

<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 style="text-align: center;">▶ 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; text-align: center;">2023</p> <hr/> <p style="text-align: center; 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 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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) E

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>QIP LTD</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</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>BLACKROCK FINANCIAL MANAGEMENT, INC</u></p> <p><u>50 HUDSON YARDS</u> <u>NEW YORK, NY 10001</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>98-1128426</u></p> <hr/> <p>2c Plan Sponsor's telephone number <u>206-613-6700</u></p> <hr/> <p>2d Business code (see instructions) <u>000000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2024	CHUCK PULSFORT
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																				
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="width:90%; text-align: right;">0</td> </tr> </table>	5	0																		
5	0																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year 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:10%; text-align: center;">6a(1)</td> <td style="width:90%;"></td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> </tr> </table>	6a(1)		6a(2)	0	6b		6c		6d	0	6e		6f	0	6g(1)		6g(2)		6h	
6a(1)																					
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6c																					
6d	0																				
6e																					
6f	0																				
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																			
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 _____ (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan QIP LTD	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BLACKROCK FINANCIAL MANAGEMENT, INC	D Employer Identification Number (EIN) 98-1128426	

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

BLACKROCK FINANCIAL MANAGEMENT, INC

13-3806691

(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

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)

(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?
			Yes <input type="checkbox"/> No <input 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)

(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?
			Yes <input type="checkbox"/> No <input 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)

(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?
			Yes <input type="checkbox"/> No <input 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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>QIP LTD</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BLACKROCK FINANCIAL MANAGEMENT, INC</u>	D Employer Identification Number (EIN) <u>98-1128426</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:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

c EIN-PN

d Entity code

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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):

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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	AMERICAN UNITED LIFE INSURANCE COMPANY EMPLOYEES RETIREMENT PLAN AND TRUST	
b Name of plan sponsor	ONEAMERICA FINANCIAL PARTNERS INC	c EIN-PN 35-2126602-001

a Plan name	PNM RESOURCES INC MASTER TRUST	
b Name of plan sponsor	PNM RESOURCES INC	c EIN-PN 23-6679470-001

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <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> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan QIP LTD	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BLACKROCK FINANCIAL MANAGEMENT, INC	D Employer Identification Number (EIN) 98-1128426

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
Assets			
a Total noninterest-bearing cash	1a	1951088	341874
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1296821	4918
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)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1746355	

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	4994264	346792
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1073425	346792
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1073425	346792
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3920839	

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	56162	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		56162
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	2146254	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1595235	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		551019
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-566339	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-566339

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		93087
d Total income. Add all income amounts in column (b) and enter total	2d		133929

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	4677	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(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)	1402	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		6079
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6079

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		127850
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		4048689

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: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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.).....			
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 _____.

2023 Audited Financial Statements in Liquidation

QIP, Ltd.

(a Cayman Islands exempted company)

BlackRock Financial Management, Inc., the commodity pool operator of QIP, Ltd., has filed for an exemption pursuant to Section 4.7 of the General Regulations under the Commodity Exchange Act. Among other things, such exemption provides that certain of the information specified in Section 4.22 (c) and (d) of such regulations is not required in its reports.



QIP, LTD.
Oath of Commodity Pool Operator

To the best of my knowledge and belief, the information contained in the Annual Report for the period from January 1, 2023 to December 31, 2023 is accurate and complete.

A handwritten signature in blue ink, appearing to read "Andrew Rapson".

Andrew Rapson
Director
BlackRock Financial Management, Inc. (Commodity Pool Operator)
QIP, Ltd. (Commodity Pool)

QIP, LTD.
(a Cayman Islands exempted company)

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
QIP, Ltd.

Opinion

We have audited the financial statements of QIP, Ltd. (the "Fund"), which comprise the statement of net assets in liquidation, as of December 31, 2023, and the related statement of changes in net assets in liquidation for the year then ended (all expressed in United States dollars), and the related notes to the financial statements (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position in liquidation of the Fund as of December 31, 2023, and the changes in its net assets in liquidation for the year then ended, in accordance with accounting principles generally accepted in the United States of America applied on the basis described in Note 2 to the financial statements.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter

As discussed in Note 1 to the financial statements, management of the Fund adopted a plan to place the Fund into voluntary liquidation during June 2021, and the Fund commenced liquidation shortly thereafter. As a result, the Fund has changed its basis of accounting from the going concern basis to the liquidation basis effective June 30, 2021. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Deloitte & Touche LLP

March 7, 2024

QIP, LTD.
(a Cayman Islands exempted company)

STATEMENT OF NET ASSETS IN LIQUIDATION

AS OF DECEMBER 31, 2023

(Expressed in U.S. Dollars)

ASSETS

Cash and cash equivalents	\$	341,874
Due from Investment Manager		3,500
Interest receivable		<u>1,418</u>
Total assets		<u>346,792</u>

LIABILITIES

Redemptions payable		248,684
Accrued liquidation expenses		94,268
Performance fees payable		3,497
Management fees payable		<u>343</u>
Total liabilities		<u>346,792</u>

NET ASSETS \$ -

See notes to financial statements in liquidation.

