

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

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 (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>KEYSPAN CORPORATION NON-UNION MEDICAL VEBA MASTER TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>601</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NATIONAL GRID USA SERVICE COMPANY, INC.</u></p> <p><u>2 HANSON PLACE</u> <u>12TH FLOOR</u> <u>BROOKLYN, NY 11217</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>04-1663150</u></p> <p>2c Plan Sponsor's telephone number <u>888-483-2123</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	DAVID CAMPBELL
	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			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor RETIREMENT PLANS COMMITTEE OF NATIONAL GRID USA SERVICE COMPANY, INC. 2 HANSON PLACE 12TH FLOOR BROOKLYN, NY 11217	3b Administrator's EIN 04-1663150 3c Administrator's telephone number 917-636-9931																				
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																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
6a(2)																					
6b																					
6c																					
6d																					
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan KEYSPAN CORPORATION NON-UNION MEDICAL VEBA MASTER TRUST	B Three-digit plan number (PN) ▶	601
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL GRID USA SERVICE COMPANY, INC.	D Employer Identification Number (EIN) 04-1663150	

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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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)

INSIGHT NORTH AMERICA LLC

82-0983489

(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?
28 50	NONE	148293	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)

T ROWE PRICE ASSOCIATES, INC.

52-0556948

(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?
28 50	NONE	105309	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)

THE BANK OF NEW YORK MELLON

13-5160382

(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?
18 21 50	NONE	74512	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)

NEWPORT GROUP INC

27-2037969

(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?
16 50	NONE	34939	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)

AON CONSULTING INC.

22-2232264

(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?
16 50	NONE	18571	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)

SSGA S&P 500 INDEX NON LENDING

04-6625099

(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?
28 50	NONE	7103	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"/>

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.

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

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

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

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

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

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) 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)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

A Name of plan <u>KEYSPAN CORPORATION NON-UNION MEDICAL VEBA MASTER TRUST</u>	B Three-digit plan number (PN) ▶	<u>601</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL GRID USA SERVICE COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>04-1663150</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>S&P 500(R)INDX NL CTF(CM10CTF)</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST</u>		
c EIN-PN <u>04-6625099-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>45692706</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MSCI ACWI EX USA NL QP CTF (ZVBN)</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST</u>		
c EIN-PN <u>80-6103053-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32287219</u>
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 NATIONAL GRID BENEFIT PLAN FOR CERTAIN RETIRED MANAGEMENT EMPLOYEES OF NEW YORK COMPANIES

b Name of plan sponsor NATIONAL GRID USA SERVICE COMPANY, INC. **c** EIN-PN 04-1663150-544

a Plan name NATIONAL GRID BENEFIT PLAN FOR CERTAIN RETIRED MANAGEMENT AND UNION EMPLOYEES OF MASSACHUSETTS GAS COMPANIES

b Name of plan sponsor NATIONAL GRID USA SERVICE COMPANY, INC. **c** EIN-PN 04-1663150-566

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

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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan KEYSPAN CORPORATION NON-UNION MEDICAL VEBA MASTER TRUST	B Three-digit plan number (PN) ▶ 601
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL GRID USA SERVICE COMPANY, INC.	D Employer Identification Number (EIN) 04-1663150

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1469405	1665268
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	96952376	107928535
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	24471	3704
(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)	64602334	77979925
(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)	10582957	7917614
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	150039199	172161846

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	323670742	367656892
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	323670742	367656892

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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1183	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	4372292	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4373475
(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)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	19757673	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	20027030	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-269357
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-2604598	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-2604598

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		9437591
(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)		543673
c Other income	2c		24835922
d Total income. Add all income amounts in column (b) and enter total.....	2d		36316706

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	264979	
(6) Bank or trust company trustee/custodial fees	2i(6)	74512	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	5792923	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		6132414
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6132414

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		30184292
l Transfers of assets:			
(1) To this plan.....	2l(1)		100762633
(2) From this plan	2l(2)		86960775

