

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan     a DFE (specify) C

**B** This return/report is:     the first return/report     the final return/report

an amended return/report     a short plan year return/report (less than 12 months)

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

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

special extension (enter description)

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

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>BLACKROCK TOTAL RETURN BOND FUND</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan</td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>	<b>1c</b> Effective date of plan	
<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>				
<b>1c</b> Effective date of plan					
<b>2a</b> 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 INSTITUTIONAL TRUST COMPANY, N.A.</u>  <u>400 HOWARD STREET</u> <u>SAN FRANCISCO, CA 94105</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>2b</b> Employer Identification Number (EIN) <u>47-1217136</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number <u>415-670-2000</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions) <u>000000</u></td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) <u>47-1217136</u>	<b>2c</b> Plan Sponsor's telephone number <u>415-670-2000</u>	<b>2d</b> Business code (see instructions) <u>000000</u>	
<b>2b</b> Employer Identification Number (EIN) <u>47-1217136</u>					
<b>2c</b> Plan Sponsor's telephone number <u>415-670-2000</u>					
<b>2d</b> Business code (see instructions) <u>000000</u>					

**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.

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

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.  400 HOWARD STREET SAN FRANCISCO, CA 94105	<b>3b</b> Administrator's EIN 94-3112180  <b>3c</b> Administrator's telephone number 415-670-2000																																																																																																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																																																																																																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 0																																																																																																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"><b>6a(1)</b></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr> <tr><td><b>6a(2)</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td style="text-align: right;">0</td></tr> <tr><td><b>6b</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td><b>6c</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td><b>6d</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td style="text-align: right;">0</td></tr> <tr><td><b>6e</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td><b>6f</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td style="text-align: right;">0</td></tr> <tr><td><b>6g(1)</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td><b>6h</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	<b>6a(1)</b>										<b>6a(2)</b>									0	<b>6b</b>										<b>6c</b>										<b>6d</b>									0	<b>6e</b>										<b>6f</b>									0	<b>6g(1)</b>										<b>6g(2)</b>										<b>6h</b>									
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<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																																																																																																				

