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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>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 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 checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</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 checked="" 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>THE PUTNAM RETIREMENT PLAN                                                                                                                                                                                                                                                                                                                                 |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                                                         |
| 1c      | Effective date of plan<br>06/12/1961                                                                                                                                                                                                                                                                                                                                       |
| 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>PUTNAM INVESTMENTS, LLC<br><br>C/O HUMAN RESOURCES BENEFITS<br>8515 E ORCHARD RD 3T2<br>GREENWOOD VILLAGE, CO 80111 |
| 2b      | Employer Identification Number (EIN)<br>26-1080669                                                                                                                                                                                                                                                                                                                         |
| 2c      | Plan Sponsor's telephone number<br>303-737-0696                                                                                                                                                                                                                                                                                                                            |
| 2d      | Business code (see instructions)<br>523900                                                                                                                                                                                                                                                                                                                                 |

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/11/2024 | KELLEY FERGUSON                                              |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                  |
| <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<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> 2755                                                                                                                                                                                                                                                     |
| <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..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 1316<br><b>6a(2)</b> 1270<br><b>6b</b> 272<br><b>6c</b> 1272<br><b>6d</b> 2814<br><b>6e</b> 1<br><b>6f</b> 2815<br><b>6g(1)</b> 2718<br><b>6g(2)</b> 2730<br><b>6h</b> 136 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                                          |

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

2E 2F 2G 2J 2K 2R 2S 2T 3H

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

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

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>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>Service Provider 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> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                                 |                                                                                    |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>THE PUTNAM RETIREMENT PLAN</div>                                      | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>PUTNAM INVESTMENTS, LLC</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>26-1080669</div> |

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

X

YesNo
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PUTNAM FIDUCIARY TRUST CO LLC100 FEDERAL STREET  
BOSTON, MA 02110

04-2777224

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CHARLES SCHWAB & CO., INC.

94-3106735

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

DELOITTE & TOUCHE LLP

PO BOX 7247-6446  
PHILADELPHIA, PA 19170-6446

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | AUDITOR                                                                                           | 17883                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

CHARLES SCHWAB INVESTMENT MNGMT, INC

94-3106735

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 33                     | BROKERAGE SERVICES                                                                                | 392                                                                    | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

(a) Enter name and EIN or address (see instructions)

TD AMERITRADE, INC.