QIP, LTD.**(a Cayman Islands exempted company)****STATEMENT OF CHANGES IN NET ASSETS IN LIQUIDATION****FOR THE YEAR ENDED DECEMBER 31, 2023****(Expressed in U.S. Dollars)**

NET ASSETS, BEGINNING OF YEAR	\$ 3,920,839
NET INCREASE (DECREASE) IN NET ASSETS	
FROM OPERATIONS	
Net investment income (loss)	143,170
Net realized gain (loss) on investments in private investment funds	551,019
Net change in unrealized appreciation (depreciation) on investments in private investment funds	<u>(566,339)</u>
Net increase (decrease) in net assets resulting from operations	<u>127,850</u>
FROM CAPITAL TRANSACTIONS	
Redemption of U.S. Class Affiliate Unrestricted Participating shares	(131,693)
Redemption of U.S. Class Affiliate Restricted Participating shares	(118,643)
Redemption of U.S. Class Committed Participating shares	(194,339)
Redemption of U.S. Class Grandfathered Participating shares	(180,203)
Redemption of U.S. Class GF Unrestricted Participating shares	(211,271)
Redemption of U.S. Class GF Restricted Participating shares	(29,960)
Redemption of U.S. Class J Unrestricted Participating shares	(1,349,614)
Redemption of U.S. Class Standard Participating shares	(1,789,608)
Redemption of Class RW Restricted Participating shares	<u>(43,358)</u>
Net increase (decrease) in net assets resulting from capital transactions	<u>(4,048,689)</u>
NET ASSETS, END OF YEAR	\$ <u><u>-</u></u>

See notes to financial statements in liquidation.

QIP, LTD.
(a Cayman Islands exempted company)

**NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
FOR THE YEAR ENDED DECEMBER 31, 2023**
(Expressed in U.S. Dollars)

1. ORGANIZATION

QIP, Ltd. (the “Fund”) was incorporated as an exempted company in the Cayman Islands on September 20, 2001.

The Fund’s objective was to provide its investors with capital appreciation while endeavoring to minimize corresponding risk. The Fund sought to achieve its objective through direct and/or indirect investments that pursued a variety of investment strategies.

Effective June 30, 2021, BlackRock Financial Management, Inc. (“BlackRock”) received notification from the majority of the shareholders of their intention to fully redeem their shares in the Fund. BlackRock determined that it was no longer in the best interest of the shareholders to operate the Fund and therefore deemed that liquidation was imminent and adopted a plan of liquidation to dissolve the Fund and wind up its operations. The Fund disposed of all its remaining investments in private investment funds on an orderly basis and will settle its liabilities and/or make redemption payments or distributions based on cash receipts from this process. Management is expected to have all outstanding liabilities settled and to fully complete its liquidation of the Fund no later than December 31, 2024.

The Board of Directors had appointed BlackRock (the “Investment Manager”) as investment manager of the Fund. BlackRock provides all investment advisory services to the Fund, including identifying, evaluating, and monitoring independent investment managers, as well as determining the allocation of the Fund’s assets among these managers. BlackRock is registered as an investment advisor with the United States Securities and Exchange Commission and as a commodity pool operator with the United States Commodity Futures Trading Commission.

MUFG Alternative Fund Services (Cayman) Limited (the “Administrator” or “MUFG”) serves as the administrator and custodian of the Fund under the terms of an administration agreement between the Fund and the Administrator.

Capitalized terms used throughout the notes without definition have the same meaning as set forth in the relevant offering documents.

