-240,062.000	4 Mar 24				0.00	-260,480.95	-260,791.37	-310.42
FX DEAL TRANSACTED ON 12 JUN 2024 EUR / USD EX.RATE 1.083759 WITH NORTHERN TRUST	502,562.570	12 Jun 24				0.00	544,656.71	545,154.81	498.10
FX DEAL TRANSACTED ON 16 APR 2024 USD / EUR EX.RATE 1.061669 WITH NORTHERN TRUST	-792,028.000	16 Apr 24				0.00	-840,871.57	-842,044.61	-1,173.04
FX DEAL TRANSACTED ON 17 DEC 2024 USD / EUR EX.RATE 1.049275 WITH NORTHERN TRUST	-1,108,704.870	17 Dec 24				0.00	-1,163,336.30	-1,164,029.32	-693.02
FX DEAL TRANSACTED ON 17 OCT 2024 USD / EUR EX.RATE 1.082132 WITH NORTHERN TRUST	-596,186.670	17 Oct 24				0.00	-645,152.67	-645,550.99	-398.32
FX DEAL TRANSACTED ON 18 SEP 2024 USD / EUR EX.RATE 1.109886 WITH NORTHERN TRUST	-1,722,446.000	18 Sep 24				0.00	-1,911,718.70	-1,915,015.56	-3,296.86
FX DEAL TRANSACTED ON 22 APR 2024 EUR / USD EX.RATE 1.063932 WITH NORTHERN TRUST	777,952.130	22 Apr 24				0.00	827,688.17	832,253.24	4,565.07
<b>Japanese yen - JPY</b>									
FX DEAL TRANSACTED ON 02 FEB 2024 USD / JPY EX.RATE 0.0067579 WITH NORTHERN	-14,997,818.000	2 Feb 24				0.00	-101,354.45	-102,542.17	-1,187.72

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 200,293,315.02

**5500 Supplemental Schedules**

1 JAN 24 - 31 DEC 24

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◆ **5% Report - Part B***Series of Non-Security Transactions with Same Party in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
<b><i>NORTHERN TRUST COMPANY, CHICAGO</i></b>									
<b>Mexican peso - MXN</b>									
FX DEAL TRANACTED ON 02 AUG 2024 MXN / USD EX.RATE 19.137244 WITH NORTHERN	164.240	2 Aug 24				0.00	8.58	8.63	0.05
FX DEAL TRANACTED ON 18 SEP 2024 USD / MXN EX.RATE 0.0517795 WITH NORTHERN	-328.480	18 Sep 24				0.00	-17.01	-17.12	-0.11
<b>New Israeli shekel - ILS</b>									
FX DEAL TRANACTED ON 02 AUG 2024 ILS / USD EX.RATE 3.799233 WITH NORTHERN TRUST	16.250	2 Aug 24				0.00	4.28	4.28	0.00
FX DEAL TRANACTED ON 19 SEP 2024 USD / ILS EX.RATE 0.2659814 WITH NORTHERN	-33.590	19 Sep 24				0.00	-8.93	-8.90	0.03
<b>Turkish lira - TRY</b>									
FX DEAL TRANACTED ON 02 AUG 2024 TRY / USD EX.RATE 33.158013 WITH NORTHERN	7.380	2 Aug 24				0.00	0.22	0.22	0.00
FX DEAL TRANACTED ON 19 SEP 2024 USD / TRY EX.RATE 0.0293895 WITH NORTHERN	-14.760	19 Sep 24				0.00	-0.43	-0.43	0.00
<b>United States dollar - USD</b>									
FX DEAL TRANACTED ON 01 MAR 2024 EUR / USD EX.RATE 0.9222183 WITH NORTHERN	-59,622.190	1 Mar 24				0.00	-59,622.19	-59,622.19	0.00
FX DEAL TRANACTED ON 01 NOV 2024 USD / EUR EX.RATE 1.084607 WITH NORTHERN TRUST	3,890,877.940	1 Nov 24				0.00	3,890,877.94	3,890,877.94	0.00
FX DEAL TRANACTED ON 01 OCT 2024 USD / EUR EX.RATE 1.106047 WITH NORTHERN TRUST	715,329.830	1 Oct 24				0.00	715,329.83	715,329.83	0.00
FX DEAL TRANACTED ON 02 AUG 2024 EUR / USD EX.RATE 0.9158356 WITH NORTHERN	-940,368.530	2 Aug 24				0.00	-940,368.53	-940,368.53	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 200,293,315.02

