

<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; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) 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

<p>1a Name of plan <u>BLACKROCK TOTAL RETURN BOND FUND L</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 INSTITUTIONAL TRUST COMPANY, N.A.</u></p> <p><u>400 HOWARD STREET</u> <u>SAN FRANCISCO, CA 94105</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>93-2706044</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	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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6a(2)	0																				
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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 L</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>93-2706044</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>2045043736</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:

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d Entity code

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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)

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	ACUSHNET COMPANY 401(K) PLAN	
b	Name of plan sponsor	ACUSHNET COMPANY	c EIN-PN 04-2591836-010
a	Plan name	AGC AUTOMOTIVE AMERICAS CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AGC FLAT GLASS NORTH AMERICA, INC, DBA AGC AUTOMOTIVE AMERICAS CO.	c EIN-PN 25-1059306-333
a	Plan name	AGC FLAT GLASS NORTH AMERICA, INC. EMPLOYEE SAVINGS AND INVESTMENT PL AN	
b	Name of plan sponsor	AGC FLAT GLASS NORTH AMERICA, INC.	c EIN-PN 25-1059306-010
a	Plan name	AGC FLAT GLASS NORTH AMERICA, INC. HOURLY EMPLOYEES SAVINGS AND INVES TMENT PLAN	
b	Name of plan sponsor	AGC FLAT GLASS NORTH AMERICA, INC.	c EIN-PN 25-1059306-012
a	Plan name	AGC FLAT GLASS NORTH AMERICA, INC. SAVINGS AND INVESTMENT MASTER TRUS T	
b	Name of plan sponsor	AGC FLAT GLASS NORTH AMERICA, INC.	c EIN-PN 32-0216448-013
a	Plan name	KNOWABLE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AL DIGITAL CONTRACTS INC.	c EIN-PN 83-3400242-001
a	Plan name	ALIGHT SOLUTIONS LLC 401(K) PLAN	
b	Name of plan sponsor	ALIGHT SOLUTIONS LLC	c EIN-PN 36-2235791-001
a	Plan name	ALLIANT ENERGY CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ALLIANT ENERGY CORPORATE SERVICES, INC.	c EIN-PN 39-1914946-005
a	Plan name	AMPHENOL AFFILIATED COMPANIES EMPLOYEE SAVINGS 401(K) PLAN	
b	Name of plan sponsor	AMPHENOL CORPORATION	c EIN-PN 22-2785165-015
a	Plan name	AMPHENOL CORPORATION EMPLOYEE SAVINGS/401(K) PLAN	
b	Name of plan sponsor	AMPHENOL CORPORATION	c EIN-PN 22-2785165-010
a	Plan name	AMPHENOL EMPLOYEE DEFERRAL SAVINGS 401(K) PLAN	
b	Name of plan sponsor	AMPHENOL CORPORATION	c EIN-PN 22-2785165-016
a	Plan name	AMPHENOL THERMOMETRICS, INC. EMPLOYEE SAVINGS/401(K) PLAN	
b	Name of plan sponsor	AMPHENOL THERMOMETRICS, INC.	c EIN-PN 25-0590780-002

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 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 BAKKT 401(K) PLAN	
b	Name of plan sponsor BAKKT, LLC	c EIN-PN 37-1906173-001
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 BHP USA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BHP HOLDINGS (INTERNATIONAL) INC.	c EIN-PN 94-3144067-333
a	Plan name BIG 5 SPORTING GOODS SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor BIG 5 CORP	c EIN-PN 95-1854273-111
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 MISSISIPPI 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 ALABAMA 401(K) SALARY DEFERRAL PLAN	
b	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF ALAB AMA	c EIN-PN 63-0103830-002
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 BLUESCOPE EMPLOYEE SAVINGS TRUST	
b	Name of plan sponsor BLUESCOPE STEEL NORTH AMERICA	c EIN-PN 23-2081882-041
a	Plan name BMW SAVINGS PLAN	
b	Name of plan sponsor BMW OF NORTH AMERICA, LLC	c EIN-PN 22-2139469-002
a	Plan name BOEHRINGER INGELHEIM USA CORPORATION AND ITS AFFILIATES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BOEHRINGER INGELHEIM USA CORPORATION	c EIN-PN 74-3197526-002
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 CLARIOS RETIREMENT SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor CLARIOS, LLC	c EIN-PN 39-1684871-001
a	Plan name COMPASS GROUP RETIREMENT PLAN	
b	Name of plan sponsor COMPASS GROUP USA, INC	c EIN-PN 56-1874931-007