QIP, LTD.
(a Cayman Islands exempted company)

NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
FOR THE YEAR ENDED DECEMBER 31, 2023

(Expressed in U.S. Dollars)

(continued)

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Fund's financial statements in liquidation are expressed in United States ("U.S.") Dollars ("USD" and/or "\$"), unless otherwise indicated, and are prepared under the liquidation basis of accounting in accordance with Accounting Standards Codification ("ASC") 205-30, *Presentation of Financial Statements (Topic 205): Liquidation Basis of Accounting* ("ASC 205-30"). Total assets are currently stated as their estimated net realizable values, which approximates fair value and liabilities are stated at their settlement amounts. Estimated income and costs to settle assets and liabilities, respectively, throughout the liquidation process have been provided for, where reasonably estimable. The Fund is considered an investment company under accounting principles generally accepted in the United States of America ("U.S. GAAP") and follows the accounting and reporting guidance applicable to investment companies in the Financial Accounting Standards Board ("FASB") ASC 946, *Financial Services - Investment Companies* ("ASC 946").

Liquidation Accruals

Liquidation income and expenses expected to be incurred during the liquidation period are accrued when a reasonable basis for estimation exists. Management is required to make estimates and assumptions in calculating expected future income and expenses during the liquidation period. The liquidation expense adjustment was based on amounts incurred in the current year for these specific expenses.

As of December 31, 2023, the Fund accrued the expected future operational and liquidation expenses, outlined in the table below. Liquidation expense adjustment is included in net investment income (loss) in the Statement of Changes in Net Assets in Liquidation.

Liquidation expenses:

Administration and custody fees	\$ 25,230
Professional fees	69,038
Total accrued liquidation expenses	<u>94,268</u>
Payments of liquidation expenses in the current year	200,576
Liquidation expenses accrued in prior year	(387,931)
Liquidation expense adjustment in the current year	<u>\$ (93,087)</u>

QIP, LTD.
(a Cayman Islands exempted company)

NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
FOR THE YEAR ENDED DECEMBER 31, 2023

(Expressed in U.S. Dollars)

(continued)

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

Liquidation Accruals (continued)

Reconciliation to net investment income (loss)⁽¹⁾:

Liquidation expense adjustment in the current year	\$	93,087
Investment income:		
Interest income ⁽²⁾		56,162
Expenses:		
Management fees ⁽²⁾		(4,905)
Performance fees ⁽²⁾		(4,674)
Management fees waived ⁽²⁾		228
Performance fees waived ⁽²⁾		3,272
Net investment income (loss)	\$	<u>143,170</u>

⁽¹⁾ Interest income earned, management fees and performance fees incurred and management fees waived and performance fees waived during the current year along with liquidation expense adjustment in the current year are reflected within net investment income (loss) in the Statement of Changes in Net Assets in Liquidation.

⁽²⁾ Interest income earned, management fees and performance fees incurred and management fees waived and performance fees waived during the current year.

Estimates

The preparation of financial statements in liquidation in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts and disclosures in the financial statements in liquidation and the reported amounts of increases and decreases in net assets from operations during the reporting period. Actual results could differ from those estimates, and the differences could be material.

Investment Transactions, Investment Income and Expenses

Investment transactions are recorded on the date the transactions are entered into. Realized gains and losses on investment transactions are determined using average cost. The Fund's operating expenses are recorded on an accrual basis. Interest income and interest expenses are recognized on an accrual basis. Realized and unrealized gains and losses from investments in private investment funds, which are net of all fees and allocations to the underlying managers, are reflected in net realized gain (loss) and net change in unrealized appreciation (depreciation) on investments in private investment funds in the Statement of Changes in Net Assets in Liquidation.

Cash and Cash Equivalents

Cash and cash equivalents include cash and short-term investments with original maturities of three months or less (when acquired), which would be considered Level 1 investments. Short-term investment funds are valued at their reported net asset value ("NAV"). All cash is held with the Administrator, as custodian of the Fund.

QIP, LTD.
(a Cayman Islands exempted company)

**NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
FOR THE YEAR ENDED DECEMBER 31, 2023**

(Expressed in U.S. Dollars)

(continued)

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

Income Taxes

FASB ASC 740, *Income Taxes*, requires the evaluation of tax positions taken or expected to be taken to determine whether a tax position of the Fund is more likely than not to be sustained upon examination by the applicable taxing authority, including resolution of any related appeals or litigation processes, based on the technical merits of the position. The tax impact to be recognized is measured as the largest amount that is greater than 50% likely of being realized upon ultimate settlement, which could result in the Fund recording a tax liability that would reduce net assets.

The Fund may file U.S. federal and various state and local tax returns. No income tax returns are currently under examination. The Fund is invested directly and indirectly in various jurisdictions and is therefore subject to varying policies and statutory time limitations with respect to examination of tax positions. The Investment Manager has reviewed its tax positions and does not believe that there are any uncertain tax positions that require recognition of a tax liability in the Fund's financial statements in liquidation. Accordingly, no income tax liability for uncertain tax positions has been recorded in the accompanying financial statements in liquidation.