200 S. 108TH AVENUE  
OMAHA, NE 68154

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 33                     | BROKERAGE SERVICES                                                                                | 350                                                                    | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64                     | RECORDKEEPER                                                                                      | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AKRE<br><br>54-1968332                                              | RATE OF 0.34% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ALLIANZ GLOBAL INVESTORS<br><br>01-0645160                          | RANGE OF 0.02 - 0.34% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                           |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN CENTURY INVESTMENTS<br><br>43-0821857                      | RATE OF 0.30% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN FUNDS<br><br>90-0924512                                    | RATE OF 0.31% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BAIRD<br><br>39-6037917                                             | RATE OF 0.04% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BARON CAPITAL GROUP, INC.<br><br>13-3107580                         | RATE OF 0.34% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BRIDGEWAY<br><br>25-1635121                                         | RATE OF 0.09% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BROWN ADVISORY FUNDS<br><br>01-0912891                              | RATE OF 0.34% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BUFFALO<br><br>11-9428100                                           | RATE OF 0.34% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2              | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                           | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| COHEN & STEERS<br><br>14-1904657                                     | RATE OF 0.34% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2              | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                           | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DF DENT FUNDS<br><br>PO BOX 588<br>PORTLAND, ME 04112                | RATE OF 0.34% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2              | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                           | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DOUBLELINE<br><br>333 SOUTH GRAND AVE.#1800<br>LOS ANGELES, CA 90071 | RATE OF 0.31% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| EATON VANCE<br><br>20-1227352                                       | RATE OF 0.34% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| FIDELITY INVESTMENTS<br><br>06-1194217                              | RANGE OF 0.09 - 0.21% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                           |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| FRANKLIN TEMPLETON INVESTMENTS<br><br>94-3167260                    | RANGE OF 0.26 - 0.34% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                           |                                           |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GLENMEDE<br><br>02-0790147                                          | RATE OF 0.34% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| HENNESSY<br><br>68-0377264                                          | RATE OF 0.34% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ICON FUNDS<br><br>75-2676133                                        | RATE OF 0.09% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| INVESCO<br><br>58-2287224                                           | RATE OF 0.43% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JANUS HENDERSON<br><br>43-1804048                                   | RATE OF 0.30% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JENSEN<br><br>93-0978027                                            | RATE OF 0.34% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                 | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                              | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MAIRS & POWER<br>30 EAST 7TH STREET, SUITE 2500<br>SAINT PAUL, MN 55101 | RATE OF 0.09% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2                 | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                              | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MORGAN STANLEY<br><br>36-3145972                                        | RATE OF 0.34% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2                 | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                              | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| NATIXIS FUNDS<br><br>52-2257782                                         | RATE OF 0.30% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 33                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NEUBERGER BERMAN<br><br>13-3216325                                  | RATE OF 0.30% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 33                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OAKMARK<br><br>04-1999069                                           | RATE OF 0.30% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 33                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PARNASSUS<br><br>94-6579180                                         | RATE OF 0.34% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 33                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PRIMECAP ODYSSEY FUNDS<br>615 E. MICHIGAN STREET, 3RD FLOOR<br>MILWAUKEE, WI 53202 | RATE OF 0.09% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 33                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROFUNDS<br>52-2035197                                              | RATE OF 0.34% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 33                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| T ROWE-PRICE<br>52-1309931                                          | RATE OF 0.13% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 33                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| WESTWOOD<br><br>04-1983910                                          | RATE OF 0.34% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2023</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                        |                                                                    |  |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| <b>A</b> Name of plan<br><u>THE PUTNAM RETIREMENT PLAN</u>                                             | <b>B</b> Three-digit plan number (PN) <u>001</u>                   |  |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>PUTNAM INVESTMENTS, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>26-1080669</u> |  |

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

|                                                                                                         |                               |                                                                                                                     |
|---------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET RUSSELL LRG CAP INDEX</u>                |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS COLLECTIVE TRUSTS</u> |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>90-0337987-000</u>                                                                   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22183289</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST RUSSELL SM CAP INDX NL CL</u>                |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS COLLECTIVE TRUSTS</u> |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>90-0337987-000</u>                                                                   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5933929</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM RETIREMENT ADV TRUST 2060 X</u>                |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PUTNAM INVESTMENTS CIT</u>                         |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>27-3616920-273</u>                                                                   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2374551</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM S &amp; P 500 INDEX FUND CLASS M</u>           |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PUTNAM INVESTMENTS</u>                             |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>04-2884233-201</u>                                                                   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>58722812</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM RETIREMENT ADV TRUST 2050 X</u>                |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PUTNAM INVESTMENTS CIT</u>                         |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>26-0787670-258</u>                                                                   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7105345</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM RETIREMENT ADV TRUST MAT X</u>                 |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PUTNAM INVESTMENTS CIT</u>                         |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>26-0788428-268</u>                                                                   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2026282</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PANAGORA RISK PARITY MULTI-ASSET</u>                  |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>                              |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>47-4947522-002</u>                                                                   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7338657</u>  |