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	COMPUTERSHARE 401(K) RETIREMENT PLAN
b	Name of plan sponsor	COMPUTERSHARE US SERVICES INC.
c	EIN-PN	20-2974794-001
a	Plan name	CONSTELLIUM ROLLED PRODUCTS RAVENSWOOD, LLC PLAN FOR UNION EMPLOYEES
b	Name of plan sponsor	CONSTELLIUM ROLLED PRODUCTS RAVENWOOD, LLC
c	EIN-PN	20-0843018-004
a	Plan name	CONSTELLIUM MUSCLE SHOALS, LLC PLAN FOR UNION EMPLOYEES
b	Name of plan sponsor	CONSTELLIUM US HOLDINGS I, LLC
c	EIN-PN	27-4126819-002
a	Plan name	CONSTELLIUM RETIREMENT PLAN
b	Name of plan sponsor	CONSTELLIUM US HOLDINGS I, LLC
c	EIN-PN	27-4126819-003
a	Plan name	DIAGNOSTIC CLINIC MEDICAL GROUP RETIREMENT & 401(K) SAVINGS PLAN
b	Name of plan sponsor	DIAGNOSTIC CLINIC MEDICAL GROUP, I NC.
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	DORSEY & WHITNEY 401(K) RETIREMENT AND SAVINGS PLAN
b	Name of plan sponsor	DORSEY & WHITNEY LLP
c	EIN-PN	41-0223337-003
a	Plan name	ESSENDANT 401(K) SAVINGS PLAN
b	Name of plan sponsor	ESSENDANT CO.
c	EIN-PN	36-2431718-001
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	FIRST HORIZON NATIONAL CORPORATION SAVINGS PLAN
b	Name of plan sponsor	FIRST HORIZON CORPORATION
c	EIN-PN	62-0803242-002
a	Plan name	FORTUNE BRANDS INNOVATIONS HOURLY EMPLOYEE RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	FORTUNE BRANDS INNOVATIONS, INC.
c	EIN-PN	62-1411546-002
a	Plan name	FORTUNE BRANDS INNOVATIONS RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	FORTUNE BRANDS INNOVATIONS, INC.
c	EIN-PN	62-1411546-001

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.)	
a	Plan name FORTUNE BRANDS INNOVATIONS, INC. DEFINED CONTRIBUTION MASTER TRUST	
b	Name of plan sponsor FORTUNE BRANDS INNOVATIONS, INC.	c EIN-PN 45-3505568-001
a	Plan name FRANKLIN ELECTRIC CO., INC. RETIREMENT PROGRAM	
b	Name of plan sponsor FRANKLIN ELECTRIC CO., INC.	c EIN-PN 35-0827455-007
a	Plan name GE HEALTHCARE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GE HEALTHCARE TECHNOLOGIES INC.	c EIN-PN 88-2515116-002
a	Plan name GRACO EMPLOYEE INVESTMENT PLAN	
b	Name of plan sponsor GRACO INC.	c EIN-PN 41-0285640-001
a	Plan name HEADWATER COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor HEADWATER COMPANIES, LLC	c EIN-PN 20-0319914-001
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 AMWTP EMPLOYEE INVESTMENT PLAN	
b	Name of plan sponsor IDAHO ENVIRONMENTAL COALITION, LLC	c EIN-PN 85-1336969-001
a	Plan name INTERCONTINENTAL EXCHANGE INC. 401(K) PLAN	
b	Name of plan sponsor INTERCONTINENTAL EXCHANGE INC.	c EIN-PN 46-2286804-001
a	Plan name ITRON, INC. INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor ITRON, INC.	c EIN-PN 91-1011792-001
a	Plan name JABIL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JABIL, INC.	c EIN-PN 38-1886260-002
a	Plan name JENNER & BLOCK PROFIT SHARING PLAN #201	
b	Name of plan sponsor JENNER & BLOCK LLP	c EIN-PN 36-2192554-201
a	Plan name KONE INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor KONE INC.	c EIN-PN 36-2357423-004