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

KEYSPAN CORPORATION NON-UNION MEDICAL VEBA MASTER TRUST
EIN: 04-1663150 PLAN #: 601
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
PARTNERSHIP/JOINT VENTURE INTEREST					
KEHF10100002	999075849 ADVANCED TECHNOLOGY VENTURES VII LP	3,704.000	19,173.00	3,704.00	-15,469.00
TOTAL PARTNERSHIP/JOINT VENTURE INTEREST			19,173.00	3,704.00	-15,469.00
OTHER INVESTMENTS					
KEHF20030002	010685KF1 ALACHUA CNTY FL HLTH FACS AUTH 5.000% 12/01/2044 DD 10/22/14	250,000.000	251,497.50	250,077.50	-1,420.00
KEHF20030002	010869JS5 ALAMEDA CA CORRIDOR TRANSPRTN 5.000% 10/01/2052 DD 07/14/22	250,000.000	269,607.50	266,632.50	-2,975.00
KEHF20030002	03588H5F9 ANNE ARUNDEL CNTY MD 5.000% 04/01/2034 DD 04/05/22	20,000.000	23,997.20	22,464.80	-1,532.40
KEHF20030002	04052FFF7 ARIZONA ST INDL DEV AUTH NATIO 5.000% 11/01/2054 DD 10/30/24	750,000.000	791,055.00	796,282.50	5,227.50
KEHF20030002	041807FE3 ARLINGTON TX HGR EDU FIN CORP 5.000% 08/15/2043 DD 09/28/23	205,000.000	227,103.10	219,432.00	-7,671.10
KEHF20030002	04780MC80 ATLANTA GA ARPT REVENUE 5.000% 07/01/2047 DD 06/23/22	1,000,000.000	1,067,370.00	1,063,300.00	-4,070.00
KEHF20030002	04780TDG6 ATLANTA GA ARPT PASSENGER FAC 5.000% 07/01/2040 DD 09/10/19	1,285,000.000	1,405,584.40	1,356,343.20	-49,241.20
KEHF20030002	052398ES9 AUSTIN TX ARPT SYS REVENUE 5.000% 11/15/2026 DD 02/02/17	210,000.000	224,431.20	217,553.70	-6,877.50
KEHF20030002	091096LK1 BIRMINGHAM AL WTRWKS BRD WTR R 5.000% 01/01/2032 DD 10/04/16	1,000,000.000	1,072,340.00	1,040,600.00	-31,740.00
KEHF20030002	09182TCG0 BLACK BELT ENERGY GAS DIST AL VAR RT 02/01/2053 DD 12/14/22	190,000.000	201,829.60	199,595.00	-2,234.60
KEHF20030002	09182TDB0 BLACK BELT ENERGY GAS DIST AL VAR RT 10/01/2054 DD 11/17/23	500,000.000	552,395.00	541,520.00	-10,875.00
KEHF20030002	113073AY6 BROOKHAVEN DEV AUTH GA 4.000% 07/01/2049 DD 08/20/19	300,000.000	291,984.00	290,889.00	-1,095.00
KEHF20030002	13013JFW1 CALIFORNIA CMNTY CHOICE FING A VAR RT 01/01/2056 DD 12/20/24	75,000.000	82,597.50	81,757.50	-840.00
KEHF20030002	13080SXV1 CALIFORNIA STWD CMNTYS DEV AUT VAR RT 04/01/2046 DD 10/31/19	70,000.000	78,936.20	75,934.60	-3,001.60
KEHF20030002	153476BU9 CENTRL FL EXPRESSWAY AUTH SR L 4.000% 07/01/2039 DD 11/02/16	125,000.000	125,457.50	125,310.00	-147.50
KEHF20030002	154871CU9 CENTRL PLAINS ENERGY PROJ NE G VAR RT 05/01/2053 DD 07/29/22	150,000.000	158,094.00	156,303.00	-1,791.00
KEHF20030002	155048DL2 CENTRL PUGET SOUND WA REGL TRA 5.000% 11/01/2046 DD 12/19/16	500,000.000	584,620.00	573,220.00	-11,400.00
KEHF20030002	155498FG8 CENTRL TX REGL MOBILITY AUTH R 5.000% 01/01/2029 DD 08/09/16	300,000.000	311,481.00	304,200.00	-7,281.00
KEHF20030002	167593RG9 CHICAGO IL O'HARE INTERNATIONA 5.000% 01/01/2030 DD 10/15/15	145,000.000	147,457.75	145,000.00	-2,457.75
KEHF20030002	167593ST0 CHICAGO IL O'HARE INTERNATIONA 4.000% 01/01/2035 DD 10/15/15	125,000.000	125,705.00	125,000.00	-705.00
KEHF20030002	18085PQR8 CLARK CNTY NV ARPT REVENUE 5.000% 07/01/2040 DD 04/30/15	1,000,000.000	1,015,410.00	1,005,460.00	-9,950.00
KEHF20030002	187145UD7 CLIFTON TX HGR EDU FIN CORP ED 4.000% 08/15/2044 DD 05/30/24	1,250,000.000	1,213,287.50	1,217,575.00	4,287.50
KEHF20030002	19648A5F8 COLORADO ST HLTH FACS AUTH REV 5.000% 05/15/2040 DD 12/08/15	25,000.000	25,300.00	25,053.00	-247.00
KEHF20030002	19648FSC9 COLORADO ST HLTH FACS AUTH REV 5.000% 11/15/2038 DD 07/01/21	140,000.000	157,092.60	152,265.40	-4,827.20

KEYSPAN CORPORATION NON-UNION MEDICAL VEBA MASTER TRUST
 EIN: 04-1663150 PLAN #: 601
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 DECEMBER 31, 2024

