

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 [X] a DFE (specify) M
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: FORTUNE BRANDS INNOVATIONS, INC. MASTER RETIREMENT TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): FORTUNE BRANDS INNOVATIONS, INC.
Mailing address (include room, apt., suite no. and street, or P.O. Box): 520 LAKE COOK ROAD, SUITE 300, DEERFIELD, IL 60015
2b Employer Identification Number (EIN): 45-3265619
2c Plan Sponsor's telephone number: 847-484-4400
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.

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  FORTUNE BRANDS INNOVATIONS, INC. EMPLOYEE BENEFITS COMMITTEE  520 LAKE COOK ROAD SUITE 300 DEERFIELD, IL 60015	<b>3b</b> Administrator's EIN 61-1411546  <b>3c</b> Administrator's telephone number 847-484-4400																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;"><b>6a(1)</b></td><td></td></tr> <tr><td><b>6a(2)</b></td><td></td></tr> <tr><td><b>6b</b></td><td></td></tr> <tr><td><b>6c</b></td><td></td></tr> <tr><td><b>6d</b></td><td></td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>		<b>6a(2)</b>		<b>6b</b>		<b>6c</b>		<b>6d</b>		<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
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<b>6a(2)</b>																					
<b>6b</b>																					
<b>6c</b>																					
<b>6d</b>																					
<b>6e</b>																					
<b>6f</b>																					
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																				

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

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

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

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

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

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

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

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

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

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>FORTUNE BRANDS INNOVATIONS, INC. MASTER RETIREMENT TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>001</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FORTUNE BRANDS INNOVATIONS, INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>45-3265619</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

(a) Name of insurance carrier  
**PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	015373	0	01/01/2024	12/31/2024

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	22934425	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>		
	<b>7c(2)</b>		
	<b>7c(3)</b>	105130	
	<b>7c(4)</b>		
	<b>7c(5)</b>		
	(6) Total additions .....	<b>7c(6)</b>	105130
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	23039555	
<b>e</b> Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	
	(2) Administration charge made by carrier.....	<b>7e(2)</b>	
	(3) Transferred to separate account .....	<b>7e(3)</b>	
	(4) Other (specify below)..... ▶ MARKET VALUE ADJ; CONTRACT EXPENSE CHARGE; LIQUIDATION	<b>7e(4)</b>	23039555
(5) Total deductions .....	<b>7e(5)</b>	23039555	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0	

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

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

<b>A</b> Name of plan <u>FORTUNE BRANDS INNOVATIONS, INC. MASTER RETIREMENT TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FORTUNE BRANDS INNOVATIONS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>45-3265619</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>COMMINGLED PEN TR FD (SP) OF JPMCB</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JP MORGAN CHASE BANK, N.A.</u>		
<b>c</b> EIN-PN <u>13-6038770-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16236614</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE SHORT TERM INV FD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>45-6138589-084</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23962358</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LARGE CAP EQUITY FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-002</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5408627</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON SMALL &amp; MID CAP EQUITY FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-003</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2138340</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON GLOBAL EQUITY FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-004</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6856017</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON NON-U. S. EQUITY FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-005</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6416771</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON 20+ YR US TREASURY STRIPS FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-036</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3389818</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [AON INTERMEDIATE CREDIT BOND FUND](#)

**b** Name of sponsor of entity listed in (a): [AON TRUST COMPANY LLC](#)

<b>c</b> EIN-PN <a href="#">37-6543784-038</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">612491</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [AON MID DURATION LONG CREDIT BOND F](#)

**b** Name of sponsor of entity listed in (a): [AON TRUST COMPANY LLC](#)

<b>c</b> EIN-PN <a href="#">37-6543784-039</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">131814</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [AON LONG CREDIT BOND FUND](#)

**b** Name of sponsor of entity listed in (a): [AON TRUST COMPANY LLC](#)

<b>c</b> EIN-PN <a href="#">37-6543784-040</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">64196118</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [AON US LONG GOVT BOND INDEX FUND](#)

**b** Name of sponsor of entity listed in (a): [AON TRUST COMPANY LLC](#)

<b>c</b> EIN-PN <a href="#">37-6543784-042</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">232817</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [AON US INT GOVT BOND INDEX FUND](#)

**b** Name of sponsor of entity listed in (a): [AON TRUST COMPANY LLC](#)

<b>c</b> EIN-PN <a href="#">37-6543784-043</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">535846</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [AON LARGE CAP EQUITY INDEX FUND](#)

**b** Name of sponsor of entity listed in (a): [AON TRUST COMPANY LLC](#)

<b>c</b> EIN-PN <a href="#">37-6543784-046</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">6449349</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [AON ENHANCED LIABILITY DRIVEN INV](#)