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <u>BLACKROCK TOTAL RETURN BOND FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>	<b>D</b> Employer Identification Number (EIN) <u>47-1217136</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name	NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BCS FINANCIAL CORPORATION
<b>b</b>	Name of plan sponsor	BCS FINANCIAL CORPORATION
<b>c</b>	EIN-PN	36-4247278-001
<b>a</b>	Plan name	BHE MASTER RETIREMENT TRUST
<b>b</b>	Name of plan sponsor	BERKSHIRE HATHAWAY ENERGY COMPANY
<b>c</b>	EIN-PN	84-7120645-018
<b>a</b>	Plan name	NATIONAL RETIREMENT TRUST
<b>b</b>	Name of plan sponsor	BLUE CROSS & BLUE SHIELD ASSOCIATION
<b>c</b>	EIN-PN	36-6041816-001
<b>a</b>	Plan name	NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CROSS AND BLUE SHIELD ASSOCIATION
<b>b</b>	Name of plan sponsor	BLUE CROSS & BLUE SHIELD ASSOCIATION
<b>c</b>	EIN-PN	13-5656874-001
<b>a</b>	Plan name	NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CROSS & BLUE SHIELD OF MISSISSIPPI, A MUTUAL INSURANCE COMPANY
<b>b</b>	Name of plan sponsor	BLUE CROSS & BLUE SHIELD OF MISSISSIPPI A MUTUAL INSURANCE COMPANY
<b>c</b>	EIN-PN	64-0295748-002
<b>a</b>	Plan name	NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CROSS AND BLUE SHIELD OF WYOMING
<b>b</b>	Name of plan sponsor	BLUE CROSS & BLUE SHIELD OF WYOMING
<b>c</b>	EIN-PN	83-0231011-001
<b>a</b>	Plan name	NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC.
<b>b</b>	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF ARIZONA INC
<b>c</b>	EIN-PN	86-0004538-001
<b>a</b>	Plan name	NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.
<b>b</b>	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF FLORIDA INC
<b>c</b>	EIN-PN	59-2015694-001
<b>a</b>	Plan name	NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CROSS AND BLUE SHIELD OF KANSAS, INC.
<b>b</b>	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF KANSAS INC
<b>c</b>	EIN-PN	48-0952857-001
<b>a</b>	Plan name	NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CROSS AND BLUE SHIELD OF NEBRASKA
<b>b</b>	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF NEBRASKA
<b>c</b>	EIN-PN	47-0095156-001
<b>a</b>	Plan name	NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CROSS AND BLUE SHIELD OF VERMONT
<b>b</b>	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF VERMONT
<b>c</b>	EIN-PN	03-0277307-001
<b>a</b>	Plan name	NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUECROSS BLUESHIELD OF TENNESSEE, INC.
<b>b</b>	Name of plan sponsor	BLUECROSS BLUESHIELD OF TENNESSEE
<b>c</b>	EIN-PN	62-0427913-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b> Plan name	OPERATING ENGINEERS LOCAL 101 PENSION PLAN	
<b>b</b> Name of plan sponsor	BOARD OF TRUSTEE OF THE OPERATING ENGINEERS LOCAL 101 PENSION FUND	<b>c</b> EIN-PN 43-6059213-001
<b>a</b> Plan name	CENTRAL PENSION FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEER S AND PARTICIPATING EMPLOYERS	
<b>b</b> Name of plan sponsor	BOARD OF TRUSTEES OF THE CPF OF TH E IUOE AND PARTICIPATING EMPLOYERS	<b>c</b> EIN-PN 36-6052390-001
<b>a</b> Plan name	PENSION PLAN OF THE EMPLOYERS-SHOPMENS LOCAL 516 PENSION TRUST	
<b>b</b> Name of plan sponsor	BOARD OF TRUSTEES, EMPLOYERS-SHOPM EN'S LOCAL 516 PENSION TRUST	<b>c</b> EIN-PN 93-0656480-001
<b>a</b> Plan name	DAIMLER TRUCKS NORTH AMERICA LLC EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	DAIMLER TRUCKS NORTH AMERICA LLC	<b>c</b> EIN-PN 93-0790608-002
<b>a</b> Plan name	DAIMLER TRUCKS NORTH AMERICA LLC MASTER RETIREMENT TRUST	
<b>b</b> Name of plan sponsor	DAIMLER TRUCKS NORTH AMERICA LLC	<b>c</b> EIN-PN 93-0790608-009
<b>a</b> Plan name	DELTA 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	DELTA AIR LINES, INC.	<b>c</b> EIN-PN 58-0218548-004
<b>a</b> Plan name	DELTA 401(K) RETIREMENT PLAN FOR PILOTS	
<b>b</b> Name of plan sponsor	DELTA AIR LINES, INC.	<b>c</b> EIN-PN 58-0218548-014
<b>a</b> Plan name	DELTA 401(K) RETIREMENT PLAN FOR PUERTO RICO	
<b>b</b> Name of plan sponsor	DELTA AIR LINES, INC.	<b>c</b> EIN-PN 58-0218548-030
<b>a</b> Plan name	DELTA 401(K) RETIREMENT PLAN FOR SEASONAL EMPLOYEES	
<b>b</b> Name of plan sponsor	DELTA AIR LINES, INC.	<b>c</b> EIN-PN 58-0218548-021
<b>a</b> Plan name	DELTA 401(K) RETIREMENT PLAN FOR SUBSIDIARIES	
<b>b</b> Name of plan sponsor	DELTA AIR LINES, INC.	<b>c</b> EIN-PN 58-0218548-020
<b>a</b> Plan name	DELTA PILOTS DEFINED CONTRIBUTION PLAN	
<b>b</b> Name of plan sponsor	DELTA AIR LINES, INC.	<b>c</b> EIN-PN 58-0218548-012
<b>a</b> Plan name	THE DELTA AIR LINES, INC. DEFINED CONTRIBUTION PLANS MASTER TRUST	
<b>b</b> Name of plan sponsor	DELTA AIR LINES, INC.	<b>c</b> EIN-PN 04-6766712-013

