

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, 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, 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, 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: AON GLOBAL REAL ESTATE FUND
1b Three-digit plan number (PN): 006
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): AON TRUST COMPANY LLC
2b Employer Identification Number (EIN): 37-6543784
2c Plan Sponsor's telephone number: 844-442-1985
2d Business code (see instructions)

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>BENEFIT TRUST COMPANY</p> <p>5901 COLLEGE BLVD. SUITE 200 OVERLAND PARK, KS 66211</p>	<p>3b Administrator's EIN 43-1971558</p> <p>3c Administrator's telephone number 913-319-0380</p>																				
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>																				
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5</p>																				
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></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></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)		6b		6c		6d	0	6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
6a(2)																					
6b																					
6c																					
6d	0																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>																				

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:

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

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

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u></p> <p>(4) <input type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>AON GLOBAL REAL ESTATE FUND</u>	B Three-digit plan number (PN)	<u>006</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AON TRUST COMPANY LLC</u>	D Employer Identification Number (EIN) <u>37-6543784</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)
---------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>GLOBAL REAL ESTATE SECURITIES INDX</u>		
b Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN	<u>32-6528132-014</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>25499834</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>REIT INDX SL SF CL II</u>		
b Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN	<u>90-0337987-070</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>43975434</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)			

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	ACCURIDE CONSOLIDATED EMPLOYEE PENSION PLAN	
b	Name of plan sponsor	ACCURIDE CORPORATION	c EIN-PN 61-1109077-005
a	Plan name	ACUSHNET COMPANY PENSION PLAN	
b	Name of plan sponsor	ACUSHNET COMPANY	c EIN-PN 04-2591836-002
a	Plan name	A-E-F-C PENSION PLAN	
b	Name of plan sponsor	AMERICAN BAR ASSOCIATION	c EIN-PN 36-0723150-001
a	Plan name	ALEX LEE, INC. AND AFFILIATES PENSION PLAN	
b	Name of plan sponsor	ALEX LEE, INC.	c EIN-PN 56-1780605-001
a	Plan name	AMERSHAM HEALTH INC. PUERTO RICO PENSION PLAN	
b	Name of plan sponsor	GE HEALTHCARE USA HOLDING LLC	c EIN-PN 04-2860743-006
a	Plan name	AMHERST H. WILDER FOUNDATION RETIREMENT PLAN	
b	Name of plan sponsor	AMHERST H. WILDER FOUNDATION	c EIN-PN 41-0693889-001
a	Plan name	AON DAILY VALUED DIRECT REAL ESTATE FUND	
b	Name of plan sponsor	AON TRUST COMPANY LLC	c EIN-PN 37-6543784-047
a	Plan name	AS AMERICA, INC. PENSION PLAN	
b	Name of plan sponsor	AS AMERICA, INC.	c EIN-PN 26-0887443-002
a	Plan name	BAPTIST HEALTH CARE CORPORATION PENSION PLAN	
b	Name of plan sponsor	BAPTIST HEALTH CARE, INC.	c EIN-PN 59-0657322-002
a	Plan name	BBA AVIATION DEFINED BENEFIT PLAN	
b	Name of plan sponsor	SIGNATURE AVIATION USA, LLC	c EIN-PN 59-3096227-010
a	Plan name	BLACK HILLS CORPORATION MASTER RETIREMENT TRUST	
b	Name of plan sponsor	BLACK HILLS CORPORATION	c EIN-PN 46-0458824-008
a	Plan name	CATHAY PACIFIC AIRWAYS LIMITED PENSION PLAN	
b	Name of plan sponsor	CATHAY PACIFIC AIRWAYS LIMITED	c EIN-PN 94-1656968-001

