

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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.

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>BLACKROCK TOTAL RETURN BOND FUND M</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> <u>400 HOWARD STREET</u> <u>SAN FRANCISCO, CA 94105</u>	2b Employer Identification Number (EIN) <u>47-1236644</u> 2c Plan Sponsor's telephone number <u>415-670-2000</u> 2d 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.

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>BLACKROCK TOTAL RETURN BOND FUND M</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 INSTITUTIONAL TRUST COMPANY, N.A.</u>	D Employer Identification Number (EIN) <u>47-1236644</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK TOTAL RETURN BOND FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO, N.A.</u>		
c EIN-PN <u>47-1222253-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>813140423</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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:

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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)

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 AB COLLECTIVE INVESTMENT TRUST SERIES	
b	Name of plan sponsor ALLIANCEBERNSTEIN TRUST COMPANY	c EIN-PN 04-6948485-001
a	Plan name ALLIED SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor ALLIED SOLUTIONS, LLC	c EIN-PN 35-2125376-001
a	Plan name ALLINA 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ALLINA HEALTH SYSTEM	c EIN-PN 36-3261413-002
a	Plan name AMENTUM 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AMENTUM SERVICES, INC.	c EIN-PN 27-1628265-001
a	Plan name ASTRAZENECA SAVINGS & SECURITY PLAN FOR PUERTO RICO EMPLOYEES	
b	Name of plan sponsor ASTRAZENECA PHARMACEUTICALS LP	c EIN-PN 23-2967016-004
a	Plan name ASTRAZENECA SAVINGS AND SECURITY PLAN	
b	Name of plan sponsor ASTRAZENECA PHARMACEUTICALS LP	c EIN-PN 23-2967016-002
a	Plan name BCS FINANCIAL CORPORATION TAX-FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor BCS FINANCIAL CORPORATION	c EIN-PN 36-4247278-002
a	Plan name BLUE CROSS AND BLUE SHIELD ASSOCIATION TAX-FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor BLUE CROSS & BLUE SHIELD ASSOCIATI ON	c EIN-PN 13-5656874-002
a	Plan name TAX FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor BLUE CROSS & BLUE SHIELD OF MISSIS SIPPI A MUTUAL INSURANCE COMPANY	c EIN-PN 64-0295748-003
a	Plan name BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA EMPLOYEE SAVINGS AND SAL ARY REDUCTION PLAN	
b	Name of plan sponsor BLUE CROSS & BLUE SHIELD OF SOUTH CAROLINA	c EIN-PN 57-0287419-002
a	Plan name BLUE CROSS AND BLUE SHIELD OF WYOMING TAX-FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor BLUE CROSS & BLUE SHIELD OF WYOMIN G	c EIN-PN 83-0231011-002
a	Plan name BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF ARIZ ONA INC	c EIN-PN 86-0004538-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BLUE CROSS AND BLUE SHIELD OF FLORIDA 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF FLORIDA INC	c EIN-PN 59-2015694-002
a	Plan name BLUE CROSS AND BLUE SHIELD OF KANSAS, INC. TAX-FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF KANSAS INC	c EIN-PN 48-0952857-002
a	Plan name BLUE CROSS AND BLUE SHIELD OF VERMONT 401(K) RETIREMENT PROGRAM	
b	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF VERMONT	c EIN-PN 03-0277307-003
a	Plan name BLUE CROSS OF IDAHO HEALTH SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor BLUE CROSS OF IDAHO HEALTH SERVICE INC.	c EIN-PN 82-0344294-002
a	Plan name BLUECROSS BLUESHIELD OF TENNESSEE EMPLOYEE RETIREMENT SAVINGS PROGRAM	
b	Name of plan sponsor BLUECROSS BLUESHIELD OF TENNESSEE	c EIN-PN 62-0427913-002
a	Plan name BLUE SHIELD OF CALIFORNIA TAX-DEFERRED SALARY INVESTMENT PLAN	
b	Name of plan sponsor CALIFORNIA PHYSICIANS SERVICE DBA BLUE SHIELD OF CALIFORNIA	c EIN-PN 94-0360524-002
a	Plan name CAMBIA HEALTH SOLUTIONS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor CAMBIA HEALTH SOLUTIONS INC	c EIN-PN 93-1179316-002
a	Plan name DIAGNOSTIC CLINIC MEDICAL GROUP RETIREMENT & 401(K) SAVINGS PLAN	
b	Name of plan sponsor DIAGNOSTIC CLINIC MEDICAL GROUP, INC.	c EIN-PN 59-3307922-333
a	Plan name DIVERSIFIED SERVICE OPTIONS, INC. DBA GUIDEWELL SOURCE 401(K) SAVINGS PLAN	
b	Name of plan sponsor DIVERSIFIED SERVICE OPTIONS, INC. DBA GUIDEWELL SOURCE	c EIN-PN 59-3514333-001
a	Plan name ENTERGY CORPORATION QUALIFIED PLAN MASTER TRUST	
b	Name of plan sponsor ENTERGY CORPORATION	c EIN-PN 41-2062510-001
a	Plan name SAVINGS PLAN OF ENTERGY CORPORATION AND SUBSIDIARIES	
b	Name of plan sponsor ENTERGY CORPORATION	c EIN-PN 72-1229752-003
a	Plan name SAVINGS PLAN OF ENTERGY CORPORATION AND SUBSIDIARIES IX	
b	Name of plan sponsor ENTERGY CORPORATION	c EIN-PN 72-1229752-020