The Fund has been registered as an exempted company pursuant to the Companies Act of the Cayman Islands. No local income, profits or capital gains taxes are levied in the Cayman Islands at the current time, however, the Fund has received an undertaking from the Cayman Islands Government exempting the Fund from taxation in the Cayman Islands until October 23, 2021.

3. RELATED PARTY TRANSACTIONS

The Fund has entered into an Investment Advisory Agreement with BlackRock to provide all investment advisory services to the Fund. Under this agreement, BlackRock earns quarterly management and performance fees for all classes, except Class J Unrestricted Participating shares are charged quarterly management fees and annual performance fees. As provided in the offering memorandums, the amount of fees paid to BlackRock is determined based on the net assets and the performance of the Fund for the respective calculation period. At the discretion of BlackRock, additional classes can be offered by the Fund with management and performance fee terms differing from those stated in the offering memorandums.

QIP, LTD.
(a Cayman Islands exempted company)

NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
FOR THE YEAR ENDED DECEMBER 31, 2023

(Expressed in U.S. Dollars)

(continued)

3. RELATED PARTY TRANSACTIONS (continued)

For the year ended December 31, 2023, the Fund incurred management and performance fees in the amounts of:

	<u>Management Fees</u>	<u>Performance Fees</u>
U.S. Class Committed	\$ 256	\$ 144
U.S. Class Grandfathered	198	114
U.S. Class GF Unrestricted	232	134
U.S. Class GF Restricted	33	19
U.S. Class J Unrestricted	1,185	2,520
U.S. Class Standard	2,953	1,636
Class RW Restricted	48	107
	<u>\$ 4,905</u>	<u>\$ 4,674</u>

These amounts are included in net investment income (loss) in the Statement of Changes in Net Assets in Liquidation.

During the year ended December 31, 2023, the Fund incurred management fees in the amounts of \$12, \$9, \$11, \$2, \$55, \$137 and \$2 related to U.S. Class Committed, U.S. Class Grandfathered, U.S. Class GF Unrestricted, U.S. Class GF Restricted, U.S. Class J Unrestricted, U.S. Class Standard and Class RW Restricted, respectively, which were waived by BlackRock. During the year ended December 31, 2023, the Fund incurred performance fees in the amounts of \$60, \$55, \$64, \$9, \$2,295, \$692 and \$97, related to U.S. Class Committed, U.S. Class Grandfathered, U.S. Class GF Unrestricted, U.S. Class GF Restricted, U.S. Class J Unrestricted, U.S. Class Standard and Class RW Restricted, respectively, which were waived by BlackRock. These amounts are included in net investment income (loss) in the Statement of Changes in Net Assets in Liquidation. The amounts remain receivable and are included in due from Investment Manager in the Statement of Net Assets in Liquidation.

During the year ended December 31, 2023, there may have been investment transactions with other entities managed by BlackRock. The consideration paid and received in connection with each of these transactions would have been based on the prevailing net asset value of the investment at the date of the transaction. During the year ended December 31, 2023, there were no interfund transactions related to investments in private investment funds held by other entities managed by BlackRock.

The Fund may invest in one or more entities through which the Fund and other funds or accounts managed by BlackRock or its affiliates may invest for the primary purpose of consolidating investments by these funds and accounts into a single investment in one or more private investment funds or direct investments.

QIP, LTD.
(a Cayman Islands exempted company)

**NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
FOR THE YEAR ENDED DECEMBER 31, 2023**

(Expressed in U.S. Dollars)

(continued)

3. RELATED PARTY TRANSACTIONS (continued)

The Ordinary shares are held by an affiliate of Queensgate, the entity that employs certain directors of the Fund. As of December 31, 2023, the Fund's board of directors consisted of four directors, Dennis Hunter of Queensgate, Darren Stainrod of Marbury Fund Services (Cayman) Limited, Robert Meschi of Pontis Global and Bryan J. Smith of BlackRock. For the year ended December 31, 2023, the Fund incurred directors' fees in the amount of \$20,650. This amount is included in net investment income (loss) in the Statement of Changes in Net Assets in Liquidation. Queensgate is the voluntary liquidator of the Fund. For the year ended December 31, 2023, the Fund incurred liquidators' fees in the amount of \$6,500. This amount is included in net investment income (loss) in the Statement of Changes in Net Assets in Liquidation.