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 CENTRAL STEEL & WIRE COMPANY RETIREMENT PLAN	
b	Name of plan sponsor CENTRAL STEEL & WIRE COMPANY LLC	c EIN-PN 36-0885660-002
a	Plan name CHEMTRADE DELAWARE INC. DEFINED BENEFIT MASTER TRUST	
b	Name of plan sponsor CHEMTRADE DELAWARE INC	c EIN-PN 02-0505547-050
a	Plan name CONSOLIDATED RETIREMENT PLAN OF VITALANT	
b	Name of plan sponsor VITALANT	c EIN-PN 86-0098929-010
a	Plan name CONSTELLIUM ROLLED PRODUCTS-RAVENSWOOD LLC HOURLY EMPLOYEES RETIREMENT	
b	Name of plan sponsor CONSTELLIUM ROLLED PRODUCTS-RAVENSWOOD L	c EIN-PN 20-0843018-002
a	Plan name CONSTELLIUM ROLLED PRODUCTS-RAVENSWOOD LLC SALARIED EMPLOYEES RETIREME	
b	Name of plan sponsor CONSTELLIUM ROLLED PRODUCTS-RAVENSWOOD L	c EIN-PN 20-0843018-001
a	Plan name INSTANT BRANDS PENSION PLAN	
b	Name of plan sponsor INSTANT BRANDS HOLDINGS, INC.	c EIN-PN 16-1403318-004
a	Plan name DATASCOPE CORP. PENSION PLAN	
b	Name of plan sponsor DATASCOPE CORP. MAQUET CARDIOVASCULAR CARDIAC ASSIST	c EIN-PN 13-2529596-001
a	Plan name DAYTON CHILDREN'S HOSPITAL PENSION PLAN	
b	Name of plan sponsor DAYTON CHILDRENS HOSPITAL	c EIN-PN 31-0672132-001
a	Plan name DYNEGY INC. MASTER RETIREMENT TRUST	
b	Name of plan sponsor DYNEGY, INC.	c EIN-PN 36-3227683-007
a	Plan name ECOBAT RESOURCES US, LLC DEFINED BENEFIT PENSION PLANS MASTER TRUST	
b	Name of plan sponsor ECOBAT RESOURCES US, LLC	c EIN-PN 83-2477963-001
a	Plan name EMPLOYEE RETIREMENT PLAN OF SAFEWAY INC. AND ITS DOMESTIC SUBSIDIARIES	
b	Name of plan sponsor SAFEWAY INC.	c EIN-PN 94-3019135-001
a	Plan name ESSENDANT PENSION PLAN	
b	Name of plan sponsor ESSENDANT CO.	c EIN-PN 36-2431718-003

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	ESSENDANT UNION EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor	ESSENDANT CO.	c EIN-PN 36-2431718-009
a	Plan name	FEDERATION EMPLOYEES' RETIREMENT INCOME PLAN	
b	Name of plan sponsor	JEWISH UNITED FUND OF METROPOLITAN CHICAGO	c EIN-PN 36-2167034-009
a	Plan name	FLEXI-VAN PENSION PLAN	
b	Name of plan sponsor	FLEXI-VAN LEASING, LLC	c EIN-PN 13-1985646-001
a	Plan name	FLOYD HEALTHCARE MANAGEMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor	FLOYD HEALTHCARE MANAGEMENT, INC.	c EIN-PN 58-1973570-001
a	Plan name	FORTUNE BRANDS INNOVATIONS, INC. MASTER RETIREMENT TRUST	
b	Name of plan sponsor	FORTUNE BRANDS INNOVATIONS, INC.	c EIN-PN 45-3265619-001
a	Plan name	GARRETT TRANSPORTATION I INC. PENSION PLAN	
b	Name of plan sponsor	GARRETT TRANSPORTATION I INC.	c EIN-PN 82-4723195-002
a	Plan name	GATX CORPORATION NONCONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor	GATX CORPORATION	c EIN-PN 36-1124040-003
a	Plan name	GATX CORPORATION NONCONTRIBUTORY PENSION PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor	GATX CORPORATION	c EIN-PN 36-1124040-001
a	Plan name	H.B. FULLER LEGACY PENSION PLAN	
b	Name of plan sponsor	H.B. FULLER COMPANY	c EIN-PN 41-0268370-001
a	Plan name	HUNTON ANDREWS KURTH LLP CASH BALANCE PENSION PLAN	
b	Name of plan sponsor	HUNTON ANDREWS KURTH LLP	c EIN-PN 54-0572269-051
a	Plan name	HUNTON ANDREWS KURTH LLP PENSION PLAN	
b	Name of plan sponsor	HUNTON ANDREWS KURTH LLP	c EIN-PN 54-0572269-001
a	Plan name	IMTT MASTER TRUST	
b	Name of plan sponsor	INTERNATIONAL-MATEX TANK TERMINALS LLC	c EIN-PN 72-0771251-001