**b** Name of sponsor of entity listed in (a): [AON TRUST COMPANY LLC](#)

<b>c</b> EIN-PN <a href="#">37-6543784-048</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">11297112</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**Part II** Information on Participating Plans (to be completed by DFEs, other than DCGs)  
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b> Plan name		MOEN INCORPORATED PENSION PLAN	
<b>b</b> Name of plan sponsor	MOEN INCORPORATED	<b>c</b> EIN-PN	36-0548230-001

<b>a</b> Plan name		MASTER LOCK PENSION PLAN	
<b>b</b> Name of plan sponsor	MASTER LOCK COMPANY LLC	<b>c</b> EIN-PN	39-1142433-002

<b>a</b> Plan name			
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN	

<b>a</b> Plan name			
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN	

<b>a</b> Plan name			
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN	

<b>a</b> Plan name			
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN	

<b>a</b> Plan name			
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN	

<b>a</b> Plan name			
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN	

<b>a</b> Plan name			
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN	

<b>a</b> Plan name			
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN	

<b>a</b> Plan name			
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN	

<b>a</b> Plan name			
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN	

<b>a</b> Plan name			
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN	

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>FORTUNE BRANDS INNOVATIONS, INC. MASTER RETIREMENT TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FORTUNE BRANDS INNOVATIONS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>45-3265619</b>

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

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	3438757
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	2030490	14823877
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	424890708	147864092
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	22934425	0
<b>(15)</b> Other.....	<b>1c(15)</b>	16291691	12087786

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	466147314	178214512
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	1864056	78157
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1864056	78157
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	464283258	178136355

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	44485	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	995030	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1039515
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	21254927	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	43879887	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-22624960
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	12087773	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	22837383
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	
<b>c</b> Other income .....	2c	1653
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	13341364

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	
(2) To insurance carriers for the provision of benefits .....	2e(2)	
(3) Other .....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	0
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	
<b>h</b> Interest expense .....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	
(5) Investment advisory and investment management fees .....	2i(5)	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	
(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)	0
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	0

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	13341364
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	459983591
(2) From this plan .....	2l(2)	759471858

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

**5500 Supplemental Schedules**

1 JAN 24 - 31 DEC 24

Account number FBHOME  
Account Name FORTUNE BRANDS HOME & SECURITY

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◆ **5% Report - Part A***Single Transaction in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
<b>Value of Interest In Common/Collective Trusts</b>									
<b>United States - USD</b>									
MFO AON COLLECTIVE INVT TR 20+ YR U S TR EAS STRIPS CUSIP: 00187K555	-9,454,545.460	29 Aug 24		5.5000		0.00	61,119,226.52	52,000,000.00	-9,119,226.52
MFO AON LONG CREDIT BOND FUND CUSIP: 00187K530	2,937,853.110	29 Aug 24	8.8500			0.00	26,000,000.00	26,000,000.00	0.00
MFO AON LONG CREDIT BOND FUND CUSIP: 00187K530	-6,193,181.820	10 Oct 24		8.8000		0.00	57,591,350.74	54,500,000.00	-3,091,350.74
MFO AON LONG CREDIT BOND FUND CUSIP: 00187K530	-7,488,636.360	10 Oct 24		8.8000		0.00	71,294,616.67	65,900,000.00	-5,394,616.67
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	89,610,000.000	11 Oct 24	1.0000			0.00	89,610,000.00	89,610,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	97,376,000.000	11 Oct 24	1.0000			0.00	97,376,000.00	97,376,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	38,000,000.000	31 Oct 24	1.0000			0.00	38,000,000.00	38,000,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	37,142,550.450	1 Nov 24	1.0000			0.00	37,142,550.45	37,142,550.45	0.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	-89,610,000.000	15 Oct 24		1.0000		0.00	89,610,000.00	89,610,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	-83,376,000.000	15 Oct 24		1.0000		0.00	83,376,000.00	83,376,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	-38,000,000.000	1 Nov 24		1.0000		0.00	38,000,000.00	38,000,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	-38,233,102.170	4 Nov 24		1.0000		0.00	38,233,102.17	38,233,102.17	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 467,959,054.13

**5500 Supplemental Schedules**

1 JAN 24 - 31 DEC 24

Account number FBHOME  
Account Name FORTUNE BRANDS HOME & SECURITY

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◆ **5% Report - Part B***Series of Non-Security Transactions with Same Party in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 467,959,054.13