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	SAVINGS PLAN OF ENTERGY CORPORATION AND SUBSIDIARIES VIII	
b	Name of plan sponsor	ENTERGY CORPORATION	c EIN-PN 72-1229752-019
a	Plan name	EXCELLUS 401(K) PLAN	
b	Name of plan sponsor	EXCELLUS HEALTH PLAN, INC.	c EIN-PN 15-0329043-002
a	Plan name	GOODWIN PROCTER LLP PARTNERSHIP PROFIT SHARING SAVINGS PLAN	
b	Name of plan sponsor	GOODWIN PROCTER LLP	c EIN-PN 04-1378465-001
a	Plan name	GOODWIN PROCTER LLP PARTNERSHIP PROFIT SHARING SAVINGS PLAN II	
b	Name of plan sponsor	GOODWIN PROCTER LLP	c EIN-PN 04-1378465-007
a	Plan name	GROUP HEALTH PLAN, INC. 401(K) PLAN	
b	Name of plan sponsor	GROUP HEALTH PLAN, INC.	c EIN-PN 41-0797853-003
a	Plan name	RAMSEY CLINIC AND RAMSEY FOUNDATION EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor	GROUP HEALTH PLAN, INC.	c EIN-PN 41-0797853-008
a	Plan name	HEALTH INTELLIGENCE COMPANY, LLC TAX-FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor	HEALTH INTELLIGENCE COMPANY, LLC D OING BUSINESS AS BHI	c EIN-PN 27-4269034-001
a	Plan name	HEALTHPARTNERS SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HEALTHPARTNERS SERVICES INC.	c EIN-PN 41-1683568-004
a	Plan name	HUGHES HUBBARD & REED ASSOCIATES' SECTION 401(K) PLAN	
b	Name of plan sponsor	HUGHES HUBBARD & REED, LLP	c EIN-PN 13-5605391-004
a	Plan name	HUGHES HUBBARD & REED DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor	HUGHES HUBBARD & REED, LLP	c EIN-PN 13-5605391-002
a	Plan name	HUTCHINSON HEALTH RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HUTCHINSON HEALTH	c EIN-PN 84-1715908-001
a	Plan name	INTELSAT 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INTELSAT US LLC	c EIN-PN 95-4607698-003