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ENDEAVOR AIR PILOTS SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ENDEAVOR AIR, INC.	<b>c</b> EIN-PN 58-1605378-002
<b>a</b>	Plan name	ENDEAVOR AIR SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ENDEAVOR AIR, INC.	<b>c</b> EIN-PN 58-1605378-001
<b>a</b>	Plan name	EXCELLUS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EXCELLUS HEALTH PLAN, INC.	<b>c</b> EIN-PN 15-0329043-001
<b>a</b>	Plan name	PENSION PLAN OF GENERAL ATOMICS	
<b>b</b>	Name of plan sponsor	GENERAL ATOMICS	<b>c</b> EIN-PN 95-3735102-001
<b>a</b>	Plan name	MIDAMERICAN ENERGY COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MIDAMERICAN ENERGY COMPANY	<b>c</b> EIN-PN 42-1425214-001
<b>a</b>	Plan name	NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF NATIONAL ACCOUNT SERVICE COMPANY	
<b>b</b>	Name of plan sponsor	NATIONAL ACCOUNT SERVICE COMPANY	<b>c</b> EIN-PN 58-1767730-001
<b>a</b>	Plan name	NV ENERGY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NV ENERGY INC.	<b>c</b> EIN-PN 88-0198358-001
<b>a</b>	Plan name	PACIFICORP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PACIFICORP	<b>c</b> EIN-PN 93-0246090-001
<b>a</b>	Plan name	PACIFICORP RETIREMENT PLAN II	
<b>b</b>	Name of plan sponsor	PACIFICORP	<b>c</b> EIN-PN 93-0246090-002
<b>a</b>	Plan name	NORTHWEST CARPENTERS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWEST MOUNTAIN STATES REGIONAL COUNCIL OF CARPENTERS	<b>c</b> EIN-PN 91-6029051-001
<b>a</b>	Plan name	NATIONAL ROOFING INDUSTRY PENSION PLAN	
<b>b</b>	Name of plan sponsor	TRUSTEES OF THE NATIONAL ROOFING I NDUSTRY PENSION FUND	<b>c</b> EIN-PN 36-6157071-001
<b>a</b>	Plan name	WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN	
<b>b</b>	Name of plan sponsor	TRUSTEES OF THE WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND	<b>c</b> EIN-PN 91-6145047-001

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>BLACKROCK TOTAL RETURN BOND FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</b>	<b>D</b> Employer Identification Number (EIN) <b>47-1217136</b>

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

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	67686666	114040279
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1553430623	1640021741
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2030000347	2078138872
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	6450107887	6971979863
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	2752013926	3264496855
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	12410058	22214860
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	21720018	53539794
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	1748700737	2589509627
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	15155459	21078747

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	14651225721	16755020638
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	5261856388	5239185901
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	5261856388	5239185901
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	9389369333	11515834737

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	23672317	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	375315267	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	1085785	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		400073369
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	138459645	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		138459645
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	79187889524	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	79274538076	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-86648552
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-241868742	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		
<b>c</b> Other income .....	2c		-2231594
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		207784126

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		1221743
<b>i</b> 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)	16510	
(5) Investment advisory and investment management fees .....	2i(5)	660593	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)	13054	
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)	-37105	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		653052
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		1874795

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		205909331
<b>l</b> Transfers of assets:			
(1) To this plan.....	2l(1)		5317874760
(2) From this plan .....	2l(2)		3397318687

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

<p><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></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.)

**B** This return/report is:  a single-employer plan  a DFE (specify) C  
 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><b>1a</b> Name of plan</p> <p>BLACKROCK TOTAL RETURN BOND FUND</p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p> <p><b>1c</b> Effective date of plan</p>
<p><b>2a</b> 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 INSTITUTIONAL TRUST COMPANY, N.A.</p> <p>400 HOWARD STREET SAN FRANCISCO, CA 94105</p>	<p><b>2b</b> Employer Identification Number (EIN) <u>47-1217136</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>415-670-2000</u></p> <p><b>2d</b> 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		10/03/2025	BRYAN BOWERS
	Signature of DFE	Date	Enter name of individual signing as DFE

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

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.  400 HOWARD STREET SAN FRANCISCO, CA 94105	<b>3b</b> Administrator's EIN 94-3112180 <hr/> <b>3c</b> Administrator's telephone number 415-670-2000
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:  <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																																	
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>5</b></td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	<b>5</b>		0																														
<b>5</b>		0																																
<b>6</b> 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).  <b>a(1)</b> Total number of active participants at the beginning of the plan year . . . . . <b>a(2)</b> Total number of active participants at the end of the plan year . . . . . <b>b</b> Retired or separated participants receiving benefits . . . . . <b>c</b> Other retired or separated participants entitled to future benefits. . . . . <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. . . . . <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. . . . . <b>f</b> Total. Add lines 6d and 6e. . . . .  <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) . . . . . <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) . . . . . <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> <tr> <td><b>6a(1)</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6a(2)</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6b</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6c</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6d</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6e</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6f</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6g(1)</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6g(2)</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6h</b></td> <td></td> <td style="text-align: right;">0</td> </tr> </table>			0	<b>6a(1)</b>		0	<b>6a(2)</b>		0	<b>6b</b>		0	<b>6c</b>		0	<b>6d</b>		0	<b>6e</b>		0	<b>6f</b>		0	<b>6g(1)</b>		0	<b>6g(2)</b>		0	<b>6h</b>		0
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<b>6h</b>		0																																
<b>7</b> 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%;"><b>7</b></td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	<b>7</b>		0																														
<b>7</b>		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:

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

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

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

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

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

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**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 \_\_\_\_\_

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