|                                                                                                  |                        |                                                                                                              |
|--------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TRUST 2025 X                |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT                         |                        |                                                                                                              |
| <b>c</b> EIN-PN 26-0788428-268                                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4708665  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TRUST 2065 X                |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT                         |                        |                                                                                                              |
| <b>c</b> EIN-PN 85-3582370-274                                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1067772  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND                          |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS                             |                        |                                                                                                              |
| <b>c</b> EIN-PN 04-3159710-202                                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50076551 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TRUST 2040 X                |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT                         |                        |                                                                                                              |
| <b>c</b> EIN-PN 26-1384398-260                                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8706918  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TRUST 2045 X                |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT                         |                        |                                                                                                              |
| <b>c</b> EIN-PN 26-1208510-259                                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8644991  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TRUST 2055 X                |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT                         |                        |                                                                                                              |
| <b>c</b> EIN-PN 26-0787670-272                                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6345341  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PANAGORA US LARGE CAP STOCK SELECTO               |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY                              |                        |                                                                                                              |
| <b>c</b> EIN-PN 01-6217141-001                                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2091542  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET US BOND INDEX NON-LEND               |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS COLLECTIVE TRUSTS |                        |                                                                                                              |
| <b>c</b> EIN-PN 90-0337987-462                                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20374661 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MIDCAP INDEX FUND CLASS C                |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS COLLECTIVE TRUSTS |                        |                                                                                                              |
| <b>c</b> EIN-PN 90-0337987-176                                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3842796  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SSGA GLOBAL ALL CAP EQUITY EX-US IN               |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS COLLECTIVE TRUSTS |                        |                                                                                                              |
| <b>c</b> EIN-PN 90-0337987-456                                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11814389 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM LARGE CAP VALUE TRUST IA

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

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 82-3639536-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81162137 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TRUST 2030 X

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

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 26-0788040-262 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7250928 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TRUST 2035 X

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

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 26-0787945-261 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8220945 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>THE PUTNAM RETIREMENT PLAN</b>                                               | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>PUTNAM INVESTMENTS, LLC</b>          | <b>D</b> Employer Identification Number (EIN)<br><b>26-1080669</b> |            |

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

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

| Assets                                                                                             |                 | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | 8115577               | 0               |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    | 4517441               | 3697057         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 250624608             | 319992501       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 562486557             | 643883599       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   | 23564059              | 28788649        |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                          | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 849308242             | 996361806       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    | 0                     | 0               |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    | 0                     | 0               |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 0                     | 0               |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 849308242             | 996361806       |

**Part II Income and Expense Statement**

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

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> | 14046799   |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> | 16587959   |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> | 1591568    |           |
| (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>    |            | 32226326  |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> |            |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> | 202554     |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 202554    |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> | 15680113   |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 15680113  |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> | 243410902  |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> | 230195023  |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 38894829  |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 99156259  |
| <b>c</b> Other income .....                                                                     | 2c     |            | 13866     |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d     |            | 199389826 |

**Expenses**

|                                                                                             |        |          |          |
|---------------------------------------------------------------------------------------------|--------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |        |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1)  | 51948915 |          |
| (2) To insurance carriers for the provision of benefits.....                                | 2e(2)  |          |          |
| (3) Other .....                                                                             | 2e(3)  |          |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | 2e(4)  |          | 51948915 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f     |          | 18750    |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g     |          | 98373    |
| <b>h</b> Interest expense .....                                                             | 2h     |          |          |
| <b>i</b> Administrative expenses:                                                           |        |          |          |
| (1) Salaries and allowances .....                                                           | 2i(1)  |          |          |
| (2) Contract administrator fees.....                                                        | 2i(2)  | 18625    |          |
| (3) Recordkeeping fees.....                                                                 | 2i(3)  |          |          |
| (4) IQPA audit fees.....                                                                    | 2i(4)  |          |          |
| (5) Investment advisory and investment management fees .....                                | 2i(5)  |          |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | 2i(6)  |          |          |
| (7) Actuarial fees .....                                                                    | 2i(7)  |          |          |
| (8) Legal fees .....                                                                        | 2i(8)  |          |          |
| (9) Valuation/appraisal fees .....                                                          | 2i(9)  |          |          |
| (10) Other trustee fees and expenses .....                                                  | 2i(10) |          |          |
| (11) Other expenses .....                                                                   | 2i(11) |          |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | 2i(12) |          | 18625    |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |          | 52084663 |

**Net Income and Reconciliation**

|                                                                               |       |  |           |
|-------------------------------------------------------------------------------|-------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | 2k    |  | 147305163 |
| <b>l</b> Transfers of assets:                                                 |       |  |           |
| (1) To this plan .....                                                        | 2l(1) |  |           |
| (2) From this plan .....                                                      | 2l(2) |  | 251599    |

