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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                  |
| For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025 |                                                                                                                                                                                                                                                                                                                                                                                                           |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input checked="" type="checkbox"/> a DFE (specify) C</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                             |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                      |
| D                                                                                          | Check box if filing under: <div><div><input type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                   |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                       |

|         |                                                                                                                                                                                                                                                                                                                                          |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                   |
| 1a      | Name of plan<br>AON SMALL-MID CAP EQUITY INDEX FUND                                                                                                                                                                                                                                                                                      |
| 1b      | Three-digit plan number (PN) ▶ 045                                                                                                                                                                                                                                                                                                       |
| 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>AON TRUST COMPANY LLC<br><br>4 OVERLOOK POINT, 40PB 1N1<br>LINCOLNSHIRE, IL 60069 |
| 2b      | Employer Identification Number (EIN)<br>37-6543784                                                                                                                                                                                                                                                                                       |
| 2c      | Plan Sponsor's telephone number<br>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.

|              |                                                   |            |                                                              |
|--------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN<br>HERE |                                                   |            |                                                              |
|              | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                                   |            |                                                              |
|              | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 07/15/2026 | JOSEPH ANDERSON                                              |
|              | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br><b>BENEFIT TRUST COMPANY</b><br><br><b>5901 COLLEGE BLVD. SUITE 200</b><br><b>OVERLAND PARK, KS 66211</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>3b</b> Administrator's EIN<br><b>43-1971558</b>                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>3c</b> Administrator's telephone number<br><b>913-319-0380</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |
| <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:<br><b>a</b> Sponsor's name <b>AON TRUST COMPANY LLC</b><br><b>c</b> Plan Name <b>AON SMALL CAP EQUITY INDEX FUND</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>4b</b> EIN <b>37-6543784</b>                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4d</b> PN<br><b>045</b>                                        |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><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) .....<br><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) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6a(1)</b>                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6a(2)</b>                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6b</b>                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6c</b>                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6d</b> <b>0</b>                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6e</b>                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6f</b>                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6g(1)</b>                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6g(2)</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>                                                          |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |

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

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

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

**a Pension Schedules**

(1) ☐ **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 0

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

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

(6) ☐ **G** (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

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**11c** Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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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|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                 |
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| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div> |
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|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025 |                                                      |     |
| A Name of plan<br>AON SMALL-MID CAP EQUITY INDEX FUND                                      | B Three-digit plan number (PN) ▶                     | 045 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>AON TRUST COMPANY LLC     | D Employer Identification Number (EIN)<br>37-6543784 |     |

|        |                                                                                                                                                                           |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                         |                                     |
|-----------------------------------------|-------------------------------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: | RUSSELL SMALL/MID CAP INDX SL SF CL |
|-----------------------------------------|-------------------------------------|

|                                            |                                            |
|--------------------------------------------|--------------------------------------------|
| b Name of sponsor of entity listed in (a): | STATE STREET GLOBAL ADVISORS TRUST COMPANY |
|--------------------------------------------|--------------------------------------------|

|                         |                 |                                                                                                        |
|-------------------------|-----------------|--------------------------------------------------------------------------------------------------------|
| c EIN-PN 04-0025081-091 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 211812056 |
|-------------------------|-----------------|--------------------------------------------------------------------------------------------------------|

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

|                                            |  |
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| b Name of sponsor of entity listed in (a): |  |
|--------------------------------------------|--|

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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) |
|----------|---------------|----------------------------------------------------------------------------------------------|

|                                         |  |
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| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |
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|                                            |  |
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| b Name of sponsor of entity listed in (a): |  |
|--------------------------------------------|--|

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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) |
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|                                         |  |
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| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |
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|                                            |  |
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| b Name of sponsor of entity listed in (a): |  |
|--------------------------------------------|--|