4. SHARE CAPITAL

Authorized:

100 Ordinary voting shares of \$0.01 par value each

4,999,900 Participating non-voting shares of \$0.01 par value each

As of December 31, 2023, the net asset value per Ordinary share was \$0.01.

Transactions in shares were as follows for the year ended December 31, 2023:

<u>Types of Shares</u>	<u>Opening Balance</u>	<u>Conversions</u>	<u>Shares Issued</u>	<u>Shares Redeemed</u>	<u>Closing Balance</u>
Ordinary shares	100.00	-	-	-	100.00
U.S. Class Affiliate Unrestricted	46.27	-	-	(46.27)	-
U.S. Class Affiliate Restricted	32.47	-	-	(32.47)	-
U.S. Class Committed	163.01	25.16	-	(188.17)	-
U.S. Class Grandfathered	150.71	23.87	-	(174.58)	-
U.S. Class GF Unrestricted	176.69	27.98	-	(204.67)	-
U.S. Class GF Restricted	25.06	3.97	-	(29.03)	-
U.S. Class J Unrestricted	1,185.95	121.19	-	(1,307.14)	-
U.S. Class Standard	1,510.66	222.46	-	(1,733.12)	-
Class RW Restricted	36.29	5.71	-	(42.00)	-

In accordance with the terms of the offering memorandums, Participating shares were offered as of the first business day of each calendar month. Shares of a new series were offered for each class at the beginning of each month, at a purchase price of \$1,000 and £1,000 per Participating share.

At the end of each fiscal year, all outstanding Participating shares of each class may have been converted into Participating shares of a single series with an initial price of \$1,000 and £1,000, so that, in any fiscal year the Fund would have no more than twelve series outstanding for each specific class. Such conversion would not have taken place for series with a net asset value per Participating share not exceeding its high water mark, as defined in the Fund's offering memorandums.

QIP, LTD.
(a Cayman Islands exempted company)

**NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
FOR THE YEAR ENDED DECEMBER 31, 2023**

(Expressed in U.S. Dollars)

(continued)

4. SHARE CAPITAL (continued)

The Participating share classes were differentiated by management and performance fees charged, Note 3, and the shareholders' ability to redeem in each class.

Per the offering memorandums, U.S. Class Affiliate Restricted and U.S. Class Affiliated Unrestricted shareholders were not charged management and performance fees.

A shareholder could redeem any or all of its U.S. Class Grandfathered Participating shares, as of the end of any fiscal quarter, with at least 90 days written notice to the Fund.

A shareholder could redeem up to 50% of its U.S. Class Affiliate Unrestricted, U.S. Class Affiliated Restricted, U.S. Class GF Unrestricted, U.S. Class GF Restricted, U.S. Class J Unrestricted, U.S. Class Standard or Class RW Restricted shares, as of the end of any fiscal quarter, with at least 95 days written notice to the Fund, or in excess of 50% of its U.S. Class Affiliate Unrestricted, U.S. Class Affiliate Restricted, U.S. Class GF Unrestricted, U.S. Class GF Restricted, U.S. Class J Unrestricted, U.S. Class Standard or Class RW Restricted Participating shares with at least 370 days written notice.

A shareholder could redeem its U.S. Class Committed Participating shares on the 3-year anniversary of the end of the fiscal quarter in which the purchase of the relevant shares was made, with at least 370 days written notice. On each 3-year anniversary, committed shares that were not redeemed could automatically be re-committed for an additional 3-year lock-up period. In the event the Fund permitted a redemption prior to the lapse of 3-year lock-up period, the shareholder could be assessed an early withdrawal fee.

The holders of Ordinary shares carry the exclusive right to receive notice of, attend and vote at any general meeting of the Fund, but do not participate in the profits or assets of the Fund, and are entitled only to a return of the par value of such shares out of the net assets of the Fund upon liquidation.

The holders of Participating shares do not have the right to receive notice of, attend or vote at any general meeting of the Fund. The holders of Participating shares participate on a pro rata basis in the profits or losses of, and in distributions by, the Fund and in its net assets upon liquidation.

It is not the intention of the Fund to pay dividends.

During the year ended December 31, 2023, the Fund fully redeemed all U.S. Class Affiliate Unrestricted, U.S. Class Affiliate Restricted, U.S. Class Committed, U.S. Class Grandfathered, U.S. Class GF Unrestricted, U.S. Class GF Restricted, U.S. Class J Unrestricted, U.S. Class Standard and Class RW Restricted share capital. The redemption balance remains payable as of December 31, 2023.