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 IONICS, INCORPORATED RETIREMENT PLAN	
b	Name of plan sponsor VEOLIA WATER TECHNOLOGIES & SOLUTIONS	c EIN-PN 04-2068530-001
a	Plan name KONE INC. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor KONE INC.	c EIN-PN 36-2357423-001
a	Plan name KUAKINI HEALTH SYSTEM RETIREMENT PLAN	
b	Name of plan sponsor KUAKINI HEALTH SYSTEM	c EIN-PN 99-0225140-001
a	Plan name LAND O LAKES INC. RETIREMENT MASTER INVESTMENT TRUST	
b	Name of plan sponsor LAND O LAKES INC.	c EIN-PN 41-0365145-100
a	Plan name LEONARDO DRS MASTER TRUST	
b	Name of plan sponsor LEONARDO DRS, INC.	c EIN-PN 46-6867042-201
a	Plan name LUXOTTICA GROUP PENSION PLAN	
b	Name of plan sponsor OAKLEY INC	c EIN-PN 95-3194947-002
a	Plan name THE MARYLAND STATE EDUCATION ASSOCIATION PENSION PLAN AND TRUST	
b	Name of plan sponsor MARYLAND STATE EDUCATION ASSOCIATION, INC.	c EIN-PN 52-0607919-002
a	Plan name MAUI LAND & PINEAPPLE COMPANY, INC. PENSION PLAN	
b	Name of plan sponsor MAUI LAND & PINEAPPLE CO., INC.	c EIN-PN 99-0107542-002
a	Plan name NATIONAL CEMENT COMPANY MASTER TRUST	
b	Name of plan sponsor NATIONAL CEMENT COMPANY, INC.	c EIN-PN 63-0664316-101
a	Plan name NAVISTAR, INC. HOURLY EMPLOYEES PENSION PLAN MASTER TRUST	
b	Name of plan sponsor NAVISTAR, INC.	c EIN-PN 13-3248322-100
a	Plan name NAVISTAR, INC. SALARIED EMPLOYEES PENSION PLAN MASTER TRUST	
b	Name of plan sponsor NAVISTAR, INC.	c EIN-PN 13-3248318-100
a	Plan name NORTH MISSISSIPPI HEALTH SERVICES RETIREMENT PLAN & TRUST AGREEMENT	
b	Name of plan sponsor NORTH MISSISSIPPI HEALTH SERVICES, INC.	c EIN-PN 64-0653269-001

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 ONEOK, INC. RETIREMENT PLAN	
b	Name of plan sponsor ONEOK, INC.	c EIN-PN 73-1520922-001
a	Plan name PARKER-HANNIFIN CONSOLIDATED PENSION PLAN - A	
b	Name of plan sponsor PARKER HANNIFIN CORPORATION	c EIN-PN 34-0451060-070
a	Plan name PENSION PLAN FOR CLASSIFIED EMPLOYEES OF GASCO, INC.	
b	Name of plan sponsor THE GAS COMPANY, LLC	c EIN-PN 38-3679115-001
a	Plan name PENSION PLAN FOR EMPLOYEES OF GIVAUDAN	
b	Name of plan sponsor GIVAUDAN FRAGRANCES CORPORATION	c EIN-PN 31-1707845-002
a	Plan name PENSION PLAN OF WISCONSINSIN FARM BUREAU FEDERATION & AFFILIATES	
b	Name of plan sponsor RURAL MUTUAL INSURANCE COMPANY	c EIN-PN 39-0271985-333
a	Plan name PENTON MEDIA, INC. RETIREMENT PLAN	
b	Name of plan sponsor INFORMA MEDIA LLC	c EIN-PN 36-2875386-016
a	Plan name PLYMOUTH TUBE COMPANY DEFINED BENEFIT MASTER TRUST	
b	Name of plan sponsor PLYMOUTH TUBE COMPANY	c EIN-PN 38-0933700-245
a	Plan name RESIDEO TECHNOLOGIES, INC. PENSION PLAN	
b	Name of plan sponsor RESIDEO TECHNOLOGIES, INC.	c EIN-PN 82-5318796-002
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF BEN E. KEITH COMPANY AND ITS AFFILIAT	
b	Name of plan sponsor BEN E. KEITH COMPANY	c EIN-PN 75-0372230-001
a	Plan name RYERSON PENSION PLAN	
b	Name of plan sponsor JOSEPH T. RYERSON & SON, INC.	c EIN-PN 36-1717960-001
a	Plan name SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor SCHINDLER ELEVATOR CORPORATION	c EIN-PN 34-1270056-001
a	Plan name SEALED AIR CORPORATION COMBINED PENSION PLAN	
b	Name of plan sponsor SEALED AIR CORPORATION	c EIN-PN 65-0654331-007