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
KEHF20030002	19648FSG0 COLORADO ST HLTH FACS AUTH REV 4.000% 11/15/2046 DD 07/01/21	1,000,000.000	950,690.00	961,050.00	10,360.00
KEHF20030002	19648FYD0 COLORADO ST HLTH FACS AUTH REV 5.000% 05/15/2037 DD 06/26/24	310,000.000	340,507.10	340,727.20	220.10
KEHF20030002	213248DE4 COOK CNTY IL SALES TAX REVENUE 5.250% 11/15/2045 DD 08/23/22	100,000.000	110,175.00	107,322.00	-2,853.00
KEHF20030002	246317HQ7 DELAWARE RIVER & BAY AUTH DE R 5.000% 01/01/2025 DD 10/05/22	400,000.000	407,988.00	400,000.00	-7,988.00
KEHF20030002	246343LJ4 DELAWARE RIVER PA JT TOLL BRID 5.000% 07/01/2042 DD 03/01/17	1,025,000.000	1,077,531.25	1,051,844.75	-25,686.50
KEHF20030002	246388UJ9 DELAWARE ST HLTH FACS AUTH REV 5.000% 10/01/2045 DD 02/11/20	1,000,000.000	1,050,290.00	1,040,390.00	-9,900.00
KEHF20030002	249002MC7 DENTON TX INDEP SCH DIST 5.000% 08/15/2053 DD 08/10/23	1,000,000.000	1,106,540.00	1,062,870.00	-43,670.00
KEHF20030002	25476FVT2 DIST OF COLUMBIA 5.000% 06/01/2026 DD 08/01/18	10,000.000	10,586.10	10,290.10	-296.00
KEHF20030002	254845SK7 DIST OF COLUMBIA WTR & SWR AUT 5.000% 10/01/2035 DD 03/23/22	240,000.000	286,372.80	266,191.20	-20,181.60
KEHF20030002	29270C4J1 ENERGY N W WA ELEC REVENUE 5.000% 07/01/2040 DD 05/26/21	350,000.000	395,213.00	378,462.00	-16,751.00
KEHF20030002	34153QJR8 FLORIDA ST BRD OF EDU PUBLIC E 5.000% 06/01/2026 DD 09/12/17	10,000.000	10,576.40	10,290.20	-286.20
KEHF20030002	37329DBE6 MUNI ELEC AUTH OF GA 5.000% 01/01/2029 DD 12/20/18	35,000.000	37,700.25	36,665.30	-1,034.95
KEHF20030002	373586HU3 GEORGIA ST PORTS AUTH 5.000% 07/01/2047 DD 08/17/22	250,000.000	277,937.50	267,830.00	-10,107.50
KEHF20030002	38611TBJ5 GRAND PARKWAY TRANSPRTN CORP T 5.000% 10/01/2033 DD 05/30/18	135,000.000	147,495.60	142,519.50	-4,976.10
KEHF20030002	38611TBQ9 GRAND PARKWAY TRANSPRTN CORP T 5.000% 10/01/2043 DD 05/30/18	500,000.000	519,480.00	516,340.00	-3,140.00
KEHF20030002	38611TDQ7 GRAND PARKWAY TRANSPRTN CORP T 4.000% 10/01/2049 DD 02/27/20	150,000.000	149,535.00	142,576.50	-6,958.50
KEHF20030002	386442WS2 GRAND RIVER OK DAM AUTH REVENU 5.000% 06/01/2032 DD 11/15/16	15,000.000	15,756.90	15,442.80	-314.10
KEHF20030002	39081JAA6 GREAT LAKES MI WTR AUTH WTR SP 5.000% 07/01/2046 DD 10/27/16	125,000.000	128,025.00	126,296.25	-1,728.75
KEHF20030002	432308K60 HILLSBOROUGH CNTY FL AVIATION 5.000% 10/01/2048 DD 11/07/18	500,000.000	522,440.00	515,000.00	-7,440.00
KEHF20030002	442349DD5 HOUSTON TX ARPT SYS REVENUE 5.000% 07/01/2038 DD 08/02/18	135,000.000	144,977.85	140,748.30	-4,229.55
KEHF20030002	445047MH3 HUMBLE TX INDEP SCH DIST 4.000% 02/15/2052 DD 08/23/22	500,000.000	498,460.00	475,380.00	-23,080.00
KEHF20030002	45204EA32 ILLINOIS ST FIN AUTH REVENUE 4.000% 07/15/2047 DD 12/19/17	1,000,000.000	968,390.00	937,400.00	-30,990.00
KEHF20030002	45204EFB9 ILLINOIS ST FIN AUTH REVENUE 5.000% 02/15/2036 DD 08/16/16	10,000.000	10,438.10	10,247.90	-190.20
KEHF20030002	45204FQC2 ILLINOIS ST FIN AUTH REVENUE 5.000% 08/15/2051 DD 04/14/22	300,000.000	322,614.00	312,813.00	-9,801.00
KEHF20030002	452252LE7 ILLINOIS ST TOLL HIGHWAY AUTH 5.000% 01/01/2040 DD 12/17/15	805,000.000	814,950.95	811,206.55	-3,744.40
KEHF20030002	452252LG2 ILLINOIS ST TOLL HIGHWAY AUTH 5.000% 12/01/2032 DD 01/14/16	1,000,000.000	1,041,460.00	1,015,980.00	-25,480.00
KEHF20030002	454898SZ1 INDIANA ST MUNI PWR AGY 5.000% 01/01/2042 DD 11/21/13	1,250,000.000	1,251,037.50	1,254,387.50	3,350.00
KEHF20030002	49127KBV1 KENTUCKY ST ECON DEV FIN AUTH 5.000% 12/01/2045 DD 12/20/17	1,000,000.000	1,046,000.00	1,016,720.00	-29,280.00
KEHF20030002	54601TAB2 LOUDOUN CNTY VA ECON DEV AUTH 4.000% 10/01/2052 DD 09/15/22	150,000.000	152,089.50	149,151.00	-2,938.50