**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: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

**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.) .....                 |                                     | <input checked="" type="checkbox"/> |          |
| <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.) ..... |                                     | <input checked="" type="checkbox"/> |          |
| <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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 40000000 |
| <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? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |          |
| <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? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |          |
| <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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <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.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |          |
| <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.) .....                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <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? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |          |

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

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

| <b>5b(1)</b> Name of plan(s)                | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|---------------------------------------------|---------------------|--------------------|
| EMPOWER RETIREMENT LLC, 401(K) SAVINGS PLAN | 84-1233483          | 001                |
|                                             |                     |                    |
|                                             |                     |                    |
|                                             |                     |                    |

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

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 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> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>THE PUTNAM RETIREMENT PLAN                                               | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>PUTNAM INVESTMENTS, LLC          | D Employer Identification Number (EIN)<br>26-1080669 |     |

|        |               |
|--------|---------------|
| Part I | Distributions |
|--------|---------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                  |                                                                                                                                                                                                                                                    |   |   |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 1                                                                | Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | 1 | 0 |
| 2                                                                | Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 20-3691708 |   |   |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3. |                                                                                                                                                                                                                                                    |   |   |
| 3                                                                | Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | 3 |   |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                      |                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| 4                                                    | Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8. |                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
| 5                                                    | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| 6                                                    | a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | 6a                           |                             |                              |
|                                                      | b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                | 6b                           |                             |                              |
|                                                      | c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                          | 6c                           |                             |                              |
| If you completed line 6c, skip lines 8 and 9.        |                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
| 7                                                    | Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 8                                                    | If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|          |            |
|----------|------------|
| Part III | Amendments |
|----------|------------|

|   |                                                                                                                                                                                                                    |                                   |                                   |                               |                             |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| 9 | If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Part IV | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|    |                                                                                                                                                                                       |                              |                             |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 10 | Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | a Does the ESOP hold any preferred stock? .....                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| <b>14</b> Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:<br><b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....<br><b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....<br><b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) ..... | <b>14a</b><br><br><br><br><br><br><br><b>14b</b><br><br><br><br><br><br><br><b>14c</b> |  |
| <b>15</b> Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |  |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>15a</b>                                                                             |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>15b</b>                                                                             |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |  |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>16a</b>                                                                             |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>16b</b>                                                                             |  |
| <b>17</b> If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):<br><b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%<br><b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.<br><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>b</b> If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.<br><input type="checkbox"/> No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.<br><input type="checkbox"/> No. Other. Provide explanation. _____ |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>21b</b> If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).<br><input checked="" type="checkbox"/> Design-based safe harbor method<br><input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test<br><input type="checkbox"/> N/A<br><b>22</b> If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____. |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

# The Putnam Retirement Plan

Employer ID No: 26-1080669  
Plan Number: 001

Financial Statements as of December 31, 2023 and  
2022, and for the Year Ended December 31, 2023,  
Supplemental Schedule as of December 31, 2023,  
and Independent Auditor's Report

# THE PUTNAM RETIREMENT PLAN

## TABLE OF CONTENTS

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|                                                                                                               | <b>Page(s)</b> |
|---------------------------------------------------------------------------------------------------------------|----------------|
| INDEPENDENT AUDITOR’S REPORT                                                                                  | 1-4            |
| FINANCIAL STATEMENTS:                                                                                         |                |
| Statements of Net Assets Available for Benefits as of December 31, 2023 and 2022                              | 5              |
| Statement of Changes in Net Assets Available for Benefits for the Year Ended<br>December 31, 2023             | 6              |
| Notes to Financial Statements as of December 31, 2023 and 2022 and for the Year<br>Ended December 31, 2023    | 7–17           |
| SUPPLEMENTAL SCHEDULE -                                                                                       | 18             |
| Form 5500, Schedule H, Part IV, Line 4i — Schedule of Assets (Held at End of Year)<br>as of December 31, 2023 | 19–20          |

NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of  
The Putnam Retirement Plan:

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the financial statements of The Putnam Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2023, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Auditor's Report on the 2022 Financial Statements**

We have audited the financial statements of the Plan as of December 31, 2022, and in our report dated October 3, 2023, we expressed an unmodified opinion on those 2022 financial statements.