**5500 Supplemental Schedules**

1 JAN 24 - 31 DEC 24

Account number FBHOME  
Account Name FORTUNE BRANDS HOME & SECURITY

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◆ **5% Report - Part C Summary***Series of Transactions by Issue in Excess of 5%*

Security Description / Asset ID		Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
			Acquisition Price	Disposition Price				
CF AON MULTI-ASSET CREDIT FUND CL 1 CUSIP: 2S999VF30	Total acquisitions	2	19,100,000.00			0.00	19,100,000.00	19,100,000.00
	Total dispositions	4		19,365,209.67		0.00	19,100,000.00	19,365,209.67
GAC CIGNA 15373 DEFINED CONTRIBUTION INVESTMENT CONTRAC CUSIP: 999499QV1	Total acquisitions	7	859,873.13			0.00	859,873.13	859,873.13
	Total dispositions	18		23,794,298.58		0.00	23,794,298.13	23,794,298.58
MFO AGT NON-US ACTIVE EQ CUSIP: 00185C480	Total acquisitions	7	9,990,000.00			0.00	9,990,000.00	9,990,000.00
	Total dispositions	12		34,650,000.00		0.00	26,997,649.44	34,650,000.00
MFO AGT US LARGE CAP ACTIVE EQ CUSIP: 00185C555	Total acquisitions	7	7,820,000.00			0.00	7,820,000.00	7,820,000.00
	Total dispositions	13		33,650,000.00		0.00	21,445,781.19	33,650,000.00
MFO AON COLLECTIVE INVT TR FORMERLY AON HEW LARGE CAP EQUITY INDEX FD CUSIP: 00187K498	Total acquisitions	7	8,840,000.00			0.00	8,840,000.00	8,840,000.00
	Total dispositions	13		37,480,000.00		0.00	24,624,496.28	37,480,000.00
MFO AON COLLECTIVE INVT TR 20+ YR U S TR EAS STRIPS CUSIP: 00187K555	Total acquisitions	8	40,150,000.00			0.00	40,150,000.00	40,150,000.00
	Total dispositions	8		103,990,000.00		0.00	120,895,394.46	103,990,000.00
MFO AON HEWITT COLLECTIVE INVT TR GLOBAL EQUITY CL I CUSIP: 00185C456	Total acquisitions	7	9,875,000.00			0.00	9,875,000.00	9,875,000.00
	Total dispositions	13		39,170,000.00		0.00	23,924,870.18	39,170,000.00
MFO AON LONG CREDIT BOND FUND CUSIP: 00187K530	Total acquisitions	10	95,200,000.00			0.00	95,200,000.00	95,200,000.00
	Total dispositions	12		213,500,000.00		0.00	235,247,010.17	213,500,000.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	Total acquisitions	251	557,315,676.17			0.00	557,315,676.17	557,315,676.17
	Total dispositions	248		550,803,563.95		0.00	550,803,563.95	550,803,563.95

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 467,959,054.13

**5500 Supplemental Schedules**

1 JAN 24 - 31 DEC 24

Account number FBHOME  
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◆ **5% Report - Part D***Series of Transactions with Same Party in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 467,959,054.13

**5500 Supplemental Schedules**

31 DEC 24

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◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b><i>Non-Interest Bearing Cash - USD</i></b>			
USD - United States dollar	3,438,756.650	3,438,756.65	3,438,756.65
<b>Total - all currencies</b>		<b>3,438,756.65</b>	<b>3,438,756.65</b>
<b>Total Non-Interest Bearing Cash - USD</b>		<b>3,438,756.65</b>	<b>3,438,756.65</b>
<b><i>Receivables - Other - USD</i></b>			
Pending trade sales: United States dollar	0.000	14,715,209.67	14,715,209.67
<b>Total - all currencies</b>		<b>14,715,209.67</b>	<b>14,715,209.67</b>
<b>Total Receivables - Other - USD</b>		<b>14,715,209.67</b>	<b>14,715,209.67</b>
<b><i>Value of Interest in Common/Collective Trusts</i></b>			
<b>United States - USD</b>			
CF AON ENHANCED LIABILITY DRIVEN INVESTING FUND CUSIP: 995063278	1,174,336.020	11,353,278.24	11,297,112.51
CF JPMCB STRATEGIC PROPERTY FUND CUSIP: 99089IWA0	1,468,579.440	14,586,120.39	16,236,614.29
MFO AGT NON-US ACTIVE EQ CUSIP: 00185C480	329,234.030	5,258,354.69	6,416,771.24
MFO AGT US LARGE CAP ACTIVE EQ CUSIP: 00185C555	132,434.540	3,461,246.00	5,408,626.61
MFO AGT US SMALL-MID CAP ACTIVE EQ CUSIP: 00185C522	85,396.960	1,478,417.87	2,138,339.87
MFO AON COLLECTIVE INVNT TR FORMERLY AON HEW LARGE CAP EQUITY INDEX FD CUSIP: 00187K498	345,809.620	4,185,942.91	6,449,349.42
MFO AON COLLECTIVE INVNT TR US INTERMEDIATE GOVT BD INDEX FD CUSIP: 00187K464	55,528.100	545,939.49	535,846.16
MFO AON COLLECTIVE INVNT TR US LONG GOVERNMENT BOND INDEX FD CUSIP: 00187K456	36,779.920	341,371.13	232,816.89
MFO AON COLLECTIVE INVNT TR 20+ YR U S TREAS STRIPS CUSIP: 00187K555	703,281.720	4,516,144.06	3,389,817.89