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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) |
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|                                         |  |
|-----------------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |
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|                                            |  |
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| b Name of sponsor of entity listed in (a): |  |
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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) |
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|                                         |  |
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| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |
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| b Name of sponsor of entity listed in (a): |  |
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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) |
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|                                         |  |
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| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |
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|                                            |  |
|--------------------------------------------|--|
| b Name of sponsor of entity listed in (a): |  |
|--------------------------------------------|--|

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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: |  |
|-----------------------------------------|--|

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

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(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 ACCURIDE CONSOLIDATED EMPLOYEE PENSION PLAN                                                                                                                                                                 |                                |
| <b>b</b> | Name of plan sponsor ACCURIDE CORPORATION                                                                                                                                                                             | <b>c</b> EIN-PN 61-1109077-005 |
| <b>a</b> | Plan name AHOLD USA, INC. PENSION PLAN                                                                                                                                                                                |                                |
| <b>b</b> | Name of plan sponsor AHOLD USA, INC.                                                                                                                                                                                  | <b>c</b> EIN-PN 53-0073545-004 |
| <b>a</b> | Plan name ALLIANT ENERGY CORPORATION MASTER RETIREMENT TRUST                                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor ALLIANT ENERGY CORPORATE SERVICES, INC.                                                                                                                                                          | <b>c</b> EIN-PN 39-1914946-100 |
| <b>a</b> | Plan name THE ALLIED IRISH BANK PENSION PLAN AND TRUST                                                                                                                                                                |                                |
| <b>b</b> | Name of plan sponsor ALLIED IRISH BANKS, PLC                                                                                                                                                                          | <b>c</b> EIN-PN 13-2774656-001 |
| <b>a</b> | Plan name AMHERST H. WILDER FOUNDATION RETIREMENT PLAN                                                                                                                                                                |                                |
| <b>b</b> | Name of plan sponsor AMHERST H. WILDER FOUNDATION                                                                                                                                                                     | <b>c</b> EIN-PN 41-0693889-001 |
| <b>a</b> | Plan name THE PENSION PLAN OF ARROWOOD INDEMNITY COMPANY                                                                                                                                                              |                                |
| <b>b</b> | Name of plan sponsor ARROWPOINT GROUP, INC                                                                                                                                                                            | <b>c</b> EIN-PN 56-2003160-003 |
| <b>a</b> | Plan name AS AMERICA BRANDS, INC. PENSION PLAN                                                                                                                                                                        |                                |
| <b>b</b> | Name of plan sponsor AS AMERICA, INC.                                                                                                                                                                                 | <b>c</b> EIN-PN 26-0887443-003 |
| <b>a</b> | Plan name ASARCO MASTER PENSION TRUST                                                                                                                                                                                 |                                |
| <b>b</b> | Name of plan sponsor ASARCO LLC                                                                                                                                                                                       | <b>c</b> EIN-PN 81-0666284-003 |
| <b>a</b> | Plan name BAPTIST HEALTH CARE, INC. PENSION PLAN                                                                                                                                                                      |                                |
| <b>b</b> | Name of plan sponsor BAPTIST HEALTH CARE, INC.                                                                                                                                                                        | <b>c</b> EIN-PN 59-0657322-002 |
| <b>a</b> | Plan name BASF CORPORATION PENSION MASTER TRUST                                                                                                                                                                       |                                |
| <b>b</b> | Name of plan sponsor BASF CORPORATION                                                                                                                                                                                 | <b>c</b> EIN-PN 25-6263985-101 |
| <b>a</b> | Plan name BEAM PENSION PLAN                                                                                                                                                                                           |                                |