**5500 Supplemental Schedules**

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◆ **5% Report - Part B***Series of Non-Security Transactions with Same Party in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
<b><i>NORTHERN TRUST COMPANY, CHICAGO</i></b>									
FX DEAL TRANACTED ON 02 AUG 2024 ILS / USD EX.RATE 3.799233 WITH NORTHERN TRUST	-4.280	2 Aug 24				0.00	-4.28	-4.28	0.00
FX DEAL TRANACTED ON 02 AUG 2024 MXN / USD EX.RATE 19.137244 WITH NORTHERN	-8.580	2 Aug 24				0.00	-8.58	-8.58	0.00
FX DEAL TRANACTED ON 02 AUG 2024 TRY / USD EX.RATE 33.158013 WITH NORTHERN	-0.220	2 Aug 24				0.00	-0.22	-0.22	0.00
FX DEAL TRANACTED ON 02 FEB 2024 USD / EUR EX.RATE 1.08006 WITH NORTHERN TRUST	1,308,385.760	2 Feb 24				0.00	1,308,385.76	1,308,385.76	0.00
FX DEAL TRANACTED ON 02 FEB 2024 USD / JPY EX.RATE 0.0067579 WITH NORTHERN	101,354.450	2 Feb 24				0.00	101,354.45	101,354.45	0.00
FX DEAL TRANACTED ON 02 JAN 2024 USD / EUR EX.RATE 1.093653 WITH NORTHERN TRUST	2,732,868.950	2 Jan 24				0.00	2,732,868.95	2,732,868.95	0.00
FX DEAL TRANACTED ON 02 JAN 2024 USD / GBP EX.RATE 1.260969 WITH NORTHERN TRUST	464,176.070	2 Jan 24				0.00	464,176.07	464,176.07	0.00
FX DEAL TRANACTED ON 02 JUL 2024 USD / EUR EX.RATE 1.071716 WITH NORTHERN TRUST	1,300,749.820	2 Jul 24				0.00	1,300,749.82	1,300,749.82	0.00
FX DEAL TRANACTED ON 03 APR 2024 USD / EUR EX.RATE 1.082758 WITH NORTHERN TRUST	159,722.580	3 Apr 24				0.00	159,722.58	159,722.58	0.00
FX DEAL TRANACTED ON 04 MAR 2024 USD / EUR EX.RATE 1.085057 WITH NORTHERN TRUST	260,480.950	4 Mar 24				0.00	260,480.95	260,480.95	0.00
FX DEAL TRANACTED ON 04 NOV 2024 GBP / USD EX.RATE 0.7701478 WITH NORTHERN	-427,747.210	4 Nov 24				0.00	-427,747.21	-427,747.21	0.00
FX DEAL TRANACTED ON 05 JUN 2024 GBP / USD EX.RATE 1.279834 WITH NORTHERN TRUST	-1,747,044.720	5 Jun 24				0.00	-1,747,044.72	-1,747,044.72	0.00
FX DEAL TRANACTED ON 06 AUG 2024 GBP / USD EX.RATE 0.7872646 WITH NORTHERN	-753,204.810	6 Aug 24				0.00	-753,204.81	-753,204.81	0.00
FX DEAL TRANACTED ON 08 AUG 2024 GBP / USD EX.RATE 0.7867257 WITH NORTHERN	-2,344,908.830	8 Aug 24				0.00	-2,344,908.83	-2,344,908.83	0.00
FX DEAL TRANACTED ON 12 JUN 2024 EUR / USD EX.RATE 1.083759 WITH NORTHERN TRUST	-544,656.710	12 Jun 24				0.00	-544,656.71	-544,656.71	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 200,293,315.02

