**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

**2024**

**This Form is Open to Public Inspection**

## 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

**1a** Name of plan
INTERMEDIATE GOVERNMENT BOND INDEX FUND

**1b** Three-digit plan number (PN) ▶ 001

**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)
BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

400 HOWARD STREET
SAN FRANCISCO, CA 94105

**2b** Employer Identification Number (EIN)
94-3118548

**2c** Plan Sponsor's telephone number
415-670-2000

**2d** Business code (see instructions)
000000

**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 |

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500.**

**3a** Plan administrator's name and address ☐ 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 | **6a(1)** | |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 0 |
| **b** | Retired or separated participants receiving benefits | **6b** | |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 0 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 0 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **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)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☐ Trust
- **(4)** ☐ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)
- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☐ Trust
- **(4)** ☐ 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)** ☐ **R** (Retirement Plan Information)
- **(2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** ☐ **DCG** (Individual Plan Information) – Number Attached _______
- **(5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**
- **(1)** ☒ **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** ☐ **A** (Insurance Information) – Number Attached _______
- **(4)** ☐ **C** (Service Provider Information)
- **(5)** ☒ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

## 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)**<br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration | # DFE/Participating Plan Information<br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | OMB No. 1210-0110<br>**2024**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

| | |
|---|---|
| **A** Name of plan<br>INTERMEDIATE GOVERNMENT BOND INDEX FUND | **B** Three-digit plan number (PN) ▶ 001 |
| **C** Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. | **D** Employer Identification Number (EIN)<br>94-3118548 |

## 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)

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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|---|---|---|

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|---|---|---|

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|---|---|---|

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

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|---|---|---|

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

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|---|---|---|

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

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| **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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| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

## Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

| | | | |
|---|---|---|---|
| **a** Plan name | 3M SAVINGS PLAN | | |
| **b** Name of plan sponsor | 3M COMPANY | **c** EIN-PN | 41-0417775-013 |
| **a** Plan name | 3M VOLUNTARY INVESTMENT PLAN & SAVINGS PLAN TRUST | | |
| **b** Name of plan sponsor | 3M COMPANY | **c** EIN-PN | 04-3205742-003 |
| **a** Plan name | 3M VOLUNTARY INVESTMENT PLAN AND EMPLOYEE STOCK OWNERSHIP PLAN | | |
| **b** Name of plan sponsor | 3M COMPANY | **c** EIN-PN | 41-0417775-333 |
| **a** Plan name | ADP TOTALSOURCE RETIREMENT SAVINGS PLAN | | |
| **b** Name of plan sponsor | ADP TOTALSOURCE INC | **c** EIN-PN | 59-2452823-001 |
| **a** Plan name | ALLEGHENY TECHNOLOGIES INCORPORATED MASTER TRUST | | |
| **b** Name of plan sponsor | ALLEGHENY TECHNOLOGIES INCORPORATE D | **c** EIN-PN | 25-1792394-060 |
| **a** Plan name | LEGACY ALLERGAN, INC. PENSION PLAN | | |
| **b** Name of plan sponsor | ALLERGAN, INC. | **c** EIN-PN | 95-1622442-001 |
| **a** Plan name | AAA RETIREMENT PLAN | | |
| **b** Name of plan sponsor | AMERICAN AUTOMOBILE ASSOCIATION, I NC. | **c** EIN-PN | 53-0025420-001 |
| **a** Plan name | PENSION PLAN A OF THE AMERICAN COLLEGE OF PHYSICIANS INC | | |
| **b** Name of plan sponsor | AMERICAN COLLEGE OF PHYSICIANS | **c** EIN-PN | 23-1520302-001 |
| **a** Plan name | PENSION PLAN B OF THE AMERICAN COLLEGE OF PHYSICIANS INC | | |
| **b** Name of plan sponsor | AMERICAN COLLEGE OF PHYSICIANS | **c** EIN-PN | 23-1520302-004 |
| **a** Plan name | APPLIED MATERIALS, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN | | |
| **b** Name of plan sponsor | APPLIED MATERIALS, INC. | **c** EIN-PN | 94-1655526-333 |
| **a** Plan name | AVERY DENNISON CORPORATION EMPLOYEE SAVINGS PLAN | | |
| **b** Name of plan sponsor | AVERY DENNISON CORPORATION | **c** EIN-PN | 95-1492269-004 |
| **a** Plan name | BAKER HUGHES COMPANY PENSION PLAN | | |
| **b** Name of plan sponsor | BAKER HUGHES HOLDINGS LLC | **c** EIN-PN | 76-0207995-050 |