| <b>b</b> | Name of plan sponsor BEAM GLOBAL SPIRITS & WINE, INC.                                                                                                                                                                 | <b>c</b> EIN-PN 36-4054676-002 |
| <b>a</b> | Plan name BLACK HILLS RETIREMENT PLAN                                                                                                                                                                                 |                                |
| <b>b</b> | Name of plan sponsor BLACK HILLS CORPORATION                                                                                                                                                                          | <b>c</b> EIN-PN 46-0458824-006 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(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 THE BURKE REHABILITATION HOSPITAL RETIREMENT PLAN                                                                                                                                                           |                                |
| <b>b</b> | Name of plan sponsor BURKE REHABILITATION HOSPITAL                                                                                                                                                                    | <b>c</b> EIN-PN 13-1739937-001 |
| <b>a</b> | Plan name CATHAY PACIFIC AIRWAYS LIMITED PENSION PLAN                                                                                                                                                                 |                                |
| <b>b</b> | Name of plan sponsor CATHAY PACIFIC AIRWAYS LIMITED                                                                                                                                                                   | <b>c</b> EIN-PN 94-1656968-001 |
| <b>a</b> | Plan name CENTRAL STEEL & WIRE COMPANY RETIREMENT PLAN                                                                                                                                                                |                                |
| <b>b</b> | Name of plan sponsor CENTRAL STEEL & WIRE COMPANY LLC                                                                                                                                                                 | <b>c</b> EIN-PN 36-0885660-002 |
| <b>a</b> | Plan name RETIREMENT PLAN OF CERTAIN EMPLOYEES OF CEVA LOGISTICS U.S. INC.                                                                                                                                            |                                |
| <b>b</b> | Name of plan sponsor CEVA LOGISTICS U.S., INC                                                                                                                                                                         | <b>c</b> EIN-PN 23-2142673-001 |
| <b>a</b> | Plan name CHEMTRADE DELAWARE INC. DEFINED BENEFIT MASTER TRUST                                                                                                                                                        |                                |
| <b>b</b> | Name of plan sponsor CHEMTRADE DELAWARE INC                                                                                                                                                                           | <b>c</b> EIN-PN 02-0505547-050 |
| <b>a</b> | Plan name ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO VALUE GROWTH PLAN                                                                                                                                      |                                |
| <b>b</b> | Name of plan sponsor CHILDRENS HOSPITAL OF CHICAGO MEDICAL CENTER                                                                                                                                                     | <b>c</b> EIN-PN 36-3357004-001 |
| <b>a</b> | Plan name CLARIOS PENSION PLAN BATTERY DIVISION HOURLY EMPLOYEES                                                                                                                                                      |                                |
| <b>b</b> | Name of plan sponsor CLARIOS, LLC                                                                                                                                                                                     | <b>c</b> EIN-PN 39-1684871-016 |
| <b>a</b> | Plan name WISE ALLOYS LLC PENSION PLAN FOR HOURLY EMPLOYEES                                                                                                                                                           |                                |
| <b>b</b> | Name of plan sponsor CONSTELLIUM MUSCLE SHOALS LLC                                                                                                                                                                    | <b>c</b> EIN-PN 52-2139172-003 |
| <b>a</b> | Plan name CONSTELLIUM ROLLED PRODUCTS MASTER RETIREMENT TRUS                                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor CONSTELLIUM ROLLED PRODUCTS MASTER RETIREMENT TRUST                                                                                                                                              | <b>c</b> EIN-PN 87-3205078-100 |
| <b>a</b> | Plan name DATASCOPE CORP. PENSION PLAN                                                                                                                                                                                |                                |
| <b>b</b> | Name of plan sponsor DATASCOPE CORP. MAQUET CARDIOVASCULAR CARDIAC ASSIST                                                                                                                                             | <b>c</b> EIN-PN 13-2529596-001 |
| <b>a</b> | Plan name DAYTON CHILDREN'S HOSPITAL PENSION PLAN                                                                                                                                                                     |                                |
| <b>b</b> | Name of plan sponsor DAYTON CHILDRENS HOSPITAL                                                                                                                                                                        | <b>c</b> EIN-PN 31-0672132-001 |
| <b>a</b> | Plan name DELTA UTILITIES PENSION PLAN FOR BARGAINING EMPLOYEES                                                                                                                                                       |                                |
| <b>b</b> | Name of plan sponsor DELTA GAS COMPANY, LLC                                                                                                                                                                           | <b>c</b> EIN-PN 93-3681898-001 |