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 KING & SPALDING LLP PROFIT SHARING - 401(K) PLAN	
b	Name of plan sponsor KING & SPALDING LLP	c EIN-PN 58-0520153-001
a	Plan name KIRKLAND & ELLIS LLP DEFINED CONTRIBUTION 401(K) SAVINGS PLAN	
b	Name of plan sponsor KIRKLAND & ELLIS LLP	c EIN-PN 36-1326630-003
a	Plan name LAKEVIEW HEALTH 401(K) PLAN	
b	Name of plan sponsor LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.	c EIN-PN 41-0811697-008
a	Plan name THE LAMAR SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor LAMAR MEDIA CORPORATION	c EIN-PN 72-1205791-001
a	Plan name LIFE & SPECIALTY VENTURES LLC 401(K) PLAN	
b	Name of plan sponsor LIFE AND SPECIALTY VENTURES, LLC	c EIN-PN 80-0233147-001
a	Plan name LOUISIANA HEALTH SERVICE & INDEMNITY CO. TAX-FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY	c EIN-PN 23-7384555-002
a	Plan name MERCEDES-BENZ FINANCIAL SERVICES USA LLC RETIREMENT PLAN	
b	Name of plan sponsor MERCEDES-BENZ FINANCIAL SERVICES USA LLC	c EIN-PN 20-8653034-001
a	Plan name NEWS CORP. 401(K) SAVINGS PLAN	
b	Name of plan sponsor NC TRANSACTION, INC.	c EIN-PN 46-1138762-001
a	Plan name FIDUCIENT ADVISORS POOLED EMPLOYER PLAN	
b	Name of plan sponsor NEWPORT GROUP, INC.	c EIN-PN 02-7441131-031
a	Plan name PARK NICOLLET HEALTH SERVICES 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PARK NICOLLET HEALTH SERVICES	c EIN-PN 36-3465840-002
a	Plan name PJT PARTNERS 401(K) SAVINGS PLAN	
b	Name of plan sponsor PJT PARTNERS HOLDINGS LP	c EIN-PN 38-3943496-002
a	Plan name PURSUIT ATTRACTIONS AND HOSPITALITY, INC. 401K PLAN	
b	Name of plan sponsor PURSUIT ATTRACTIONS AND HOSPITALITY, INC.	c EIN-PN 36-1169950-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	REGIONS HOSPITAL RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor	REGIONS HOSPITAL	c EIN-PN 41-0956618-001
a	Plan name	ROBINSON & COLE EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	ROBINSON & COLE, LLP	c EIN-PN 06-0512640-004
a	Plan name	ROBINSON & COLE SAVINGS PLAN	
b	Name of plan sponsor	ROBINSON & COLE, LLP	c EIN-PN 06-0512640-003
a	Plan name	ROPES & GRAY LLP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ROPES & GRAY LLP	c EIN-PN 04-2233412-007
a	Plan name	THE SABRE GLBL INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SABRE GLBL INC.	c EIN-PN 75-2109502-002
a	Plan name	SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SCHWAN'S SHARED SERVICES, LLC	c EIN-PN 81-0572771-001
a	Plan name	21ST CENTURY FOX AMERICA CONSOLIDATED SAVINGS PLAN	
b	Name of plan sponsor	TFCF AMERICA, INC.	c EIN-PN 13-3249610-006
a	Plan name	SG360 SAVINGS PLAN	
b	Name of plan sponsor	THE SEGERDAHL LLC	c EIN-PN 36-2324752-002
a	Plan name	THE UNIVERSITY OF PENNSYLVANIA BASIC PLAN	
b	Name of plan sponsor	THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA	c EIN-PN 23-1352685-028
a	Plan name	NATIONAL ROOFING INDUSTRY SUPPLEMENTAL PENSION PLAN	
b	Name of plan sponsor	TRUSTEES OF THE NATIONAL ROOFING I NDUSTRY PENSION FUND	c EIN-PN 36-6157071-002
a	Plan name	DISNEY HOURLY SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	TWDC ENTERPRISES 18 CORP.	c EIN-PN 95-4545390-026
a	Plan name	DISNEY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TWDC ENTERPRISES 18 CORP.	c EIN-PN 95-4545390-015