## 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 | BANCO POPULAR DE PUERTO RICO RETIREMENT PLAN | | |
| **b** Name of plan sponsor | BANCO POPULAR DE PUERTO RICO | **c** EIN-PN | 66-0561870-001 |
| **a** Plan name | BANK OF AMERICA 401(K) PLAN | | |
| **b** Name of plan sponsor | BANK OF AMERICA CORPORATION | **c** EIN-PN | 56-0906609-003 |
| **a** Plan name | BARCLAYS PENSION PLAN | | |
| **b** Name of plan sponsor | BARCLAYS SERVICES CORPORATION | **c** EIN-PN | 13-3714398-001 |
| **a** Plan name | NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CRO SS AND BLUE SHIELD OF ARIZONA, INC. | | |
| **b** Name of plan sponsor | BLUE CROSS AND BLUE SHIELD OF ARIZ ONA INC | **c** EIN-PN | 86-0004538-001 |
| **a** Plan name | SAVINGS PLAN OF CARPENTER TECHNOLOGY CORPORATION | | |
| **b** Name of plan sponsor | CARPENTER TECHNOLOGY CORPORATION | **c** EIN-PN | 23-0458500-020 |
| **a** Plan name | CHRISTIANA CARE HEALTH SERVICES INC. RETIREMENT PLAN | | |
| **b** Name of plan sponsor | CHRISTIANA CARE HEALTH SERVICES, I NC. | **c** EIN-PN | 51-0103684-001 |
| **a** Plan name | CHRISTIANA CARE HOME HEALTH & COMMUNITY SERVICES, INC. DEFINED BENEFI T PLAN | | |
| **b** Name of plan sponsor | CHRISTIANA CARE HOME HEALTH & COMM UNITY SERVICES, INC. | **c** EIN-PN | 51-0064334-001 |
| **a** Plan name | CITI RETIREMENT SAVINGS PLAN | | |
| **b** Name of plan sponsor | CITIGROUP, INC. | **c** EIN-PN | 52-1568099-004 |
| **a** Plan name | CONOCOPHILLIPS RETIREMENT PLAN | | |
| **b** Name of plan sponsor | CONOCOPHILLIPS COMPANY | **c** EIN-PN | 73-0400345-021 |
| **a** Plan name | JOHN DEERE PENSION PLAN FOR SALARIED EMPLOYEES | | |
| **b** Name of plan sponsor | DEERE & COMPANY | **c** EIN-PN | 36-2382580-001 |
| **a** Plan name | JOHN DEERE PENSION PLAN FOR WAGE EMPLOYEES | | |
| **b** Name of plan sponsor | DEERE & COMPANY | **c** EIN-PN | 36-2382580-002 |
| **a** Plan name | JOHN DEERE PENSION TRUST | | |
| **b** Name of plan sponsor | DEERE & COMPANY | **c** EIN-PN | 36-2382580-010 |