| 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            | DELTA UTILITIES PENSION PLAN FOR NON-BARGAINING EMPLOYEES                     |                         |
| b                                                                                                                                    | Name of plan sponsor | DELTA GAS COMPANY, LLC                                                        | c EIN-PN 93-3681898-002 |
| a                                                                                                                                    | Plan name            | DIAGEO NORTH AMERICA, INC. MASTER TRUST                                       |                         |
| b                                                                                                                                    | Name of plan sponsor | DIAGEO NORTH AMERICA, INC.                                                    | c EIN-PN 25-6384048-001 |
| 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            | ESSENDANT PENSION PLAN                                                        |                         |
| b                                                                                                                                    | Name of plan sponsor | ESSENDANT CO.                                                                 | c EIN-PN 36-2431718-003 |
| a                                                                                                                                    | Plan name            | ESSENDANT UNION EMPLOYEES' PENSION PLAN                                       |                         |
| b                                                                                                                                    | Name of plan sponsor | ESSENDANT CO.                                                                 | c EIN-PN 36-2431718-009 |
| 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            | GARRETT TRANSPORTATION I INC. PENSION PLAN                                    |                         |
| b                                                                                                                                    | Name of plan sponsor | GARRETT TRANSPORTATION I INC.                                                 | c EIN-PN 82-4723195-002 |
| 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            | GRAPHIC PACKAGING INTERNATIONAL, LLC MASTER PENSION TRUST                     |                         |
| b                                                                                                                                    | Name of plan sponsor | GRAPHIC PACKAGING INTERNATIONAL, LLC                                          | c EIN-PN 84-0772929-093 |
| 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            | HILL-ROM, INC. PENSION PLAN                                                   |                         |
| b                                                                                                                                    | Name of plan sponsor | HILL-ROM HOLDINGS, INC.                                                       | c EIN-PN 35-1160484-201 |
| a                                                                                                                                    | Plan name            | HOUSTON HOSPITALS, INC. RETIREMENT PLAN                                       |                         |
| b                                                                                                                                    | Name of plan sponsor | HOUSTON HOSPITALS, INC.                                                       | c EIN-PN 71-1045290-001 |