QIP, LTD.
(a Cayman Islands exempted company)

**NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
FOR THE YEAR ENDED DECEMBER 31, 2023**

(Expressed in U.S. Dollars)

(continued)

5. PRINCIPAL RISK

Indemnifications

In the normal course of business, the Fund enters into contracts that contain a variety of representations that provide general indemnification. The Fund's maximum exposure under these arrangements is unknown because it involves future potential claims that may be made against the Fund, which cannot be predicted with any certainty. However, based on past experience, the Fund expects the risk of material loss therefrom to be remote.

6. SUBSEQUENT EVENTS

Management has evaluated the impact of all subsequent events on the Fund's financial statements in liquidation through March 7, 2024, the date these financial statements in liquidation were available to be issued, and noted the following:

Subsequent to December 31, 2023, the Fund paid out \$8,970 to settle outstanding expenses and paid out \$250,883 to the redeemed shareholders. The difference between the redemptions paid of \$250,883 and the redemptions payable of \$248,684 included in the Statement of Net Assets in Liquidation relates to interest income received.

QIP, Ltd
 FEIN: 98-1128426

Schedule H, Line 4i - Schedule of Assets (Acquired and/or disposed of within the Year)

TranTypeHeader	TradeDate	SettleDate	TranID	Investment	InvestmentDescription	OpenLot	Quantity	Price	Commission	SECFee	CCY	LocalProceeds	BaseProceeds	CostFXRate	LocalCost	BaseCost	FXRate	PriceGL	FXGL
Redeem	1/1/2023	1/13/2023	163865422	ELTINTUS1-B-QIP	Elliott International Ltd/ Class B/ Series QIP		(485.89)	1,983.66	-	-	USD	963,787.00	963,787.00	1.00	386,797.36	386,797.36	1.00	576,985.64	-
Redeem	1/1/2023	2/3/2023	165691370	MFLHIPUS1-A-102	Hipparchus Fund Ltd/A (BLK)/102		(20.52)	430.02	-	-	USD	8,825.67	8,825.67	1.00	19,364.72	19,364.72	1.00	(10,539.05)	-
Redeem	1/1/2023	2/3/2023	165691370	MFLHIPUS1-A-102	Hipparchus Fund Ltd/A (BLK)/102		(0.00)	430.02	-	-	USD	0.22	0.22	1.00	1,558.73	1,558.73	1.00	(1,558.51)	-
Redeem	1/1/2023	2/3/2023	165691370	MFLHIPUS1-A-102	Hipparchus Fund Ltd/A (BLK)/102		(0.00)	430.02	-	-	USD	0.22	0.22	1.00	957.71	957.71	1.00	(957.49)	-
Redeem	1/1/2023	2/3/2023	165691370	MFLHIPUS1-A-102	Hipparchus Fund Ltd/A (BLK)/102		(0.00)	430.02	-	-	USD	0.22	0.22	1.00	512.98	512.98	1.00	(512.76)	-
Redeem	1/1/2023	2/3/2023	165691370	MFLHIPUS1-A-102	Hipparchus Fund Ltd/A (BLK)/102		(0.00)	430.02	-	-	USD	0.22	0.22	1.00	599.41	599.41	1.00	(599.19)	-
Redeem	1/1/2023	2/3/2023	165691370	MFLHIPUS1-A-102	Hipparchus Fund Ltd/A (BLK)/102		(0.89)	430.02	-	-	USD	384.59	384.59	1.00	1,215.31	1,215.31	1.00	(830.72)	-
Redeem	1/1/2023	2/3/2023	165691370	MFLHIPUS1-A-102	Hipparchus Fund Ltd/A (BLK)/102		(0.99)	430.02	-	-	USD	425.81	425.81	1.00	1,415.05	1,415.05	1.00	(989.24)	-
Redeem	1/1/2023	2/3/2023	165691370	MFLHIPUS1-A-102	Hipparchus Fund Ltd/A (BLK)/102		(0.63)	430.02	-	-	USD	270.50	270.50	1.00	906.52	906.52	1.00	(636.02)	-
Redeem	1/1/2023	2/3/2023	165691370	MFLHIPUS1-A-102	Hipparchus Fund Ltd/A (BLK)/102		(0.27)	430.02	-	-	USD	114.50	114.50	1.00	383.25	383.25	1.00	(268.75)	-
Redeem	1/1/2023	2/3/2023	165691370	MFLHIPUS1-A-102	Hipparchus Fund Ltd/A (BLK)/102		(0.72)	430.02	-	-	USD	308.85	308.85	1.00	1,037.22	1,037.22	1.00	(728.37)	-
Redeem	1/1/2023	2/3/2023	165691370	MFLHIPUS1-A-102	Hipparchus Fund Ltd/A (BLK)/102		(0.34)	430.02	-	-	USD	144.88	144.88	1.00	471.50	471.50	1.00	(326.62)	-
Redeem	1/1/2023	7/11/2023	165740213	GSOSSFUS1-SS-QIP	GSO Special Situations Overseas Fund Ltd/ Class SS/ Series QIP		(0.50)	636,626.40	-	-	USD	317,549.25	317,549.25	1.00	685,486.72	685,486.72	1.00	(367,939.47)	-
Redeem	1/1/2023	7/11/2023	165740213	GSOSSFUS1-SS-QIP	GSO Special Situations Overseas Fund Ltd/ Class SS/ Series QIP		(0.50)	636,626.40	-	-	USD	317,553.07	317,553.07	1.00	23,937.46	23,937.46	1.00	293,615.61	-