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 LAND O'LAKES, INC. EMPLOYEE SAVINGS AND SUPPLEMENTAL RETIREMENT PLAN	
b	Name of plan sponsor LAND OLAKES, INC.	c EIN-PN 41-0365145-017
a	Plan name LARSON MANUFACTURING COMPANY EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, LLC	c EIN-PN 46-0278504-001
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 MASTER LOCK COMPANY SAVINGS PLAN FOR HOURLY PAID UNION EMPLOYEES PLAN	
b	Name of plan sponsor MASTER LOCK COMPANY LLC	c EIN-PN 39-1142433-005
a	Plan name MASTERBRAND CABINETS LLC UNION EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor MASTERBRAND CABINETS LLC	c EIN-PN 13-3346717-007
a	Plan name MASTERBRAND, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MASTERBRAND, INC.	c EIN-PN 88-3479920-008
a	Plan name NTESS SAVINGS AND INCOME PLAN	
b	Name of plan sponsor NATIONAL TECHNOLOGY & ENGINEERING SOLUTIONS OF SANDIA LLC (NTESS)	c EIN-PN 85-0097942-008
a	Plan name NEXSTAR MEDIA GROUP INC. 401(K) PLAN	
b	Name of plan sponsor NEXSTAR MEDIA GROUP, INC.	c EIN-PN 23-3083125-001
a	Plan name NVENT MANAGEMENT COMPANY RETIREMENT SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor NVENT MANAGEMENT COMPANY	c EIN-PN 82-3123161-001
a	Plan name NYPRO PUERTO RICO, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NYPRO PUERTO RICO, INC.	c EIN-PN 66-0320194-001
a	Plan name PERATON CORP. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PERATON CORP.	c EIN-PN 81-5224276-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	PIEDMONT HEALTHCARE INC. 401(K) TOMORROWPLAN
b	Name of plan sponsor	PIEDMONT HEALTHCARE, INC.
c	EIN-PN	58-1503902-003
a	Plan name	RELX INC. US SALARY INVESTMENT PLAN
b	Name of plan sponsor	RELX INC.
c	EIN-PN	52-1471842-005
a	Plan name	RENTOKIL INITIAL USA 401(K) PLAN
b	Name of plan sponsor	RENTOKIL NORTH AMERICA, INC.
c	EIN-PN	23-1568350-005
a	Plan name	RYDER SYSTEM, INC. 401(K) SAVINGS PLAN
b	Name of plan sponsor	RYDER SYSTEM, INC.
c	EIN-PN	59-0739250-005
a	Plan name	SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC DEFINED CONTRIBUTION PLAN
b	Name of plan sponsor	SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC
c	EIN-PN	32-0255508-334
a	Plan name	TD 401(K) RETIREMENT PLAN
b	Name of plan sponsor	TD BANK US HOLDING COMPANY
c	EIN-PN	01-0437984-003
a	Plan name	INTERTEK USA RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	TESTING HOLDINGS USA, INC
c	EIN-PN	22-3480826-001
a	Plan name	TEVA PHARMACEUTICALS RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	TEVA PHARMACEUTICALS USA, INC
c	EIN-PN	22-1734359-004
a	Plan name	TIMES MICROWAVE SYSTEMS UNION 401(K) PLAN
b	Name of plan sponsor	TIMES MICROWAVE SYSTEMS, INC.
c	EIN-PN	01-0816035-002
a	Plan name	RETIREMENT SAVINGS PLAN OF TYSON FOODS, INC.
b	Name of plan sponsor	TYSON FOODS, INC.
c	EIN-PN	71-0225165-004
a	Plan name	ARGONNE NATIONAL LABORATORY 401(A) RETIREMENT PLAN
b	Name of plan sponsor	UCHICAGO ARGONNE, LLC
c	EIN-PN	68-0628477-009
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