| 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.) |                      |                                                                               |                                |
| <b>a</b>                                                                                                                             | Plan name            | HUNTON ANDREWS KURTH LLP CASH BALANCE PENSION PLAN                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | HUNTON ANDREWS KURTH LLP                                                      | <b>c</b> EIN-PN 54-0572269-051 |
| <b>a</b>                                                                                                                             | Plan name            | INGLIS HOUSE RETIREMENT PLAN                                                  |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | INGLIS HOUSE                                                                  | <b>c</b> EIN-PN 23-1352284-001 |
| <b>a</b>                                                                                                                             | Plan name            | INNOMOTICS PENSION PLAN                                                       |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | INNOMOTICS LLC                                                                | <b>c</b> EIN-PN 38-4207664-001 |
| <b>a</b>                                                                                                                             | Plan name            | INTERNATIONAL MOTORS, LLC SALARIED EMPLOYEES PENSION PLAN                     |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | INTERNATIONAL MOTORS, LLC                                                     | <b>c</b> EIN-PN 36-1264810-037 |
| <b>a</b>                                                                                                                             | Plan name            | NAVISTAR, INC. HOURLY EMPLOYEES PENSION PLAN MASTER TRUST                     |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | INTERNATIONAL MOTORS, LLC                                                     | <b>c</b> EIN-PN 13-3248322-100 |
| <b>a</b>                                                                                                                             | Plan name            | IMTT MASTER TRUST                                                             |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | INTERNATIONAL-MATEX TANK TERMINALS LLC                                        | <b>c</b> EIN-PN 72-0771251-001 |
| <b>a</b>                                                                                                                             | Plan name            | DR PEPPER SNAPPLE GROUP, INC. MASTER PENSION TRUST                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | KEURIG DR PEPPER INC.                                                         | <b>c</b> EIN-PN 98-0517725-009 |
| <b>a</b>                                                                                                                             | Plan name            | KONE INC. EMPLOYEES' RETIREMENT PLAN                                          |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | KONE INC.                                                                     | <b>c</b> EIN-PN 36-2357423-001 |
| <b>a</b>                                                                                                                             | Plan name            | KUAKINI HEALTH SYSTEM DENTAL PLAN                                             |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | KUAKINI HEALTH SYSTEM                                                         | <b>c</b> EIN-PN 99-0225140-504 |
| <b>a</b>                                                                                                                             | Plan name            | LEDVANCE LLC PENSION PLAN                                                     |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | LEDVANCE LLC                                                                  | <b>c</b> EIN-PN 81-0887998-006 |
| <b>a</b>                                                                                                                             | Plan name            | LEE ENTERPRISES, INCORPORATED PENSION PLAN                                    |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | LEE ENTERPRISES, INC.                                                         | <b>c</b> EIN-PN 42-0823980-003 |
| <b>a</b>                                                                                                                             | Plan name            | LEONARDO DRS MASTER TRUST                                                     |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | LEONARDO DRS, INC.                                                            | <b>c</b> EIN-PN 46-6867042-201 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(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 THE MARYLAND STATE EDUCATION ASSOCIATION PENSION PLAN AND TRUST                                                                                                                                             |                                |  |
| <b>b</b> | Name of plan sponsor MARYLAND STATE EDUCATION ASSOCIATION, INC.                                                                                                                                                       | <b>c</b> EIN-PN 52-0607919-002 |  |
| <b>a</b> | Plan name BCOM3 CASH BALANCE PLAN                                                                                                                                                                                     |                                |  |
| <b>b</b> | Name of plan sponsor MMS USA HOLDINGS, INC.                                                                                                                                                                           | <b>c</b> EIN-PN 36-2677628-003 |  |
| <b>a</b> | Plan name NATIONAL CEMENT COMPANY MASTER TRUST                                                                                                                                                                        |                                |  |
| <b>b</b> | Name of plan sponsor NATIONAL CEMENT COMPANY, INC.                                                                                                                                                                    | <b>c</b> EIN-PN 63-0664316-101 |  |
| <b>a</b> | Plan name AVON PRODUCTS INC PERSONAL RETIREMENT ACCOUNT PLAN                                                                                                                                                          |                                |  |
| <b>b</b> | Name of plan sponsor NATURA COSMETICOS S.A.                                                                                                                                                                           | <b>c</b> EIN-PN 98-1848620-001 |  |
| <b>a</b> | Plan name SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN                                                                                                                                                               |                                |  |
| <b>b</b> | Name of plan sponsor ONEMAIN GENERAL SERVICES CORPORATION                                                                                                                                                             | <b>c</b> EIN-PN 35-1313922-004 |  |
| <b>a</b> | Plan name ONEOK, INC. RETIREMENT PLAN                                                                                                                                                                                 |                                |  |