**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 | DELTA 401(K) RETIREMENT PLAN | | |
| **b** Name of plan sponsor | DELTA AIR LINES, INC. | **c** EIN-PN | 58-0218548-004 |
| **a** Plan name | DELTA 401(K) RETIREMENT PLAN FOR PILOTS | | |
| **b** Name of plan sponsor | DELTA AIR LINES, INC. | **c** EIN-PN | 58-0218548-014 |
| **a** Plan name | DELTA 401(K) RETIREMENT PLAN FOR PUERTO RICO | | |
| **b** Name of plan sponsor | DELTA AIR LINES, INC. | **c** EIN-PN | 58-0218548-030 |
| **a** Plan name | DELTA 401(K) RETIREMENT PLAN FOR SEASONAL EMPLOYEES | | |
| **b** Name of plan sponsor | DELTA AIR LINES, INC. | **c** EIN-PN | 58-0218548-021 |
| **a** Plan name | DELTA 401(K) RETIREMENT PLAN FOR SUBSIDIARIES | | |
| **b** Name of plan sponsor | DELTA AIR LINES, INC. | **c** EIN-PN | 58-0218548-020 |
| **a** Plan name | DELTA PILOTS DEFINED CONTRIBUTION PLAN | | |
| **b** Name of plan sponsor | DELTA AIR LINES, INC. | **c** EIN-PN | 58-0218548-012 |
| **a** Plan name | THE DELTA AIR LINES, INC. DEFINED CONTRIBUTION PLANS MASTER TRUST | | |
| **b** Name of plan sponsor | DELTA AIR LINES, INC. | **c** EIN-PN | 04-6766712-013 |
| **a** Plan name | DILLON COMPANIES, INC. EMPLOYEES' PROFIT SHARING PLAN | | |
| **b** Name of plan sponsor | DILLON COMPANIES INC. | **c** EIN-PN | 48-0196590-001 |
| **a** Plan name | DRESSER, LLC CONSOLIDATED SALARIED RETIREMENT PLAN | | |
| **b** Name of plan sponsor | DRESSER, LLC | **c** EIN-PN | 75-2795365-164 |
| **a** Plan name | DUKE ENERGY RETIREMENT SAVINGS PLAN | | |
| **b** Name of plan sponsor | DUKE ENERGY CORPORATION | **c** EIN-PN | 20-2777218-002 |
| **a** Plan name | DUQUESNE LIGHT COMPANY PENSION TRUST | | |
| **b** Name of plan sponsor | DUQUESNE LIGHT COMPANY | **c** EIN-PN | 25-0451600-001 |
| **a** Plan name | EAGLE US 2 LLC RETIREMENT PENSION PLAN | | |
| **b** Name of plan sponsor | EAGLE US 2 LLC | **c** EIN-PN | 76-0321065-001 |