KEYSPAN CORPORATION NON-UNION MEDICAL VEBA MASTER TRUST
EIN: 04-1663150 PLAN #: 601
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
KEHF20030002	56035DEE8	MAIN STREET NATURAL GAS INC GA VAR RT 12/01/2052 DD 08/03/22	100,000.000	105,546.00	104,128.00	-1,418.00
KEHF20030002	56035DGT3	MAIN STREET NATURAL GAS INC GA VAR RT 05/01/2054 DD 01/23/24	250,000.000	265,545.00	265,012.50	-532.50
KEHF20030002	56035DJJ2	MAIN STREET NATURAL GAS INC GA VAR RT 05/01/2055 DD 12/18/24	500,000.000	536,520.00	527,670.00	-8,850.00
KEHF20030002	574193PE2	MARYLAND ST 5.000% 08/01/2026 DD 08/30/17	15,000.000	15,953.25	15,483.90	-469.35
KEHF20030002	574300NW5	MARYLAND ST TRANSPRTN AUTH TRA 5.000% 07/01/2046 DD 04/07/21	525,000.000	578,592.00	556,977.75	-21,614.25
KEHF20030002	575579L54	MASSACHUSETTS ST BAY TRANSPRTN 4.000% 07/01/2040 DD 04/15/21	500,000.000	520,445.00	506,270.00	-14,175.00
KEHF20030002	592190QE5	MET NASHVILLE TN ARPT AUTH ARP 5.000% 07/01/2052 DD 12/07/22	25,000.000	27,226.00	26,281.75	-944.25
KEHF20030002	592643CQ1	MET WASHINGTON DC ARPTS AUTH D 5.000% 10/01/2035 DD 07/10/19	125,000.000	135,427.50	132,091.25	-3,336.25
KEHF20030002	592643DR8	MET WASHINGTON DC ARPTS AUTH D 4.000% 10/01/2052 DD 02/16/22	1,000,000.000	973,720.00	937,150.00	-36,570.00
KEHF20030002	59333PU22	MIAMI-DADE CNTY FL AVIATION RE 5.000% 10/01/2036 DD 08/25/16	345,000.000	353,186.85	351,065.10	-2,121.75
KEHF20030002	59447TYC1	MICHIGAN ST FIN AUTH REVENUE 5.000% 12/01/2039 DD 12/18/19	115,000.000	123,178.80	121,360.65	-1,818.15
KEHF20030002	60637AWK4	MISSOURI ST HLTH & EDUCTNL FAC 5.500% 12/01/2048 DD 10/05/23	100,000.000	113,024.00	110,166.00	-2,858.00
KEHF20030002	61334PGU1	MONTGOMERY CNTY MD 4.000% 08/01/2044 DD 10/10/24	1,000,000.000	1,025,270.00	1,001,090.00	-24,180.00
KEHF20030002	645790QE9	NEW JERSEY ST HLTH CARE FACS F 3.000% 07/01/2051 DD 09/30/21	300,000.000	233,550.00	235,500.00	1,950.00
KEHF20030002	6461397H2	NEW JERSEY ST TURNPIKE AUTH TU 5.000% 01/01/2033 DD 08/03/17	105,000.000	114,419.55	110,422.20	-3,997.35
KEHF20030002	64763HGF6	NEW ORLEANS LA AVIATION BRD 5.000% 01/01/2033 DD 05/25/17	25,000.000	26,473.50	25,673.50	-800.00
KEHF20030002	64966QB66	NEW YORK NY 5.250% 05/01/2039 DD 05/26/22	350,000.000	407,701.00	388,321.50	-19,379.50
KEHF20030002	64966QQE3	NEW YORK NY 4.000% 08/01/2041 DD 10/15/20	1,000,000.000	1,018,670.00	994,170.00	-24,500.00
KEHF20030002	64971WXL9	NEW YORK CITY NY TRANSITIONAL 5.000% 11/01/2034 DD 11/05/15	500,000.000	506,780.00	505,600.00	-1,180.00
KEHF20030002	64971XG69	NEW YORK CITY NY TRANSITIONAL 4.000% 08/01/2048 DD 09/09/21	1,000,000.000	999,880.00	961,160.00	-38,720.00
KEHF20030002	64971XX94	NEW YORK CITY NY TRANSITIONAL 4.000% 08/01/2048 DD 08/02/22	100,000.000	99,989.00	96,260.00	-3,729.00
KEHF20030002	64972GE59	NEW YORK CITY NY MUNI WTR FIN 4.125% 06/15/2047 DD 03/21/23	1,160,000.000	1,174,036.00	1,142,391.20	-31,644.80
KEHF20030002	64986DMJ1	NEW YORK ST ENVRNMNTL FACS COR 4.000% 06/15/2047 DD 04/21/22	400,000.000	404,288.00	401,148.00	-3,140.00
KEHF20030002	64990AUF0	NEW YORK ST DORM AUTH SALES TA 5.000% 03/15/2051 DD 07/17/24	1,000,000.000	1,076,620.00	1,072,430.00	-4,190.00
KEHF20030002	64990CC66	NEW YORK ST DORM AUTH REVENUES 5.000% 07/01/2038 DD 06/01/17	940,000.000	978,777.80	975,691.80	-3,086.00
KEHF20030002	64990FPV0	NEW YORK ST DORM AUTH ST PERSO 4.000% 02/15/2047 DD 01/03/20	185,000.000	184,500.50	178,869.10	-5,631.40
KEHF20030002	65000BW38	NEW YORK ST DORM AUTH REVENUES 5.500% 07/01/2054 DD 04/25/24	1,275,000.000	1,436,857.25	1,430,116.50	-6,740.75
KEHF20030002	650028ZD8	NEW YORK ST THRUWAY AUTH PERSO 4.000% 03/15/2051 DD 07/28/22	1,000,000.000	965,150.00	956,080.00	-9,070.00
KEHF20030002	66285WUY0	N TX TOLLWAY AUTH REVENUE 5.000% 01/01/2043 DD	1,250,000.000	1,299,370.00	1,289,212.50	-10,157.50