| <b>b</b> | Name of plan sponsor ONEOK, INC.                                                                                                                                                                                      | <b>c</b> EIN-PN 73-1520922-001 |  |
| <b>a</b> | Plan name ORIX FINANCIAL SERVICES, INC. RETIREMENT PLAN                                                                                                                                                               |                                |  |
| <b>b</b> | Name of plan sponsor ORIX CORPORATION USA                                                                                                                                                                             | <b>c</b> EIN-PN 13-2507476-002 |  |
| <b>a</b> | Plan name OSRAM SYLVANIA PENSION PLAN                                                                                                                                                                                 |                                |  |
| <b>b</b> | Name of plan sponsor OSRAM SYLVANIA INC.                                                                                                                                                                              | <b>c</b> EIN-PN 04-3349012-001 |  |
| <b>a</b> | Plan name OWENS CORNING MERGED RETIREMENT PLAN                                                                                                                                                                        |                                |  |
| <b>b</b> | Name of plan sponsor OWENS CORNING                                                                                                                                                                                    | <b>c</b> EIN-PN 43-2109021-001 |  |
| <b>a</b> | Plan name PLYMOUTH TUBE COMPANY DEFINED BENEFIT MASTER TRUST                                                                                                                                                          |                                |  |
| <b>b</b> | Name of plan sponsor PLYMOUTH TUBE COMPANY                                                                                                                                                                            | <b>c</b> EIN-PN 38-0933700-245 |  |
| <b>a</b> | Plan name RESIDEO TECHNOLOGIES, INC. PENSION PLAN                                                                                                                                                                     |                                |  |
| <b>b</b> | Name of plan sponsor RESIDEO TECHNOLOGIES, INC.                                                                                                                                                                       | <b>c</b> EIN-PN 82-5318796-002 |  |
| <b>a</b> | Plan name PENSION PLAN OF WISCONSIN FARM BUREAU FEDERATION & AFFILIATES                                                                                                                                               |                                |  |
| <b>b</b> | Name of plan sponsor RURAL MUTUAL INSURANCE COMPANY                                                                                                                                                                   | <b>c</b> EIN-PN 39-0271985-333 |  |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(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 SAFEWAY INC. MASTER RETIREMENT TRUST                                                                                                                                                                        |                                |
| <b>b</b> | Name of plan sponsor SAFEWAY INC.                                                                                                                                                                                     | <b>c</b> EIN-PN 36-7394926-001 |
| <b>a</b> | Plan name SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN                                                                                                                                                              |                                |
| <b>b</b> | Name of plan sponsor SCHINDLER ELEVATOR CORPORATION                                                                                                                                                                   | <b>c</b> EIN-PN 34-1270056-001 |
| <b>a</b> | Plan name SEALED AIR CORPORATION COMBINED PENSION PLAN                                                                                                                                                                |                                |
| <b>b</b> | Name of plan sponsor SEALED AIR CORPORATION                                                                                                                                                                           | <b>c</b> EIN-PN 65-0654331-007 |
| <b>a</b> | Plan name SECURIAN FINANCIAL GROUP, INC. RETIREMENT PLAN                                                                                                                                                              |                                |
| <b>b</b> | Name of plan sponsor SECURIAN FINANCIAL GROUP, INC.                                                                                                                                                                   | <b>c</b> EIN-PN 41-1919752-001 |
| <b>a</b> | Plan name SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN                                                                                                                                                    |                                |
| <b>b</b> | Name of plan sponsor SENECA FOODS CORPORATION                                                                                                                                                                         | <b>c</b> EIN-PN 16-0733425-001 |
| <b>a</b> | Plan name SIRVA EMPLOYEES RETIREMENT PLAN                                                                                                                                                                             |                                |
| <b>b</b> | Name of plan sponsor SIRVA INC.                                                                                                                                                                                       | <b>c</b> EIN-PN 52-1840893-002 |
| <b>a</b> | Plan name SC INTERNATIONAL SERVICES MASTER RETIREMENT TRUST                                                                                                                                                           |                                |
| <b>b</b> | Name of plan sponsor SKY CHEFS, LLC                                                                                                                                                                                   | <b>c</b> EIN-PN 13-1318367-008 |
| <b>a</b> | Plan name SMURFIT KAPPA PACKAGING, LLC PENSION PLAN                                                                                                                                                                   |                                |
| <b>b</b> | Name of plan sponsor SMURFIT WESTROCK                                                                                                                                                                                 | <b>c</b> EIN-PN 46-0470671-001 |
| <b>a</b> | Plan name TALEN ENERGY RETIREMENT PLANS MASTER TRUST                                                                                                                                                                  |                                |