**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 | EAGLEPICHER CLOSED DEFINED BENEFIT PLAN | | |
| **b** Name of plan sponsor | EAGLEPICHER TECHNOLOGIES, LLC | **c** EIN-PN | 20-4606134-001 |
| **a** Plan name | ENDEAVOR AIR PILOTS SAVINGS PLAN | | |
| **b** Name of plan sponsor | ENDEAVOR AIR, INC. | **c** EIN-PN | 58-1605378-002 |
| **a** Plan name | ENDEAVOR AIR SAVINGS PLAN | | |
| **b** Name of plan sponsor | ENDEAVOR AIR, INC. | **c** EIN-PN | 58-1605378-001 |
| **a** Plan name | ENERGY TRANSFER LP 401 (K) PLAN | | |
| **b** Name of plan sponsor | ENERGY TRANSFER LP | **c** EIN-PN | 30-0108820-001 |
| **a** Plan name | ENVIRONMENTAL SYSTEMS RESEARCH INSTITUTE, INC. 401(K) INVESTMENT AND PROFIT SHARING PLAN | | |
| **b** Name of plan sponsor | ENVIRONMENTAL SYSTEMS RESEARCH INS TITUTE, INC. | **c** EIN-PN | 95-2775732-001 |
| **a** Plan name | CIT GROUP INC. RETIREMENT PLAN | | |
| **b** Name of plan sponsor | FIRST CITIZENS BANK AND TRUST COMP ANY, INC. | **c** EIN-PN | 56-0223230-005 |
| **a** Plan name | FIRST-CITIZENS BANK AND TRUST COMPANY AND ADOPTING RELATED EMPLOYERS PENSION PLAN | | |
| **b** Name of plan sponsor | FIRST CITIZENS BANK AND TRUST COMP ANY, INC. | **c** EIN-PN | 56-0223230-001 |
| **a** Plan name | FIRST-CITIZENS BANK AND TRUST COMPANY PENSION PLAN | | |
| **b** Name of plan sponsor | FIRST CITIZENS BANK AND TRUST COMP ANY, INC. | **c** EIN-PN | 56-0223230-004 |
| **a** Plan name | FIRST HORIZON CORPORATION PENSION PLAN | | |
| **b** Name of plan sponsor | FIRST HORIZON CORPORATION | **c** EIN-PN | 62-0803242-001 |
| **a** Plan name | FISERV 401(K) SAVINGS PLAN | | |
| **b** Name of plan sponsor | FISERV SOLUTIONS LLC | **c** EIN-PN | 39-1833695-004 |
| **a** Plan name | FOX SAVINGS PLAN | | |
| **b** Name of plan sponsor | FOX CORPORATION | **c** EIN-PN | 83-2044074-002 |
| **a** Plan name | PENSION FUND OF LOCALS 794 & 819, I.A.T.S.E | | |
| **b** Name of plan sponsor | FOX TELEVISION STATIONS, INC. | **c** EIN-PN | 95-4711472-003 |

**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 | PENSION PLAN FOR UNION EMPLOYEES OF FOX TELEVISION STATIONS, LLC | | |
| **b** Name of plan sponsor | FOX TELEVISION STATIONS, INC. | **c** EIN-PN | 95-4711472-002 |
| **a** Plan name | PENSION PLAN OF GENERAL ATOMICS | | |
| **b** Name of plan sponsor | GENERAL ATOMICS | **c** EIN-PN | 95-3735102-001 |
| **a** Plan name | STABLE VALUE COLLECTIVE INVESTMENT TRUST | | |
| **b** Name of plan sponsor | GLOBAL TRUST COMPANY | **c** EIN-PN | 37-6566011-001 |
| **a** Plan name | INTEL RETIREMENT PLANS COLLECTIVE INVESTMENT TRUST | | |
| **b** Name of plan sponsor | GLOBAL TRUST COMPANY - INTEL | **c** EIN-PN | 37-6650368-001 |
| **a** Plan name | HARTFORD INVESTMENT AND SAVINGS PLAN | | |
| **b** Name of plan sponsor | HARTFORD FIRE INSURANCE COMPANY | **c** EIN-PN | 06-0383750-100 |
| **a** Plan name | HERC RENTALS PENSION PLAN | | |
| **b** Name of plan sponsor | HERC RENTALS INC. | **c** EIN-PN | 13-6174127-001 |
| **a** Plan name | INTEL MINIMUM PENSION PLAN | | |
| **b** Name of plan sponsor | INTEL CORPORATION | **c** EIN-PN | 94-1672743-002 |
| **a** Plan name | WILTEL COMMUNICATIONS LLC PENSION PLAN | | |
| **b** Name of plan sponsor | JEFFERIES FINANCIAL GROUP INC | **c** EIN-PN | 13-2615557-004 |
| **a** Plan name | JEFFERIES EMPLOYEES' PENSION PLAN | | |
| **b** Name of plan sponsor | JEFFERIES FINANCIAL GROUP, INC. | **c** EIN-PN | 95-4719745-002 |
| **a** Plan name | JPMORGAN CHASE RETIREMENT PLAN | | |
| **b** Name of plan sponsor | JP MORGAN CHASE BANK NATIONAL ASSO CIATION | **c** EIN-PN | 13-4994650-001 |
| **a** Plan name | KEYBANK EB MANAGED GUARANTEED INVESTMENT CONTRACT FUND | | |
| **b** Name of plan sponsor | KEYBANK NATIONAL ASSOCIATION | **c** EIN-PN | 34-6903863-002 |
| **a** Plan name | KEYCORP CONSOLIDATED CASH BALANCE PLAN | | |
| **b** Name of plan sponsor | KEYCORP | **c** EIN-PN | 34-6542451-007 |