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	FRUIT OF THE LOOM 401(K) RETIREMENT SAVINGS PLAN	c	EIN-PN	
b	Name of plan sponsor	UNION UNDERWEAR COMPANY, INC.	c	EIN-PN	61-1411269-004
a	Plan name	UNITED THERAPEUTICS CORPORATION EMPLOYEES' RETIREMENT PLAN	c	EIN-PN	
b	Name of plan sponsor	UNITED THERAPEUTICS CORPORATION	c	EIN-PN	52-1984749-001
a	Plan name	UNUM GROUP 401(K) RETIREMENT PLAN	c	EIN-PN	
b	Name of plan sponsor	UNUM GROUP	c	EIN-PN	62-1598430-002
a	Plan name	VF 401K SAVINGS PLAN	c	EIN-PN	
b	Name of plan sponsor	VF CORPORATION	c	EIN-PN	23-1180120-002
a	Plan name	W.W. GRAINGER, INC. 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	W.W. GRAINGER, INC.	c	EIN-PN	36-1150280-002
a	Plan name	W.W. GRAINGER, INC. DEFINED CONTRIBUTION MASTER TRUST	c	EIN-PN	
b	Name of plan sponsor	W.W. GRAINGER, INC.	c	EIN-PN	86-6746935-001
a	Plan name	W.W. GRAINGER, INC. RETIREMENT SAVINGS PLAN	c	EIN-PN	
b	Name of plan sponsor	W.W. GRAINGER, INC.	c	EIN-PN	36-1150280-001
a	Plan name	WEBTPA EMPLOYER SERVICES, LLC 401(K) RETIREMENT SAVINGS PLAN	c	EIN-PN	
b	Name of plan sponsor	WEBTPA EMPLOYER SERVICES, LLC	c	EIN-PN	75-2611444-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BLACKROCK TOTAL RETURN BOND FUND L	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) 93-2706044

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	57562656	12725907
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)	206123896	2045043736
(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)		

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	263686552	2057769643
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	57570441	13483967
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	57570441	13483967
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	206116111	2044285676

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)	18	
(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)		18
(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)	118583	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	118583	
(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)	-20397983	
(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)		34607693
(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		14209728

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)	3517	
(5) Investment advisory and investment management fees	2i(5)	1735311	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	1267	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	-752	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1739343
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1739343

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12470385
l Transfers of assets:			
(1) To this plan	2l(1)		2141284912
(2) From this plan	2l(2)		315585732

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 L</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>93-2706044</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).	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:80%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>6a(1)</td> <td>Total number of active participants at the beginning of the plan year</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6a(2)</td> <td>Total number of active participants at the end of the plan year</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6b</td> <td>Retired or separated participants receiving benefits</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6c</td> <td>Other retired or separated participants entitled to future benefits.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6d</td> <td>Subtotal. Add lines 6a(2), 6b, and 6c.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6e</td> <td>Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6f</td> <td>Total. Add lines 6d and 6e.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6g(1)</td> <td>Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6g(2)</td> <td>Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6h</td> <td>Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</td> <td style="text-align: right;">0</td> </tr> </table>				6a(1)	Total number of active participants at the beginning of the plan year	0	6a(2)	Total number of active participants at the end of the plan year	0	6b	Retired or separated participants receiving benefits	0	6c	Other retired or separated participants entitled to future benefits.	0	6d	Subtotal. Add lines 6a(2), 6b, and 6c.	0	6e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	0	6f	Total. Add lines 6d and 6e.	0	6g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	0	6g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	0	6h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	0
6a(1)	Total number of active participants at the beginning of the plan year	0																																
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6f	Total. Add lines 6d and 6e.	0																																
6g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	0																																
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6h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	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 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 _____