**5500 Supplemental Schedules**

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◆ **5% Report - Part B***Series of Non-Security Transactions with Same Party in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
<b><i>NORTHERN TRUST COMPANY, CHICAGO</i></b>									
FX DEAL TRANSACTED ON 14 FEB 2024 GBP / USD EX.RATE 0.7955272 WITH NORTHERN	-783,828.940	14 Feb 24				0.00	-783,828.94	-783,828.94	0.00
FX DEAL TRANSACTED ON 15 FEB 2024 GBP / USD EX.RATE 0.7940737 WITH NORTHERN	-4,203,638.210	15 Feb 24				0.00	-4,203,638.21	-4,203,638.21	0.00
FX DEAL TRANSACTED ON 16 APR 2024 USD / EUR EX.RATE 1.061669 WITH NORTHERN TRUST	840,871.570	16 Apr 24				0.00	840,871.57	840,871.57	0.00
FX DEAL TRANSACTED ON 16 JUL 2024 GBP / USD EX.RATE 0.7715168 WITH NORTHERN	-5,307,942.720	16 Jul 24				0.00	-5,307,942.72	-5,307,942.72	0.00
FX DEAL TRANSACTED ON 17 DEC 2024 USD / EUR EX.RATE 1.049275 WITH NORTHERN TRUST	1,163,336.300	17 Dec 24				0.00	1,163,336.30	1,163,336.30	0.00
FX DEAL TRANSACTED ON 17 OCT 2024 USD / EUR EX.RATE 1.082132 WITH NORTHERN TRUST	645,152.670	17 Oct 24				0.00	645,152.67	645,152.67	0.00
FX DEAL TRANSACTED ON 18 SEP 2024 USD / EUR EX.RATE 1.109886 WITH NORTHERN TRUST	1,911,718.700	18 Sep 24				0.00	1,911,718.70	1,911,718.70	0.00
FX DEAL TRANSACTED ON 18 SEP 2024 USD / MXN EX.RATE 0.0517795 WITH NORTHERN	17.010	18 Sep 24				0.00	17.01	17.01	0.00
FX DEAL TRANSACTED ON 19 NOV 2024 USD / GBP EX.RATE 1.266169 WITH NORTHERN TRUST	992,314.370	19 Nov 24				0.00	992,314.37	992,314.37	0.00
FX DEAL TRANSACTED ON 19 SEP 2024 USD / ILS EX.RATE 0.2659814 WITH NORTHERN	8.930	19 Sep 24				0.00	8.93	8.93	0.00
FX DEAL TRANSACTED ON 19 SEP 2024 USD / TRY EX.RATE 0.0293895 WITH NORTHERN	0.430	19 Sep 24				0.00	0.43	0.43	0.00
FX DEAL TRANSACTED ON 21 MAY 2024 GBP / USD EX.RATE 1.271836 WITH NORTHERN TRUST	-2,119,427.780	21 May 24				0.00	-2,119,427.78	-2,119,427.78	0.00
FX DEAL TRANSACTED ON 22 APR 2024 EUR / USD EX.RATE 1.063932 WITH NORTHERN TRUST	-827,688.170	22 Apr 24				0.00	-827,688.17	-827,688.17	0.00
<b>Total NORTHERN TRUST COMPANY, CHICAGO</b>							<b>.000.00</b>	<b>-36,433.10</b>	<b>-36,433.10</b>

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 200,293,315.02

**5500 Supplemental Schedules**

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◆ **5% Report - Part C Summary***Series of Transactions by Issue in Excess of 5%*