Redeem	1/1/2023	7/11/2023	165740213	GSOSSFUS1-SS-QIP	GSO Special Situations Overseas Fund Ltd/ Class SS/ Series QIP		(0.00)	636,626.40	-	-	USD	1,524.08	1,524.08	1.00	16,358.55	16,358.55	1.00	(14,834.47)	-
Redeem	1/1/2023	1/1/2023	165863437	GSOSSFUS1-S-QIP(B)	GSO Special Situations Overseas Fund Ltd/S/QIP (B)		(1.00)	2.67	-	-	USD	2.67	2.67	1.00	4,677.96	4,677.96	1.00	(4,675.29)	-
Redeem	3/1/2023	3/1/2023	168862198	MYMMOOUS1-EIMOIV-1	Myriad Opportunities Offshore Fund Ltd/ Class EIMOIV/ Series 1		(0.19)	-	-	-	USD	-	-	1.00	333.86	333.86	1.00	(333.86)	-
Redeem	3/1/2023	3/1/2023	168862198	MYMMOOUS1-EIMOIV-1	Myriad Opportunities Offshore Fund Ltd/ Class EIMOIV/ Series 1		(0.36)	-	-	-	USD	-	-	1.00	612.08	612.08	1.00	(612.08)	-
Redeem	3/1/2023	3/1/2023	168862198	MYMMOOUS1-EIMOIV-1	Myriad Opportunities Offshore Fund Ltd/ Class EIMOIV/ Series 1		(0.26)	-	-	-	USD	-	-	1.00	445.15	445.15	1.00	(445.15)	-
Redeem	3/1/2023	3/1/2023	168862198	MYMMOOUS1-EIMOIV-1	Myriad Opportunities Offshore Fund Ltd/ Class EIMOIV/ Series 1		(0.89)	-	-	-	USD	-	-	1.00	208.02	208.02	1.00	(208.02)	-
Redeem	3/1/2023	3/1/2023	168862198	MYMMOOUS1-EIMOIV-1	Myriad Opportunities Offshore Fund Ltd/ Class EIMOIV/ Series 1		(1.22)	-	-	-	USD	-	-	1.00	281.41	281.41	1.00	(281.41)	-
Redeem	3/1/2023	3/1/2023	168862198	MYMMOOUS1-EIMOIV-1	Myriad Opportunities Offshore Fund Ltd/ Class EIMOIV/ Series 1		(0.00)	-	-	-	USD	-	-	1.00	13.00	13.00	1.00	(13.00)	-
Redeem	3/1/2023	3/1/2023	168862198	MYMMOOUS1-EIMOIV-1	Myriad Opportunities Offshore Fund Ltd/ Class EIMOIV/ Series 1		(0.00)	-	-	-	USD	-	-	1.00	23.82	23.82	1.00	(23.82)	-
Redeem	3/1/2023	3/1/2023	168862198	MYMMOOUS1-EIMOIV-1	Myriad Opportunities Offshore Fund Ltd/ Class EIMOIV/ Series 1		(0.00)	-	-	-	USD	-	-	1.00	17.34	17.34	1.00	(17.34)	-
Redeem	3/1/2023	3/1/2023	168862198	MYMMOOUS1-EIMOIV-1	Myriad Opportunities Offshore Fund Ltd/ Class EIMOIV/ Series 1		(0.00)	-	-	-	USD	-	-	1.00	6.20	6.20	1.00	(6.20)	-
Redeem	3/1/2023	3/1/2023	168862198	MYMMOOUS1-EIMOIV-1	Myriad Opportunities Offshore Fund Ltd/ Class EIMOIV/ Series 1		(0.00)	-	-	-	USD	-	-	1.00	0.95	0.95	1.00	(0.95)	-
Redeem	3/1/2023	3/1/2023	168862198	MYMMOOUS1-EIMOIV-1	Myriad Opportunities Offshore Fund Ltd/ Class EIMOIV/ Series 1		(1.93)	-	-	-	USD	-	-	1.00	1,235.01	1,235.01	1.00	(1,235.01)	-
Redeem	3/1/2023	3/1/2023	168862198	MYMMOOUS1-EIMOIV-1	Myriad Opportunities Offshore Fund Ltd/ Class EIMOIV/ Series 1		(3.57)	-	-	-	USD	-	-	1.00	2,264.18	2,264.18	1.00	(2,264.18)	-
Redeem	3/1/2023	3/1/2023	168862198	MYMMOOUS1-EIMOIV-1	Myriad Opportunities Offshore Fund Ltd/ Class EIMOIV/ Series 1		(2.58)	-	-	-	USD	-	-	1.00	1,646.68	1,646.68	1.00	(1,646.68)	-
Redeem	3/1/2023	3/1/2023	168862198	MYMMOOUS1-EIMOIV-1	Myriad Opportunities Offshore Fund Ltd/ Class EIMOIV/ Series 1		(0.49)	-	-	-	USD	-	-	1.00	444.53	444.53	1.00	(444.53)	-
Redeem	3/1/2023	3/1/2023	168862198	MYMMOOUS1-EIMOIV-1	Myriad Opportunities Offshore Fund Ltd/ Class EIMOIV/ Series 1		(0.67)	-	-	-	USD	-	-	1.00	601.37	601.37	1.00	(601.37)	-
Redeem	3/10/2023	3/10/2023	16737874	ELTINTUS1-B-QIP	Elliott International Ltd/ Class B/ Series QIP		(25.61)	1,999.72	-	-	USD	51,204.04	51,204.04	1.00	20,383.67	20,383.67	1.00	30,820.37	-
Redeem	6/22/2023	6/22/2023	172543325	ELTINTUS1-B-QIP	Elliott International Ltd/ Class B/ Series QIP		(8.61)	2,061.01	-	-	USD	17,752.11	17,752.11	1.00	6,656.74	6,656.74	1.00	10,895.37	-
Redeem	7/1/2023	7/12/2023	173627189	ELTINTUS1-B-QIP	Elliott International Ltd/ Class B/ Series QIP		(485.84)	2,042.34	-	-	USD	994,293.14	994,293.14	1.00	387,554.94	387,554.94	1.00	606,738.20	-
Redeem	9/14/2023	9/14/2023	177185559	ELTINTUS1-B-QIP	Elliott International Ltd/ Class B/ Series QIP		(33.44)	2,068.14	-	-	USD	69,168.29	69,168.29	1.00	26,824.03	26,824.03	1.00	42,544.26	-