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 SGL GROUP US RETIREMENT PLAN	
b	Name of plan sponsor SGL CARBON, LLC	c EIN-PN 13-0796973-182
a	Plan name SHAWS SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES	
b	Name of plan sponsor SHAWS SUPERMARKETS INC	c EIN-PN 04-1123420-002
a	Plan name SIRVA EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor SIRVA INC.	c EIN-PN 52-1840893-002
a	Plan name SMURFIT KAPPA PACKAGING, LLC PENSION PLAN	
b	Name of plan sponsor SMURFIT KAPPA PACKAGING, LLC	c EIN-PN 46-0470671-001
a	Plan name SWISS RE GROUP U.S. EMPLOYEE'S PENSION PLAN	
b	Name of plan sponsor SWISS RE AMERICA HOLDING CORPORATION	c EIN-PN 13-2761364-001
a	Plan name THE BURKE REHABILITATION HOSPITAL RETIREMENT PLAN	
b	Name of plan sponsor BURKE REHABILITATION HOSPITAL	c EIN-PN 13-1739937-001
a	Plan name THE DUN & BRADSTREET CORPORATION RETIREMENT ACCOUNT	
b	Name of plan sponsor THE DUN & BRADSTREET CORPORATION	c EIN-PN 22-3725387-001
a	Plan name THE RETIREMENT PLAN FOR EMPLOYEES OF WEST JEFFERSON MEDICAL CENTER	
b	Name of plan sponsor WEST JEFFERSON MEDICAL CENTER	c EIN-PN 72-6014898-001
a	Plan name THE RITE AID PENSION PLAN	
b	Name of plan sponsor RITE AID CORPORATION	c EIN-PN 23-1614034-002
a	Plan name THE SCOTTS COMPANY LLC ASSOCIATES' PENSION PLAN	
b	Name of plan sponsor THE SCOTTS COMPANY LLC	c EIN-PN 31-1414921-002
a	Plan name THE TERUMO RETIREMENT PLAN	
b	Name of plan sponsor TERUMO AMERICAS HOLDING INC.	c EIN-PN 34-1112331-001
a	Plan name VIDANT MEDICAL CENTER PENSION PLAN	
b	Name of plan sponsor VIDANT MEDICAL CENTER	c EIN-PN 56-0585243-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan AON GLOBAL REAL ESTATE FUND	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 AON TRUST COMPANY LLC	D Employer Identification Number (EIN) 37-6543784

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1155315	1027819
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1207924	1934814
(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)	174348	241179
(B) Common	1c(4)(B)	44701239	85382233
(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)	24201869	69475268
(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)	103531	108094

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	71544226	158169407
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	892425	773841
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	892425	773841
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	70651801	157395566

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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	66249	
(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)	5328	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		71577
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	4452	
(B) Common stock.....	2b(2)(B)	1393575	
(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)		1398027
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1007560	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-1007560
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	17855005	
(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)		13168611
(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		49830
d Total income. Add all income amounts in column (b) and enter total	2d		31535490

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)		0
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)	24273	
(5) Investment advisory and investment management fees	2i(5)	356739	
(6) Bank or trust company trustee/custodial fees	2i(6)	87720	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		468732
j Total expenses. Add all expense amounts in column (b) and enter total	2j		468732

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		31066758
l Transfers of assets:			
(1) To this plan	2l(1)		174971735
(2) From this plan	2l(2)		119294728

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 _____.