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Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
KEHF20030002	11/01/17 N TX TOLLWAY AUTH REVENUE 5.000% 01/01/2037 DD	25,000.000	26,325.50	25,611.00	-714.50
KEHF20030002	11/01/17 NORTHWEST TX INDEP SCH DIST 5.000% 02/15/2049 DD	700,000.000	756,462.00	743,393.00	-13,069.00
KEHF20030002	08/30/24 OKLAHOMA ST TURNPIKE AUTH 5.500% 01/01/2053 DD	500,000.000	553,690.00	549,675.00	-4,015.00
KEHF20030002	10/26/23 OKLAHOMA ST TURNPIKE AUTH 5.000% 01/01/2047 DD	140,000.000	144,433.80	142,826.60	-1,607.20
KEHF20030002	12/21/17 ONEIDA CO NY LOCAL DEV CORP RE 4.000% 07/01/2038 DD	100,000.000	100,028.00	100,010.00	-18.00
KEHF20030002	07/02/13 ORANGE CNTY FL HLTH FACS AUTH 5.000% 10/01/2039 DD	950,000.000	978,604.50	964,896.00	-13,708.50
KEHF20030002	04/27/16 ORANGE CNTY FL HLTH FACS AUTH 4.000% 10/01/2052 DD	500,000.000	490,495.00	457,945.00	-32,550.00
KEHF20030002	02/15/22 PAULDING CNTY GA HOSP AUTH 5.000% 04/01/2042 DD	300,000.000	325,602.00	320,325.00	-5,277.00
KEHF20030002	03/08/22 PENNSYLVANIA ST HGR EDUCTNL FA 4.000% 08/15/2044 DD	1,000,000.000	970,630.00	961,710.00	-8,920.00
KEHF20030002	12/05/19 PENNSYLVANIA ST TURNPIKE COMMI 5.000% 12/01/2040 DD	1,000,000.000	1,005,650.00	1,000,830.00	-4,820.00
KEHF20030002	06/01/15 PHILADELPHIA PA AUTH FOR INDL 5.000% 07/01/2034 DD	1,510,000.000	1,607,908.40	1,560,056.50	-47,851.90
KEHF20030002	06/29/17 PHOENIX AZ CIVIC IMPT CORP ARP 5.000% 07/01/2038 DD	35,000.000	37,281.30	36,125.60	-1,155.70
KEHF20030002	11/21/17 PHOENIX AZ CIVIC IMPT CORP ARP 5.000% 07/01/2049 DD	350,000.000	370,802.50	362,040.00	-8,762.50
KEHF20030002	12/11/19 KENTUCKY ST PUBLIC ENERGY AUTH VAR RT 01/01/2055 DD	500,000.000	528,195.00	532,555.00	4,360.00
KEHF20030002	06/27/24 RHODE ISLAND ST HLTH & EDUCTNL 5.250% 08/15/2043 DD	175,000.000	189,241.50	183,160.25	-6,081.25
KEHF20030002	09/25/18 SACRAMENTO CNTY CA ARPT SYS RE 5.000% 07/01/2041 DD	1,000,000.000	1,038,260.00	1,021,130.00	-17,130.00
KEHF20030002	12/21/16 SALT LAKE CITY UT ARPT REVENUE 5.000% 07/01/2047 DD	25,000.000	25,940.25	25,443.50	-496.75
KEHF20030002	02/23/17 SALT LAKE CITY UT ARPT REVENUE 5.000% 07/01/2043 DD	600,000.000	628,752.00	620,526.00	-8,226.00
KEHF20030002	10/31/18 TACOMA WA ELEC SYS REVENUE 5.000% 01/01/2054 DD	500,000.000	540,870.00	528,135.00	-12,735.00
KEHF20030002	02/15/24 TEXAS ST MUNI GAS ACQUISITION VAR RT 01/01/2055 DD	750,000.000	800,317.50	797,955.00	-2,362.50
KEHF20030002	11/21/24 TEXAS ST PRIV ACTIVITY BOND SU 4.000% 06/30/2036 DD	125,000.000	127,980.00	123,591.25	-4,388.75
KEHF20030002	09/18/20 UNIV OF CALIFORNIA CA RGTS MED 5.000% 05/15/2047 DD	35,000.000	39,136.30	37,671.55	-1,464.75
KEHF20030002	05/11/22 UNIV OF CALIFORNIA REVENUES 5.000% 05/15/2026 DD	20,000.000	21,218.60	20,643.00	-575.60
KEHF20030002	09/28/17 UNIV OF TEXAS TX UNIV REVENUES 5.000% 08/15/2039 DD	155,000.000	169,773.05	164,300.00	-5,473.05
KEHF20030002	06/13/19 UNIV OF TEXAS TX UNIV REVENUES 5.000% 08/15/2049 DD	500,000.000	578,115.00	578,395.00	280.00
KEHF20030002	07/18/19 VIRGINIA ST CMWLTH TRANSPRTN B 4.000% 05/15/2035 DD	790,000.000	869,079.00	818,906.10	-50,172.90
KEHF20030002	03/16/22				