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

B This return/report is: a single-employer plan a DFE (specify) E
 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</p> <p>QIP LTD</p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p> <p>1c Effective date of plan</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)</p> <p>BLACKROCK FINANCIAL MANAGEMENT, INC</p> <p>50 HUDSON YARDS NEW YORK, NY 10001</p>	<p>2b Employer Identification Number (EIN) <u>98-1128426</u></p> <p>2c Plan Sponsor's telephone number <u>206-613-6700</u></p> <p>2d Business code (see instructions) <u>000000</u></p>

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		10/11/2024	CHUCK PULSFORT
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2023)
v. 230728

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 98-1128426
	3c Administrator's telephone number 206-613-6700

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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	5		0
5		0		
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).				
a(1) Total number of active participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(1)</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	6a(1)		0
6a(1)		0		
a(2) Total number of active participants at the end of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(2)</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	6a(2)		0
6a(2)		0		
b Retired or separated participants receiving benefits	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6b</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	6b		0
6b		0		
c Other retired or separated participants entitled to future benefits.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6c</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	6c		0
6c		0		
d Subtotal. Add lines 6a(2), 6b, and 6c.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6d</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	6d		0
6d		0		
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6e</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	6e		0
6e		0		
f Total. Add lines 6d and 6e.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6f</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	6f		0
6f		0		
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6g(1)</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	6g(1)		0
6g(1)		0		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6g(2)</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	6g(2)		0
6g(2)		0		
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:10%;">6h</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	6h		0
6h		0		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	7		0
7		0		

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

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

9a Plan funding arrangement (check all that apply)	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	(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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 _____ (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____