| <b>b</b> | Name of plan sponsor TALEN ENERGY SUPPLY, LLC                                                                                                                                                                         | <b>c</b> EIN-PN 23-3074920-001 |
| <b>a</b> | Plan name TALEN MONTANA RETIREMENT PLAN                                                                                                                                                                               |                                |
| <b>b</b> | Name of plan sponsor TALEN MONTANA LLC                                                                                                                                                                                | <b>c</b> EIN-PN 54-1928759-001 |
| <b>a</b> | Plan name THE TERUMO RETIREMENT PLAN                                                                                                                                                                                  |                                |
| <b>b</b> | Name of plan sponsor TERUMO AMERICAS HOLDING INC.                                                                                                                                                                     | <b>c</b> EIN-PN 34-1112331-001 |
| <b>a</b> | Plan name THE DUN & BRADSTREET CORPORATION RETIREMENT ACCOUNT                                                                                                                                                         |                                |
| <b>b</b> | Name of plan sponsor THE DUN & BRADSTREET CORPORATION                                                                                                                                                                 | <b>c</b> EIN-PN 22-3725387-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(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 PENSION PLAN FOR CLASSIFIED EMPLOYEES OF GASCO, INC.                                                                                                                                                        |                                |
| <b>b</b> | Name of plan sponsor THE GAS COMPANY, LLC                                                                                                                                                                             | <b>c</b> EIN-PN 38-3679115-001 |
| <b>a</b> | Plan name THE SCOTTS COMPANY LLC ASSOCIATES' PENSION PLAN                                                                                                                                                             |                                |
| <b>b</b> | Name of plan sponsor THE SCOTTS COMPANY LLC                                                                                                                                                                           | <b>c</b> EIN-PN 31-1414921-002 |
| <b>a</b> | Plan name TOWER SEMICONDUCTOR NEWPORT BEACH, INC. RETIREMENT PLAN FOR HOURLY EMP                                                                                                                                      |                                |
| <b>b</b> | Name of plan sponsor TOWER SEMICONDUCTOR NEWPORT BEACH, INC.                                                                                                                                                          | <b>c</b> EIN-PN 75-3005127-030 |
| <b>a</b> | Plan name WEIR FLOWAY, INC. PENSION PLAN DBPP                                                                                                                                                                         |                                |
| <b>b</b> | Name of plan sponsor TRILLIUM PUMPS USA, INC.                                                                                                                                                                         | <b>c</b> EIN-PN 77-0298303-002 |
| <b>a</b> | Plan name IONICS, INCORPORATED RETIREMENT PLAN                                                                                                                                                                        |                                |
| <b>b</b> | Name of plan sponsor VEOLIA WATER TECHNOLOGIES & SOLUTIONS                                                                                                                                                            | <b>c</b> EIN-PN 04-2068530-001 |
| <b>a</b> | Plan name VF CORPORATION PENSION PLAN                                                                                                                                                                                 |                                |
| <b>b</b> | Name of plan sponsor VF CORPORATION                                                                                                                                                                                   | <b>c</b> EIN-PN 23-1180120-001 |
| <b>a</b> | Plan name ENERGY HARBOR PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES                                                                                                                                             |                                |
| <b>b</b> | Name of plan sponsor VISTRA OPERATIONS COMPANY LLC                                                                                                                                                                    | <b>c</b> EIN-PN 36-4833461-004 |
| <b>a</b> | Plan name CONSOLIDATED RETIREMENT PLAN OF VITALANT                                                                                                                                                                    |                                |
| <b>b</b> | Name of plan sponsor VITALANT                                                                                                                                                                                         | <b>c</b> EIN-PN 86-0098929-010 |
| <b>a</b> | Plan name W.R. GRACE & CO. MASTER RETIREMENT TRUST                                                                                                                                                                    |                                |
| <b>b</b> | Name of plan sponsor W.R. GRACE & CO.                                                                                                                                                                                 | <b>c</b> EIN-PN 36-6807393-101 |
| <b>a</b> | Plan name WAKEFERN PENSION PLAN                                                                                                                                                                                       |                                |
| <b>b</b> | Name of plan sponsor WAKEFERN FOOD CORP.                                                                                                                                                                              | <b>c</b> EIN-PN 22-1434516-001 |
| <b>a</b> | Plan name WASTE MANAGEMENT PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor WASTE MANAGEMENT HOLDINGS, INC.                                                                                                                                                                  | <b>c</b> EIN-PN 36-2660763-006 |
| <b>a</b> | Plan name WHITE CASTLE PENSION PLAN AND TRUST                                                                                                                                                                         |                                |
| <b>b</b> | Name of plan sponsor WHITE CASTLE SYSTEM, INC.                                                                                                                                                                        | <b>c</b> EIN-PN 31-4340520-002 |