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	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
KEHF20030002	93878YBR9	WASHINGTON DC MET AREA TRANSIT 3.000% 07/15/2043 DD 06/08/21	500,000.000	432,130.00	408,550.00	-23,580.00
KEHF20030002	93878YCS6	WASHINGTON DC MET AREA TRANSIT 4.125% 07/15/2047 DD 03/14/23	60,000.000	60,527.40	59,241.60	-1,285.80
KEHF20030002	93974DQ35	WASHINGTON ST 5.000% 08/01/2040 DD 10/11/17	345,000.000	358,127.25	355,501.80	-2,625.45
KEHF20030002	93974EXV3	WASHINGTON ST 5.000% 08/01/2044 DD 08/03/22	1,300,000.000	1,459,744.00	1,402,882.00	-56,862.00
KEHF20030002	93978HKN4	WASHINGTON ST HLTH CARE FACS A 5.000% 10/01/2038 DD 11/06/14	270,000.000	270,045.90	270,526.50	480.60
KEHF20030002	940157M31	WASHINGTON MD SUBURBAN SAN DIS 5.000% 06/01/2038 DD 12/01/16	1,000,000.000	1,023,490.00	1,021,370.00	-2,120.00
KEHF20030002	97712DQV1	WISCONSIN ST HLTH & EDUCTNL FA 5.000% 11/15/2039 DD 05/11/16	255,000.000	261,352.05	258,332.85	-3,019.20
KEHF20030002	97712DV60	WISCONSIN ST HLTH & EDUCTNL FA 4.000% 11/15/2029 DD 05/30/19	800,000.000	843,440.00	823,984.00	-19,456.00
KEHF20030002	97712JDG5	WISCONSIN ST HLTH & EDUCTNL FA 5.000% 08/15/2037 DD 11/10/21	110,000.000	120,148.60	115,274.50	-4,874.10
KEHF59577202	014393ZT2	ALDINE TX INDEP SCH DIST 4.000% 02/15/2054 DD 02/27/24	575,000.000	539,764.00	547,762.25	7,998.25
KEHF59577202	04052EAT5	ARIZONA INDL DEV AUTH HOSP REV 5.000% 02/01/2037 DD 08/20/20	1,000,000.000	1,106,560.00	1,067,560.00	-39,000.00
KEHF59577202	050589PK0	AUBURN UNIV AL GEN FEE REVENUE 5.000% 06/01/2031 DD 07/10/18	1,100,000.000	1,206,656.00	1,166,396.00	-40,260.00
KEHF59577202	052414WG0	AUSTIN TX ELEC UTILITY SYS REV 5.000% 11/15/2040 DD 12/19/24	650,000.000	745,062.50	721,493.50	-23,569.00
KEHF59577202	13062TH72	CALIFORNIA ST 5.250% 08/01/2032 DD 04/01/07	500,000.000	608,320.00	573,105.00	-35,215.00
KEHF59577202	13063DQ84	CALIFORNIA ST 5.000% 04/01/2035 DD 03/17/22	250,000.000	276,265.00	265,217.50	-11,047.50
KEHF59577202	153476DD5	CENTRL FL EXPRESSWAY AUTH SR L 5.000% 07/01/2042 DD 12/28/17	770,000.000	808,168.90	792,568.70	-15,600.20
KEHF59577202	153476GL4	CENTRL FL EXPRESSWAY AUTH SR L 5.000% 07/01/2027 DD 04/22/21	400,000.000	433,560.00	419,304.00	-14,256.00
KEHF59577202	1675933B6	CHICAGO IL O'HARE INTERNATIONA 5.000% 01/01/2038 DD 10/04/22	1,000,000.000	1,139,660.00	1,095,910.00	-43,750.00
KEHF59577202	16772PDM5	CHICAGO IL TRANSIT AUTH SALES 5.000% 12/01/2052 DD 03/31/22	750,000.000	765,990.00	771,322.50	5,332.50
KEHF59577202	187145QH3	CLIFTON TX HGR EDU FIN CORP ED 4.000% 08/15/2050 DD 02/15/22	1,500,000.000	1,480,785.00	1,419,585.00	-61,200.00
KEHF59577202	19648FLM4	COLORADO ST HLTH FACS AUTH REV 4.000% 01/01/2036 DD 10/03/19	800,000.000	831,824.00	808,608.00	-23,216.00
KEHF59577202	19648FWU4	COLORADO ST HLTH FACS AUTH REV 5.250% 11/01/2052 DD 10/25/22	500,000.000	530,695.00	531,740.00	1,045.00
KEHF59577202	20772KHZ5	CONNECTICUT ST 4.000% 01/15/2036 DD 01/07/20	410,000.000	433,435.60	420,483.70	-12,951.90
KEHF59577202	207758C92	CONNECTICUT ST SPL TAX OBLIG R 4.000% 05/01/2037 DD 05/12/21	750,000.000	792,045.00	767,820.00	-24,225.00
KEHF59577202	249182NB8	DENVER CITY & CNTY CO ARPT REV 5.000% 12/01/2043 DD 08/28/18	1,000,000.000	1,060,190.00	1,037,950.00	-22,240.00
KEHF59577202	254764JZ7	DISTRICT OF COLUMBIA HOSP REVE 5.000% 07/15/2035 DD 09/17/15	750,000.000	769,717.50	758,415.00	-11,302.50
KEHF59577202	25477GWB7	DIST OF COLUMBIA INCOME TAX SE 5.250% 05/01/2048 DD 12/06/23	1,000,000.000	1,120,220.00	1,086,600.00	-33,620.00
KEHF59577202	296136FW9	ESCAMBIA CNTY FL SALES TAX REV 5.000% 10/01/2046 DD 06/22/17	500,000.000	525,590.00	514,920.00	-10,670.00
KEHF59577202	355137FZ8	FRANKLIN TWP IN MULTI-SCH BLDG 5.000% 07/15/2038 DD 08/01/24	200,000.000	226,830.00	221,358.00	-5,472.00