**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 | REVISED HOME OFFICE PENSION PLAN OF LEVI STRAUSS & CO. | | |
| **b** Name of plan sponsor | LEVI STRAUSS & CO. | **c** EIN-PN | 94-0905160-100 |
| **a** Plan name | MCKESSON CORPORATION 401(K) RETIREMENT SAVINGS PLAN | | |
| **b** Name of plan sponsor | MCKESSON CORPORATION | **c** EIN-PN | 94-3207296-002 |
| **a** Plan name | MICHELIN NORTH AMERICA INC. MASTER RETIREMENT TRUST | | |
| **b** Name of plan sponsor | MICHELIN NORTH AMERICA INC | **c** EIN-PN | 11-1724631-001 |
| **a** Plan name | EMPLOYEES' RETIREMENT PLAN OF THE NATIONAL GEOGRAPHIC SOCIETY | | |
| **b** Name of plan sponsor | NATIONAL GEOGRAPHIC SOCIETY | **c** EIN-PN | 53-0193519-001 |
| **a** Plan name | THE NEW YORK TIMES COMPANIES PENSION PLAN | | |
| **b** Name of plan sponsor | NEW YORK TIMES COMPANY | **c** EIN-PN | 13-1102020-010 |
| **a** Plan name | NISOURCE INC. MASTER RETIREMENT TRUST | | |
| **b** Name of plan sponsor | NISOURCE INC. | **c** EIN-PN | 36-6968911-001 |
| **a** Plan name | LUCENT TECHNOLOGIES INC. MASTER PENSION TRUST | | |
| **b** Name of plan sponsor | NOKIA OF AMERICA CORPORATION | **c** EIN-PN | 22-3463544-001 |
| **a** Plan name | OCCIDENTAL PETROLEUM CORPORATION MASTER RETIREMENT PLAN TRUST | | |
| **b** Name of plan sponsor | OCCIDENTAL PETROLEUM CORPORATION M ASTER RETIREMENT PLAN TRUST | **c** EIN-PN | 36-3055057-100 |
| **a** Plan name | RETIREMENT INCOME PLAN FOR SALARIED EMPLOYEES OF ROCKEFELLER GROUP IN TERNATIONAL, INC. | | |
| **b** Name of plan sponsor | ROCKEFELLER GROUP INTERNATIONAL IN C. | **c** EIN-PN | 13-3975924-001 |
| **a** Plan name | SOUTHERN BANK AND TRUST COMPANY PENSION PLAN | | |
| **b** Name of plan sponsor | SOUTHERN BANK AND TRUST COMPANY | **c** EIN-PN | 56-0132260-001 |
| **a** Plan name | STANLEY BLACK & DECKER RETIREMENT ACCOUNT PLAN | | |
| **b** Name of plan sponsor | STANLEY BLACK & DECKER, INC. | **c** EIN-PN | 06-0548860-009 |
| **a** Plan name | SUPERVALU INC. RETIREMENT PLAN | | |
| **b** Name of plan sponsor | SUPERVALU INC. | **c** EIN-PN | 41-0617000-002 |