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### **Other Matters - Supplemental Schedule Required by ERISA**

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its

form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Deloitte + Touche LLP*

October 4, 2024

## THE PUTNAM RETIREMENT PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2023 AND 2022

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|                                                 | 2023                  | 2022                  |
|-------------------------------------------------|-----------------------|-----------------------|
| ASSETS:                                         |                       |                       |
| Participant-directed investments, at fair value | \$ 992,664,749        | \$ 836,675,224        |
| Employer contribution receivable                | -                     | 8,115,577             |
| Notes receivable from participants              | <u>3,980,818</u>      | <u>4,833,266</u>      |
| NET ASSETS AVAILABLE FOR BENEFITS               | <u>\$ 996,645,567</u> | <u>\$ 849,624,067</u> |

The accompanying notes are an integral part of these financial statements.

# THE PUTNAM RETIREMENT PLAN

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2023

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|                                                       |                       |
|-------------------------------------------------------|-----------------------|
| Contributions:                                        |                       |
| Participant contributions                             | \$ 16,587,959         |
| Rollover contributions                                | 1,591,568             |
| Employer contributions                                | <u>14,046,799</u>     |
| Total contributions                                   | <u>32,226,326</u>     |
| Investment income:                                    |                       |
| Net appreciation in fair value of investments         | 149,333,807           |
| Dividends                                             | 15,680,113            |
| Interest                                              | <u>1,933,160</u>      |
| Net investment income                                 | <u>166,947,080</u>    |
| Other income:                                         |                       |
| Revenue credit                                        | <u>13,866</u>         |
| Interest income on notes receivable from participants | <u>202,554</u>        |
| Total additions                                       | <u>199,389,826</u>    |
| Deductions:                                           |                       |
| Benefits paid to participants                         | (52,098,102)          |
| Administrative expenses                               | <u>(18,625)</u>       |
| Total deductions                                      | <u>(52,116,727)</u>   |
| INCREASE IN NET ASSETS BEFORE PLAN TRANSFERS          | 147,273,099           |
| NET TRANSFERS OUT OF PLAN                             | <u>(251,599)</u>      |
| INCREASE IN NET ASSETS                                | 147,021,500           |
| NET ASSETS AVAILABLE FOR BENEFITS:                    |                       |
| Beginning of year                                     | <u>849,624,067</u>    |
| End of year                                           | <u>\$ 996,645,567</u> |

# THE PUTNAM RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS AS OF DECEMBER 31, 2023 AND 2022 AND FOR THE YEAR ENDED DECEMBER 31, 2023

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### 1. DESCRIPTION OF THE PLAN

The following description of The Putnam Retirement Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s information.

**General** — The Plan is a defined contribution plan sponsored by Putnam Investments, LLC (“Putnam” or “Plan Sponsor”). Putnam is a majority-owned subsidiary of Great-West Lifeco Inc. (“GWL”). GWL is a majority-owned subsidiary of Power Corporation of Canada. The Plan is for the benefit of the Plan Sponsor and certain of its adopting affiliates’ employees (collectively, the “Company”) and is intended to qualify as a profit-sharing plan under Section 401(a) of the Internal Revenue Code (the “Code”) and that includes a qualified cash or deferred arrangement under Section 401(k) of the Code.

The Putnam Benefits Administration Committee is the Plan Administrator and the Putnam Benefits Investment Committee is the named fiduciary for investments.

An employee is eligible to become a participant under the discretionary contribution feature of the Plan as of the first day of the month in which the participant completes one year of service. A participant generally must be employed on the last day of the Plan’s fiscal year (December 31) to be eligible for their portion of the Company’s discretionary contribution for that year. An employee is eligible to become a participant in the salary deferral feature of the Plan upon commencement of employment. An employee is eligible for matching contributions upon commencement of employment.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

As a result of the transfer of Putnam’s Defined Contribution business to Empower Retirement in 2015, there are certain participants of the Plan that are eligible to transfer their accounts from the Plan to the Empower Retirement, LLC 401(k) Savings Plan (the “Empower Plan”), and vice versa. In 2023, net transfers out of the Plan were \$251,599.