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	KEHF59577202	373064Q56	GEORGETOWN TX UTILITY SYS REVE 5.250% 08/15/2052 DD 05/20/22	1,000,000.000	1,089,680.00	1,059,500.00	-30,180.00
	KEHF59577202	373385GX5	GEORGIA ST 3.000% 08/01/2036 DD 08/27/20	500,000.000	497,800.00	465,885.00	-31,915.00
	KEHF59577202	39081JAB4	GREAT LAKES MI WTR AUTH WTR SP 5.000% 07/01/2046 DD 10/27/16	1,000,000.000	1,025,520.00	1,013,560.00	-11,960.00
	KEHF59577202	442349DE3	HOUSTON TX ARPT SYS REVENUE 5.000% 07/01/2039 DD 08/02/18	1,000,000.000	1,068,850.00	1,039,940.00	-28,910.00
	KEHF59577202	45528U6T3	INDIANAPOLIS IN LOCAL PUBLIC I 4.125% 02/01/2052 DD 06/13/23	850,000.000	849,651.50	827,883.00	-21,768.50
	KEHF59577202	57582R5N2	MASSACHUSETTS ST 5.000% 01/01/2041 DD 01/23/24	1,165,000.000	1,336,627.80	1,297,134.30	-39,493.50
	KEHF59577202	57586CS63	MASSACHUSETTS ST HLTH & EDUCTN 5.500% 06/01/2026 DD 03/19/08	250,000.000	267,074.99	259,147.50	-7,927.49
	KEHF59577202	59334DNT7	MIAMI-DADE CNTY FL WTR & SWR R 4.000% 10/01/2051 DD 07/08/21	400,000.000	393,392.00	385,436.00	-7,956.00
	KEHF59577202	5946953A4	MICHIGAN ST TRUNK LINE 4.000% 11/15/2046 DD 08/24/21	900,000.000	908,658.00	893,934.00	-14,724.00
	KEHF59577202	603827YU4	MINNEAPOLIS-SAINT PAUL MN MET 5.000% 01/01/2033 DD 12/20/16	635,000.000	679,773.85	655,701.00	-24,072.85
	KEHF59577202	6049202X5	MINNESOTA ST AGRIC & ECON DEVB 5.000% 01/01/2040 DD 02/01/24	395,000.000	444,596.20	433,903.55	-10,692.65
	KEHF59577202	613603YP8	MONTGOMERY CNTY PA HGR EDU & H 5.000% 09/01/2032 DD 05/03/18	1,000,000.000	1,071,650.00	1,042,380.00	-29,270.00
	KEHF59577202	63968AH81	NEBRASKA ST PUBLIC PWR DIST RE 5.000% 01/01/2032 DD 02/09/16	1,000,000.000	1,035,820.00	1,014,630.00	-21,190.00
	KEHF59577202	64577XEQ5	NEW JERSEY ST ECON DEV AUTH RE 5.000% 03/01/2028 DD 04/27/23	765,000.000	836,060.85	808,383.15	-27,677.70
	KEHF59577202	645790QD1	NEW JERSEY ST HLTH CARE FACS F 4.000% 07/01/2051 DD 09/30/21	500,000.000	490,500.00	482,620.00	-7,880.00
	KEHF59577202	64763HEW1	NEW ORLEANS LA AVIATION BRD 5.000% 01/01/2045 DD 03/26/15	750,000.000	755,062.50	750,000.00	-5,062.50
	KEHF59577202	64763KAB4	NEW ORLEANS LA AVIATION BRD SP 5.000% 10/01/2035 DD 10/04/18	600,000.000	651,852.00	626,508.00	-25,344.00
	KEHF59577202	64966QK90	NEW YORK NY 5.250% 10/01/2041 DD 10/18/22	650,000.000	753,733.50	717,359.50	-36,374.00
	KEHF59577202	64972GE59	NEW YORK CITY NY MUNI WTR FIN 4.125% 06/15/2047 DD 03/21/23	1,000,000.000	1,012,100.00	984,820.00	-27,280.00
	KEHF59577202	64972GWF7	NEW YORK CITY NY MUNI WTR FIN 4.000% 06/15/2050 DD 02/13/20	750,000.000	745,635.00	721,957.50	-23,677.50
	KEHF59577202	64989KLE4	NEW YORK ST PWR AUTH REVENUE 4.000% 11/15/2050 DD 05/12/20	1,000,000.000	967,450.00	962,680.00	-4,770.00
	KEHF59577202	6589098F6	NORTH DAKOTA ST HSG FIN AGY 5.000% 07/01/2042 DD 07/02/24	850,000.000	926,840.00	894,871.50	-31,968.50
	KEHF59577202	66285WXZ4	N TX TOLLWAY AUTH REVENUE 5.000% 01/01/2048 DD 11/13/18	750,000.000	784,200.00	763,672.50	-20,527.50
	KEHF59577202	674736JA2	OCEAN CNTY NJ 3.000% 08/01/2033 DD 09/29/20	500,000.000	501,685.00	475,265.00	-26,420.00
	KEHF59577202	67756CDV7	OHIO ST HOSP REVENUE 5.000% 01/15/2031 DD 01/23/20	705,000.000	775,859.55	755,823.45	-20,036.10
	KEHF59577202	67910HRD4	OKLAHOMA ST MUNI PWR AUTH 4.000% 01/01/2036 DD 07/01/21	450,000.000	475,758.00	458,131.50	-17,626.50
	KEHF59577202	682001HQ8	OMAHA NE PUBLIC PWR DIST ELEC 5.250% 02/01/2052 DD 10/04/22	1,000,000.000	1,115,680.00	1,071,350.00	-44,330.00
	KEHF59577202	684545B21	ORANGE CNTY FL TOURIST DEV TAX 5.000% 10/01/2029 DD 07/06/17	800,000.000	903,520.00	865,808.00	-37,712.00
	KEHF59577202	702755DR7	PASSAIC CNTY NJ IMPT AUTH CNTY 5.000% 08/15/2030 DD 08/24/20	275,000.000	319,211.75	304,276.50	-14,935.25