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 DISNEY SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor TWDC ENTERPRISES 18 CORP.	c EIN-PN 95-4545390-011
a	Plan name DISNEY SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor TWDC ENTERPRISES 18 CORP.	c EIN-PN 95-4545390-003
a	Plan name UCI MEDICAL AFFILIATES SAVINGS PLAN	
b	Name of plan sponsor UCI MEDICAL AFFILIATES OF SOUTH CA ROLINA, INC.	c EIN-PN 57-0784959-001
a	Plan name UKG RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor UKG INC.	c EIN-PN 65-0694077-001
a	Plan name UNITED RENTALS 401(K) INVESTMENT PLAN	
b	Name of plan sponsor UNITED RENTALS NORTH AMERICA INC.	c EIN-PN 86-0933835-001
a	Plan name WEBTPA EMPLOYER SERVICES, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WEBTPA EMPLOYER SERVICES, LLC	c EIN-PN 75-2611444-001
a	Plan name WESTWOOD HOLDINGS GROUP, INC. SAVINGS PLAN	
b	Name of plan sponsor WESTWOOD HOLDINGS GROUP, INC.	c EIN-PN 75-2969997-001
a	Plan name WILLIS TOWERS WATSON SAVINGS PLAN FOR U.S. EMPLOYEES	
b	Name of plan sponsor WILLIS TOWERS WATSON US LLC	c EIN-PN 53-0181291-005
a	Plan name NEW CENTURY ENERGIES INC EMPLOYEES INVESTMENT PLAN FOR BARGAINING UNIT EMPLOYEES AND FORMER NON-BARGAINING UNIT EMPLOYEES	
b	Name of plan sponsor XCEL ENERGY INC	c EIN-PN 41-0448030-006
a	Plan name NEW CENTURY ENERGIES, INC. EMPLOYEES' SAVING & STOCK OWNERSHIP PLAN F OR BARGAINING UNIT EMPLOYEES & FORMER NON-BARGAINING UNIT EMPLOYEES	
b	Name of plan sponsor XCEL ENERGY INC	c EIN-PN 41-0448030-005
a	Plan name NUCLEAR MANAGEMENT COMPANY, LLC - NMC SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor XCEL ENERGY INC	c EIN-PN 41-0448030-012
a	Plan name XCEL ENERGY 401(K) SAVINGS PLAN	
b	Name of plan sponsor XCEL ENERGY INC	c EIN-PN 41-0448030-003

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BLACKROCK TOTAL RETURN BOND FUND M	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.	D Employer Identification Number (EIN) 47-1236644

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5438935	9120897
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	755	764
(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)	1324778586	813140423
(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)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation.....	1e	
f	Total assets (add all amounts in lines 1a through 1e).....	1f	1330218276 822262084
Liabilities			
g	Benefit claims payable.....	1g	
h	Operating payables.....	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	6009007 9485337
k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	6009007 9485337
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	1324209269 812776747

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.

		(a) Amount	(b) Total
Income			
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)	
(G)	Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	398
(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)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	
	(B) Other.....	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-1059027
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		16611277

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)	3735	
(5) Investment advisory and investment management fees	2i(5)	1755479	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	1273	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	-706	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1759781
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1759781

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14851496
l Transfers of assets:			
(1) To this plan	2l(1)		448008199
(2) From this plan	2l(2)		974292217

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
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.)			
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.)			
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.)			
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 _____.

<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>2024</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 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>1a Name of plan</p> <p>BLACKROCK TOTAL RETURN BOND FUND M</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 INSTITUTIONAL TRUST COMPANY, N.A.</p> <p>400 HOWARD STREET SAN FRANCISCO, CA 94105</p>	<p>2b Employer Identification Number (EIN) <u>47-1236644</u></p> <p>2c Plan Sponsor's telephone number <u>415-670-2000</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		10/03/2025	BRYAN BOWERS
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. 400 HOWARD STREET SAN FRANCISCO, CA 94105	3b Administrator's EIN 94-3112180 <hr/> 3c Administrator's telephone number 415-670-2000
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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 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%;"></td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> <tr> <td>6a(1)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>6a(2)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>6b</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>6c</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>6d</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>6e</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>6f</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>6g(1)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>6g(2)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>6h</td> <td></td> <td style="text-align: right;">0</td> </tr> </table>			0	6a(1)		0	6a(2)		0	6b		0	6c		0	6d		0	6e		0	6f		0	6g(1)		0	6g(2)		0	6h		0
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6a(1)		0																																
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6d		0																																
6e		0																																
6f		0																																
6g(1)		0																																
6g(2)		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) (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 type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____