**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 | TENET HEALTHCARE CORPORATION MASTER TRUST | | |
| **b** Name of plan sponsor | TENET HEALTHCARE CORPORATION | **c** EIN-PN | 95-2557091-335 |
| **a** Plan name | THE FIDELITY BANK PENSION PLAN | | |
| **b** Name of plan sponsor | THE FIDELITY BANK | **c** EIN-PN | 56-0132040-001 |
| **a** Plan name | GLENMEDE CORPORATION RETIREMENT PLAN | | |
| **b** Name of plan sponsor | THE GLENMEDE CORPORATION | **c** EIN-PN | 23-2228772-001 |
| **a** Plan name | THE KROGER CO. 401(K) RETIREMENT SAVINGS ACCOUNT PLAN | | |
| **b** Name of plan sponsor | THE KROGER CO. | **c** EIN-PN | 31-0345740-010 |
| **a** Plan name | OGILVY & MATHER ACCOUNT BALANCE DEFINED BENEFIT CONTINUATION PENSION PLAN | | |
| **b** Name of plan sponsor | THE OGILVY GROUP, LLC | **c** EIN-PN | 13-2555496-005 |
| **a** Plan name | TOPFLIGHT CORPORATION REVISED RETIREMENT PLAN | | |
| **b** Name of plan sponsor | TOPFLIGHT CORPORATION | **c** EIN-PN | 23-1280121-001 |
| **a** Plan name | RETIREMENT PLAN OF TRANSCONTINENTAL US LLC | | |
| **b** Name of plan sponsor | TRANSCONTINENTAL US LLC | **c** EIN-PN | 76-0678895-002 |
| **a** Plan name | INSURANCE ORGANIZATIONS' PENSION TRUST (IOPT) | | |
| **b** Name of plan sponsor | TRUSTEES OF THE INS ORGANIZATION P ENSION TRUST | **c** EIN-PN | 13-6312183-001 |
| **a** Plan name | UPS 401(K) SAVINGS PLAN | | |
| **b** Name of plan sponsor | UNITED PARCEL SERVICE OF AMERICA, INC. | **c** EIN-PN | 95-1732075-004 |
| **a** Plan name | UNIVERSITY OF SOUTHERN CALIFORNIA SUPPORT STAFF RETIREMENT PLAN | | |
| **b** Name of plan sponsor | UNIVERSITY OF SOUTHERN CALIFORNIA | **c** EIN-PN | 95-1642394-004 |
| **a** Plan name | U.S. BANK DEFINED BENEFIT PENSION PLANS MASTER TRUST | | |
| **b** Name of plan sponsor | US BANCORP | **c** EIN-PN | 41-0255900-008 |
| **a** Plan name | U.S. BANK LEGACY PENSION PLAN | | |
| **b** Name of plan sponsor | US BANCORP | **c** EIN-PN | 41-0255900-007 |

**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 | U.S. BANK PENSION PLAN | | |
| **b** Name of plan sponsor | US BANCORP | **c** EIN-PN | 41-0255900-001 |
| **a** Plan name | YOUNG & RUBICAM LLC CAREER CASH BALANCE CONTINUATION PLAN | | |
| **b** Name of plan sponsor | YOUNG & RUBICAM, LLC | **c** EIN-PN | 13-1493710-004 |
| **a** Plan name | | | |
| **b** Name of plan sponsor | | **c** EIN-PN | |
| **a** Plan name | | | |
| **b** Name of plan sponsor | | **c** EIN-PN | |
| **a** Plan name | | | |
| **b** Name of plan sponsor | | **c** EIN-PN | |
| **a** Plan name | | | |
| **b** Name of plan sponsor | | **c** EIN-PN | |
| **a** Plan name | | | |
| **b** Name of plan sponsor | | **c** EIN-PN | |
| **a** Plan name | | | |
| **b** Name of plan sponsor | | **c** EIN-PN | |
| **a** Plan name | | | |
| **b** Name of plan sponsor | | **c** EIN-PN | |
| **a** Plan name | | | |
| **b** Name of plan sponsor | | **c** EIN-PN | |
| **a** Plan name | | | |
| **b** Name of plan sponsor | | **c** EIN-PN | |
| **a** Plan name | | | |
| **b** Name of plan sponsor | | **c** EIN-PN | |

| SCHEDULE H (Form 5500) | Financial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **File as an attachment to Form 5500.** | **2024**<br>**This Form is Open to Public Inspection** |