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	KEHF59577202	709221VY8 PENNSYLVANIA ST TURNPIKE COMMI 5.000% 12/01/2046 DD 09/02/21	1,500,000.000	1,642,545.00	1,595,820.00	-46,725.00
	KEHF59577202	720175ZJ0 PIEDMONT SC MUNI PWR AGY ELEC 4.000% 01/01/2034 DD 10/27/21	900,000.000	945,180.00	913,239.00	-31,941.00
	KEHF59577202	74444UAW2 PUBLIC FIN AUTH WI PROJ REVENU 5.500% 07/01/2052 DD 11/17/22	800,000.000	887,800.00	853,264.00	-34,536.00
	KEHF59577202	74447GAB6 PUBLIC FIN AUTH WI HLTHCARE SY 5.000% 10/01/2052 DD 06/21/22	500,000.000	531,980.00	523,110.00	-8,870.00
	KEHF59577202	74447HAA6 PUBLIC FIN AUTH WI POLL CONTRO VAR RT 10/01/2046 DD 09/27/22	730,000.000	746,074.60	725,663.80	-20,410.80
	KEHF59577202	759861EF0 RENO NV SALES TAX REVENUE 5.000% 06/01/2038 DD 06/28/18	295,000.000	316,487.80	307,195.30	-9,292.50
	KEHF59577202	762197TJ0 RHODE ISLAND ST HLTH & EDUCTNL 5.000% 09/15/2028 DD 10/18/16	1,000,000.000	1,053,120.00	1,026,710.00	-26,410.00
	KEHF59577202	79625GDK6 SAN ANTONIO TX ELEC & GAS REVE 5.000% 02/01/2032 DD 04/08/21	600,000.000	697,500.00	658,374.00	-39,126.00
	KEHF59577202	798189TG1 SAN JOSE CA EVERGREEN CMNTY CL 4.000% 09/01/2045 DD 03/15/23	400,000.000	410,496.00	402,220.00	-8,276.00
	KEHF59577202	840058WB3 SOUTH SAN FRANCISCO CA UNIF SC 4.000% 09/01/2052 DD 04/26/23	1,400,000.000	1,403,710.00	1,396,248.00	-7,462.00
	KEHF59577202	842039FL8 S ESTRN PA TRANSPRTN AUTH 5.250% 06/01/2040 DD 10/26/22	750,000.000	863,077.50	830,407.50	-32,670.00
	KEHF59577202	917661U40 UTICA MI CMNTY SCHS 5.000% 05/01/2033 DD 03/12/19	500,000.000	563,895.00	539,400.00	-24,495.00
	KEHF59577202	93878YDT3 WASHINGTON DC MET AREA TRANSIT 5.250% 07/15/2053 DD 08/17/23	1,000,000.000	1,124,890.00	1,075,820.00	-49,070.00
	KEHF59577202	93974ETT3 WASHINGTON ST 4.000% 02/01/2037 DD 11/16/21	500,000.000	533,205.00	512,560.00	-20,645.00
	KEHF59577202	944514SR0 WAYNE CNTY MI ARPT AUTH REVENU 5.000% 12/01/2031 DD 10/15/15	500,000.000	515,800.00	506,465.00	-9,335.00
	KEHF59577202	944514ZF8 WAYNE CNTY MI ARPT AUTH REVENU 5.000% 12/01/2037 DD 11/14/18	1,000,000.000	1,077,990.00	1,050,250.00	-27,740.00
	KEHF59577202	949232EY4 WELD CNTY CO SCH DIST #RE-4 5.000% 12/01/2041 DD 02/07/23	450,000.000	512,658.00	490,986.00	-21,672.00
	KEHF59577202	97712D7B6 WISCONSIN ST HLTH & EDUCTNL FA 4.000% 08/15/2050 DD 10/29/20	1,000,000.000	951,290.00	920,900.00	-30,390.00
	TOTAL OTHER INVESTMENTS			110,517,664.64	107,928,535.25	-2,589,129.39
	COMMON/COLLECTIVE TRUST					
	KEHF20010002	99VVC6J12 STATE STREET S&P 500× INDEX NON-LENDING COMMON TRUST FUND	140,632.318	18,494,857.35	45,692,705.81	27,197,848.46
	KEHF20020002	999F69377 SSGA MSCI ACWI EX-US INDEX (ZVBN)	1,269,201.579	21,941,214.09	32,287,218.97	10,346,004.88
	TOTAL COMMON/COLLECTIVE TRUST			40,436,071.44	77,979,924.78	37,543,853.34
	POOLED SEPARATE ACCOUNTS					
	KEHF20000002	996192266 JOHN HANCOCK 6.380% 01/01/2039 DD 04/27/05	172,161,845.610	22,226,715.34	172,161,845.61	149,935,130.27
	TOTAL POOLED SEPARATE ACCOUNTS			22,226,715.34	172,161,845.61	149,935,130.27
	REGISTERED INVESTMENT COMPANIES					
	KEHF20030002	316175108 FIDELITY INV MMKT GOVT-I	332,030.920	332,030.92	332,030.92	0.00
	KEHF30000002	316175108 FIDELITY INV MMKT GOVT-I	7,437,148.780	7,437,148.78	7,437,148.78	0.00

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KEHF59577202	316175108 FIDELITY INV MMKT GOVT-I	148,434.560	148,434.56	148,434.56	0.00
TOTAL REGISTERED INVESTMENT COMPANIES			7,917,614.26	7,917,614.26	0.00
GRAND TOTAL			181,117,238.68	365,991,623.90	184,874,385.22
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