\*\* All or a portion of this security participates in Securities Lending.

**5500 Supplemental Schedules**

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Account Name FORTUNE BRANDS HOME & SECURITY

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◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Value of Interest in Common/Collective Trusts</i>			
<b>United States - USD</b>			
MFO AON HEWITT COLLECTIVE INVT TR GLOBALEQUITY CL I CUSIP: 00185C456	261,380.760	4,317,070.86	6,856,017.33
MFO AON INTERMEDIATE CREDIT FUND CUSIP: 00187K548	59,580.820	620,078.29	612,490.83
MFO AON LONG CREDIT BOND FUND CUSIP: 00187K530	7,570,296.950	68,805,944.43	64,196,118.14
MFO AON MID LOC CUSIP: 00187K522	11,864.420	118,799.99	131,813.70
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	23,962,357.900	23,962,357.90	23,962,357.90
<b>Total United States - USD</b>		<b>143,551,066.25</b>	<b>147,864,092.78</b>
<b>Total Value of Interest in Common/Collective Trusts</b>		<b>143,551,066.25</b>	<b>147,864,092.78</b>

*Other***United States - USD**

BPIF NON-TAXABLE, LP CUSIP: 991ABD991	1.000	1.00	12,087,786.00
FUT MAR 25 CBT UL T-BONDS CUSIP: 999599GH0	-251.000	-30,975,007.26	-29,845,468.75
FUT MAR 25 CBT UL T-BONDS CUSIP: 999599GH0	251.000	30,975,007.26	29,845,468.75
FUT MAR 25 CBT ULT TNOTE CUSIP: 999599GH0	-21.000	-2,401,452.55	-2,337,562.50
FUT MAR 25 CBT ULT TNOTE CUSIP: 999599GH0	21.000	2,401,452.55	2,337,562.50
FUT MAR 25 CBT 5Y T-NOTE CUSIP: 999599GH0	61.000	6,519,346.94	6,484,585.94
FUT MAR 25 CBT 5Y T-NOTE CUSIP: 999599GH0	-61.000	-6,519,346.94	-6,484,585.94
FUT MAR 25 U.S. T-BONDS CUSIP: 999599GH0	440.000	51,354,582.40	50,091,250.00
FUT MAR 25 U.S. T-BONDS CUSIP: 999599GH0	-440.000	-51,354,582.40	-50,091,250.00
FUT MAR 25 US 2YR T-NOTE CUSIP: 999599GH0	-6.000	-1,234,011.95	-1,233,656.26

\*\* All or a portion of this security participates in Securities Lending.

**Northern Trust - Dol**

Generated by Northern Trust from reviewed periodic data on 21 Feb 25

**5500 Supplemental Schedules**

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◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
<b>United States - USD</b>			
FUT MAR 25 US 2YR T-NOTE CUSIP: 999599GH0	6.000	1,234,011.95	1,233,656.26
FUT MAR 25 10 YR T-NOTES CUSIP: 999599GH0	-116.000	-12,737,295.32	-12,615,000.00
FUT MAR 25 10 YR T-NOTES CUSIP: 999599GH0	116.000	12,737,295.32	12,615,000.00
<b>Total United States - USD</b>		<b>1.00</b>	<b>12,087,786.00</b>
<b>Total Other</b>		<b>1.00</b>	<b>12,087,786.00</b>
<i>Other Liabilities</i>			
Other Payables: United States dollar	0.000	-78,157.00	-78,157.00
<b>Total - all currencies</b>		<b>-78,157.00</b>	<b>-78,157.00</b>
<b>Total Other Liabilities</b>		<b>-78,157.00</b>	<b>-78,157.00</b>
<b>Total</b>		<b>161,626,876.57</b>	<b>178,027,688.10</b>

\*\* All or a portion of this security participates in Securities Lending.