Security Description / Asset ID	Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
		Acquisition Price	Disposition Price				
FORD CUSTOM FD CUSIP: 345399778	Total acquisitions	92	2,278,605,681.34		0.00	2,278,605,681.34	2,278,605,681.34
	Total dispositions	139			0.00	2,167,099,924.04	2,167,099,924.04

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 200,293,315.02

**5500 Supplemental Schedules**

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◆ **5% Report - Part D***Series of Transactions with Same Party in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 200,293,315.02

**5500 Supplemental Schedules**

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◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b><i>Non-Interest Bearing Cash - USD</i></b>			
ARS - Argentine peso	80.550	80.55	80.55
EUR - Euro	1,322,963.200	1,322,963.20	1,322,963.20
GBP - British pound sterling	16,365.110	16,365.11	16,365.11
ILS - New Israeli shekel	0.300	0.30	0.30
JPY - Japanese yen	60,961.990	60,961.99	60,961.99
TRY - Turkish lira	0.180	0.18	0.18
USD - United States dollar	5.290	5.29	5.29
<b>Total - all currencies</b>		<b>1,400,376.62</b>	<b>1,400,376.62</b>
<b>Total Non-Interest Bearing Cash - USD</b>		<b>1,400,376.62</b>	<b>1,400,376.62</b>
<b><i>Receivables - Other - USD</i></b>			
United States dollar	-676,171.750	0.00	0.00
Other Receivables: United States dollar	0.000	11,778,957.57	11,778,957.57
<b>Total - all currencies</b>		<b>11,778,957.57</b>	<b>11,778,957.57</b>
<b>Total Receivables - Other - USD</b>		<b>11,778,957.57</b>	<b>11,778,957.57</b>
<b><i>Interest-Bearing Cash - USD</i></b>			
USD - United States dollar	275,047,873.680	275,047,873.68	275,047,873.68
<b>Total - all currencies</b>		<b>275,047,873.68</b>	<b>275,047,873.68</b>
<b>Total Interest-Bearing Cash - USD</b>		<b>275,047,873.68</b>	<b>275,047,873.68</b>

\*\* All or a portion of this security participates in Securities Lending.

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◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>Corporate Stock - Common</b>			
<b>Australia - AUD</b>			
VIRGIN AUSTRALIA EQUITY SEDOL: 8A3BQ1W	65,615.000	0.00	0.00
<b>Total Australia - AUD</b>		<b>0.00</b>	<b>0.00</b>
<b>Greece - EUR</b>			
ALAPIS HOLDING IND EUR0.30 SEDOL: B1Y47R0	643.000	60,847.42	27.30
<b>Total Greece - EUR</b>		<b>60,847.42</b>	<b>27.30</b>
<b>Hong Kong - USD</b>			
GUANGDONG ALLIANCE LTD ORDINARY SHARES CUSIP: 40065E990	81,602.000	4,356.12	0.00
HONG KONG PROPERTY CO LTD ORDINARY SHARES CUSIP: G7146S101	81,602.000	109,933.02	0.00
<b>Total Hong Kong - USD</b>		<b>114,289.14</b>	<b>0.00</b>
<b>Indonesia - IDR</b>			
BERLIAN LAJU TANK IDR62.50 SEDOL: B03TB33	161,332.000	14,307.73	210.50
<b>Total Indonesia - IDR</b>		<b>14,307.73</b>	<b>210.50</b>
<b>Ireland - EUR</b>			
IRISH BANK RESOLUTION CORP LTD IE EUR0.16 SEDOL: B076LH4	316,259.000	629,796.51	0.00
<b>Total Ireland - EUR</b>		<b>629,796.51</b>	<b>0.00</b>
<b>Israel - ILS</b>			
FIBI BANK SEDOL: 6123815	0.600	10.61	29.54
<b>Total Israel - ILS</b>		<b>10.61</b>	<b>29.54</b>