Please refer to Note 9, Subsequent Events, for information related to Plan changes that became effective January 1, 2024.

**Contributions** — Company discretionary contributions are determined at the discretion of Putnam by the Chief Executive Officer of Putnam. Employer contributions may not exceed the amount permitted as a deduction under the applicable provisions of the Code. During the year ended December 31, 2023, Putnam contributed 5% of eligible compensation for its eligible employees and PanAgora Asset Management, Inc., a subsidiary of Putnam, contributed 10% of eligible compensation for its eligible employees. The Plan defines four groups of employees for contribution purposes: Employees earning less than \$50,000; employees earning between \$50,000 and the Highly Compensated Employee threshold, as defined in the Code Section 414(q)(1)(B) (“HCE”); employees earning between the HCE threshold and \$200,000; and employees earning greater than \$200,000. Each group may receive a discretionary contribution based on a different percentage of applicable compensation. Discretionary contributions are allocated annually based on a percentage of eligible earnings per participant.

The Plan has a Company matching contribution of participant contributions up to a maximum of 5% of a participant's eligible compensation.

For the year ended December 31, 2023, Company discretionary contributions, less forfeitures, and Company matching contributions were \$6,437,612 and \$7,609,187, respectively.

The salary deferral portion of the Plan is intended to be qualified under Section 401(k) of the Code. The terms of the salary savings agreement provide that the amount elected by the participant to be contributed to the Plan will be deducted from his or her compensation, as defined in the Plan, subject to certain Code limitations and the Company shall contribute this amount to the Plan on behalf of the participant. Unless elected otherwise by the employee, all new employees are subject to an automatic contribution arrangement of 5% of their eligible compensation to the salary deferral portion of the Plan. Additionally, unless elected otherwise by the employee, all employees are subject to an automatic annual increase of their salary deferral rates of 1% each year until 10% of their eligible compensation is reached.

All employees who are eligible to make salary deferral contributions under the Plan and who are projected to attain age 50 before the close of the calendar year, are eligible to make catch-up contributions in accordance with, and subject to the limitations of Code Section 414(v) and any regulations or other guidance thereunder.

Employees may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

**Participant Accounts** — Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's salary deferral contribution and the Company's discretionary and matching contributions, and adjusted for Plan earnings and losses, and any applicable administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

**Investment Programs** — The Plan allows each participant to elect to have his or her account balances invested in one or more of the following investment vehicles:

1. A Putnam Funds Window which allows for any one or a combination of the publicly offered open-end mutual funds, excluding tax-exempt mutual funds, Putnam Equity Income Fund, Putnam Money Market Fund, Putnam PanAgora Risk Parity Fund, and the Putnam Retirement Advantage Funds, for which a subsidiary of Putnam acts as an investment adviser ("Putnam-sponsored mutual funds"). Also included are the following collective investment trusts: Putnam Large Cap Value Trust, Putnam Stable Value Fund, Putnam S&P 500 Index Fund (Class M), and the Putnam Retirement Advantage Trusts.
2. Self-Directed Brokerage Account ("SDBA") through TD Ameritrade, which allows participants to invest in various affiliated and unaffiliated exchange-traded funds, in addition to unaffiliated mutual funds.
3. The PanAgora U.S. Large Cap Stock Collective Fund and the PanAgora Risk Parity Multi Asset Collective Fund.
4. Designated Investment Options represented by a diverse series of Collective Investment Trusts through State Street Global Advisors

5. The Putnam Benefits Investment Committee may also designate other mutual funds or certain other investment vehicles.

Account balances must generally be allocated with apportionments to be no less than 1% per investment.

With proper notification and subject to applicable restrictions, participants may elect to change their investments on any business day.

**Vesting** — Participants are automatically fully vested in their voluntary salary deferrals and rollover contributions, plus actual earnings thereon.

The vesting of Company discretionary contributions is as follows:

| <b>Years of service:</b>                                                                                                    | <b>Vested Interest</b> |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------|
| Less than two                                                                                                               | None                   |
| Two but less than three                                                                                                     | 25 %                   |
| Three but less than four                                                                                                    | 50 %                   |
| Four but less than five                                                                                                     | 75 %                   |
| Five or more                                                                                                                | 100 %                  |
| If a participant reaches age 59 1/2 while employed by Putnam,<br>dies, retires or becomes totally and permanently disabled. | 100 %                  |

Participants are fully vested in their Company matching contributions plus actual earnings thereon when they complete two years of service.