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** Name of plan
INTERMEDIATE GOVERNMENT BOND INDEX FUND

**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)
94-3118548

## 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.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 38201655 | 602269 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 1481854123 | 1043839673 |
| **c** General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 23132330244 | 26905308377 |
| (2) U.S. Government securities | 1c(2) | 32695032347 | 40047421498 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | 14378655 | 15692883 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| | | (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 | 57361797024 | 68012864700 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | 24312827553 | 27568942544 |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 24312827553 | 27568942544 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 33048969471 | 40443922156 |

## 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) | 4315055 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 1203405531 | |
| **(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) | 16883313 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 1224603899 |
| **(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) | 11844372101 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 12078251492 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | -233879391 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | -53526052 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | -53526052 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 937198456 |

## 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) | 9388 | |
| (5) Investment advisory and investment management fees | 2i(5) | 907642 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | 1134 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | -85366 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 832798 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 832798 |

## Net Income and Reconciliation

| | | | |
|---|---|---|---|
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 936365658 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 19318992521 |
| (2) From this plan | 2l(2) | | 12860405494 |

## 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.) | 4a | | | |
| **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.) | 4b | | | |
| **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.) | 4c | | | |
| **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.) | 4d | | | |
| **e** | Was this plan covered by a fidelity bond? | 4e | | | |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | | |
| **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? | 4g | | | |
| **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? | 4h | | | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | | | |
| **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.) | 4j | | | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | | |
| **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. | 4n | | | |

**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 ____________________.

| Form 5500<br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | **Annual Return/Report of Employee Benefit Plan**<br>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).<br>▶ **Complete all entries in accordance with the instructions to the Form 5500.** | OMB Nos. 1210-0110<br>1210-0089<br>**2024**<br>**This Form is Open to Public Inspection** |
|---|---|---|

## 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
- [X] 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

| | |
|---|---|
| **1a** Name of plan<br>INTERMEDIATE GOVERNMENT BOND INDEX FUND | **1b** Three-digit plan number (PN) ▶ 001<br>**1c** Effective date of plan |
| **2a** Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.<br>400 HOWARD STREET<br>SAN FRANCISCO, CA 94105 | **2b** Employer Identification Number (EIN)<br>94-3118548<br>**2c** Plan Sponsor's telephone number<br>415-670-2000<br>**2d** Business code (see instructions)<br>000000 |

**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 | **Signature of DFE** | 10/03/2025<br>Date | BRYAN BOWERS<br>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 ☐ Same as Plan Sponsor<br>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.<br><br>400 HOWARD STREET<br>SAN FRANCISCO, CA 94105 | **3b** Administrator's EIN<br>94-3112180<br>**3c** Administrator's telephone number<br>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: | **4b** EIN | |
| **a** | Sponsor's name | **4d** PN | |
| **c** | Plan Name | | |
| **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 | **6a(1)** | 0 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 0 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 0 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 0 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 0 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | 0 |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | 0 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **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) | **9b** Plan benefit arrangement (check all that apply) |
|---|---|
| (1) ☐ Insurance | (1) ☐ Insurance |
| (2) ☐ Code section 412(e)(3) insurance contracts | (2) ☐ Code section 412(e)(3) insurance contracts |
| (3) ☐ Trust | (3) ☐ Trust |
| (4) ☐ General assets of the sponsor | (4) ☐ 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) ☐ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) ☐ **DCG** (Individual Plan Information) - Number Attached ________

(5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

(1) ☒ **H** (Financial Information)

(2) ☐ **I** (Financial Information - Small Plan)

(3) ☐ **A** (Insurance Information) - Number Attached ________

(4) ☐ **C** (Service Provider Information)

(5) ☒ **D** (DFE/Participating Plan Information)

(6) ☐ **G** (Financial Transaction Schedules)

## 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 ______________________