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◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>Corporate Stock - Common</b>			
<b>Israel - USD</b>			
MOBIEYE SHS HELD IN DUTCH CONSIGNMENT OFFICE PENDING CLIENT SUBMISSION OF LEGAL CUSIP: N51488117	4,356.000	164,591.25	275,299.20
<b>Total Israel - USD</b>		<b>164,591.25</b>	<b>275,299.20</b>
<b>Singapore - USD</b>			
CREATIVE TECHNOLOGY INC COM STK CUSIP: Y1775U107	9,511.000	116,896.41	7,597.39
<b>Total Singapore - USD</b>		<b>116,896.41</b>	<b>7,597.39</b>
<b>Turkey - TRY</b>			
ALARKO HOLDING TRY1 SEDOL: B03MKNK3	0.270	0.59	0.70
DOGAN SIRKETLER TRY1 SEDOL: B03MRG7	0.166	0.21	0.07
EREGLI DEMIR CELIK TRY1 (B SHARES) SEDOL: B03MS97	0.559	0.32	0.39
T SISE VE CAM FABR TRY1 SEDOL: B03MXR0	0.115	0.15	0.13
VESTEL ELECTRONIK TRY1 SEDOL: B03MZB8	0.260	0.60	0.52
<b>Total Turkey - TRY</b>		<b>1.87</b>	<b>1.81</b>
<b>United States - USD</b>			
ADR ASYA KATILIM BANKASAI AS SPONSORED ADR SEDOL: B29ZSR2	9,375.000	20,125.51	5,526.56
ARDAGH GROUP S A ARDAGH GROUP S A EUR0.01 CL A CUSIP: L0223L101	178.000	3,487.02	4,405.50
CONTRA ADURO BIOTECH I COMMON STOCK CUSIP: 007CVR012	125.000	0.00	0.00
CONTRA FLEXION THERAPE CUSIP: 339CVR011	421.000	0.00	0.00
GUANGDONG INVT LTD COM CUSIP: Y2929L100	942,064.000	50,289.70	558,078.71
HAMILTON BEACH BRANDS HLDG CO COM CL B CUSIP: 40701T203	98.000	1,075.53	1,649.34

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◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>Corporate Stock - Common</b>			
<b>United States - USD</b>			
PDL BIOPHARMA INC COM CUSIP: 69329Y104	1,082.000	11,285.39	175.89
PREVAIL THERAPEUTICS INC SHS CUSIP: 741CVR013	135.000	67.50	67.50
TXNM ENERGY INC CUSIP: GKD49H100	50,000.000	0.00	0.00
<b>Total United States - USD</b>		<b>86,330.65</b>	<b>569,903.50</b>
<b>Total Corporate Stock - Common</b>		<b>1,187,071.59</b>	<b>853,069.24</b>
<b>Other</b>			
<b>United States - USD</b>			
EQUITY COMWLTH CUSIP: CKE628105	75,000.000	36.61	0.00
ESC SPIRIT MTA REIT ESCROW CUSIP: 848ESC018	549.000	146.91	0.00
FRAC RAYONIER INC RT CUSIP: HFE907109	50,000.000	0.00	0.00
<b>Total United States - USD</b>		<b>183.52</b>	<b>0.00</b>
DKK - Danish krone	0.000	0.00	0.00
EUR - Euro	0.000	0.00	0.00
USD - United States dollar	0.000	0.00	0.00
<b>Total - all currencies</b>		<b>0.00</b>	<b>0.00</b>
<b>Total Other</b>		<b>183.52</b>	<b>0.00</b>
<b>Total</b>		<b>289,414,462.98</b>	<b>289,080,277.11</b>

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◆ **Schedule of Acquisitions & Dispositions**

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
SB03MS97	EREGLI DEMIR CELIK TRY1 (B SHARES)				
		Dispositions	-0.25		0.18
		Free Receipt	0.25		