|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                   |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                   | 2025                                   |
|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025 |                                                      |     |
| A Name of plan<br>AON SMALL-MID CAP EQUITY INDEX FUND                                      | B Three-digit plan number (PN) ▶                     | 045 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>AON TRUST COMPANY LLC            | D Employer Identification Number (EIN)<br>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. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | (a) Beginning of Year | (b) End of Year |
| 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)                         | 4204026               | 25899           |
| c General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                       |                 |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1c(1)                         | 264133                | 268479          |
| (2) U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1c(2)                         |                       |                 |
| (3) Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                       |                 |
| (A) Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1c(3)(A)                      |                       |                 |
| (B) All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1c(3)(B)                      |                       |                 |
| (4) Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                       |                 |
| (A) Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1c(4)(A)                      |                       |                 |
| (B) Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1c(4)(B)                      |                       |                 |
| (5) Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1c(5)                         |                       |                 |
| (6) Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1c(6)                         |                       |                 |
| (7) Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1c(7)                         |                       |                 |
| (8) Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1c(8)                         |                       |                 |
| (9) Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1c(9)                         | 251851867             | 211812056       |
| (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)                        |                       |                 |

| <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>1e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>1f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 256320026             | 212106434       |

**Liabilities**

|                                                                            |           |         |       |
|----------------------------------------------------------------------------|-----------|---------|-------|
| <b>1g</b> Benefit claims payable .....                                     | <b>1g</b> |         |       |
| <b>1h</b> Operating payables .....                                         | <b>1h</b> |         |       |
| <b>1i</b> Acquisition indebtedness .....                                   | <b>1i</b> |         |       |
| <b>1j</b> Other liabilities .....                                          | <b>1j</b> | 4241444 | 29572 |
| <b>1k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 4241444 | 29572 |

**Net Assets**

|                                                            |           |           |           |
|------------------------------------------------------------|-----------|-----------|-----------|
| <b>1l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 252078582 | 212076862 |
|------------------------------------------------------------|-----------|-----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <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>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 11385      |           |
| <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> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 11385     |
| (2) Dividends: <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         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <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> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 33815446  |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 33826831  |

**Expenses**

|                                                                                             |               |       |       |
|---------------------------------------------------------------------------------------------|---------------|-------|-------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |       |       |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  |       |       |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |       |       |
| (3) Other .....                                                                             | <b>2e(3)</b>  |       |       |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |       | 0     |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |       |       |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |       |       |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |       |       |
| <b>i</b> Administrative expenses:                                                           |               |       |       |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |       |       |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  |       |       |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  | 2582  |       |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 8800  |       |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 6481  |       |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 38115 |       |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |       |       |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |       |       |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |       |       |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |       |       |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> |       |       |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |       | 55978 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |       | 55978 |

**Net Income and Reconciliation**

|                                                                               |              |  |           |
|-------------------------------------------------------------------------------|--------------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 33770853  |
| <b>l</b> Transfers of assets:                                                 |              |  |           |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  | 48144000  |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 121916573 |

**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>4a</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <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.) |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <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.)                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <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.)                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         |     |    |        |
| <b>4e</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <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>4f</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <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>4g</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <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>4h</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <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.)                                                                                                                                                   |     |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <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.)                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <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>4k</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <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.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |        |

**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 \_\_\_\_\_.