**Notes Receivable from Participants** — Actively employed participants of the Plan may borrow from their accounts, an amount which, when added to all other loans to the participant, generally would not exceed the lesser of (1) a maximum borrowing limit of \$50,000 minus the highest loan balance during the preceding 12 months or (2) 50% of the vested balance of the participant's account minus the amount of any outstanding loans. All loans shall be secured by the participant's account and generally will be repaid through payroll deductions according to a fixed repayment schedule which includes interest at a rate equal to the prime rate as of the first business day of the month at the time the loan originated.

The terms of loans range from 1 to 5 years, however, terms may exceed 5 years but not more than 10 years for the purchase of a principal residence. As of December 31, 2023, participant loans have maturities through 2033 at interest rates ranging from 3.25% to 8.50%.

**Payment of Benefits** — Distributions are based on the vested portion of the participant's account. Distributions are generally made upon participant request after the individual ceases to be an employee of Putnam. The Plan generally allows terminated participants with vested balances greater than \$5,000 to maintain their accounts in the Plan, but terminated participants do not share in contributions. The value of these accounts will continue to be determined each business day. Benefit payments to participants are recorded upon distribution, including lump sum payments, partial payments, and installment payments.

**Forfeitures** — Forfeitures of nonvested Company discretionary and Company matching contributions are used to reduce future contributions from the Company. At December 31, 2023 and 2022, forfeited nonvested amounts totaled \$203,356 and \$707,228, respectively. Reduction of 2022 and 2023 Company discretionary contributions amounted to \$424,822 from forfeitures that occurred in 2022 and 2023.

## 2. SUMMARY OF ACCOUNTING POLICIES

**Basis of Accounting** — The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

**Use of Estimates** — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Risks and Uncertainties** — The Plan utilizes various investment instruments, including a money market fund, mutual funds, collective trusts, and a stable value fund. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the value of the participant’s account balances and the amounts reported in the financial statements.

**Investment Valuation and Income Recognition** — The Plan’s investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

**Contributions** — Employee contributions are recorded when withheld and employer-matching contributions are recorded when earned.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

**Notes Receivable from Participants** — Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are recorded as distributions based on the terms of the Plan document.

**Payment of Benefits** — Benefit payments to participants are recorded upon distribution. There were no participants, who have elected to withdraw from the Plan, but have not yet been paid at December 31, 2023. Please refer to Note 9, Subsequent Events, for information related to Plan changes that became effective January 1, 2024.

**Administrative Expenses** — Certain administrative expenses of the Plan have been paid by the Company, but such payment is at the Company’s discretion as provided in the Plan document.

Management fees and operating expenses charged to the Plan for investments in the mutual funds and collective trusts are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

**Revenue Credit Program** — The Plan Sponsor has an agreement with Great-West Life & Annuity Insurance Company (“recordkeeper”), whereby Great-West Retirement Services, a unit of the recordkeeper, provides services to the Plan that in situations where recordkeeping revenue earned in connection with Plan services exceed agreed upon compensation, Great-West Retirement Services will

deposit any excess revenue in the forfeiture account of the Plan. This revenue credit can be used to pay for qualified plan-level expenses. The balances of unused revenue credits as of December 31, 2023 and 2022 were \$0 and \$3,585, respectively. A revenue credit amount of \$13,866, was used to offset Plan expenses in 2023.

**Excess Contributions Payable** — The Plan is required to return contributions received during the Plan year in excess of the Code limits. There were excess contributions due to participants of \$18,750 and \$25,000 as of December 31, 2023, and 2022, respectively.

### 3. FAIR VALUE MEASUREMENT

Financial Accounting Standards Board (“FASB”), Accounting Standards Codification (“ASC”) 820, *Fair Value Measurement*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

**Asset Valuation Techniques** — Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

*Mutual Funds* — Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Stable Value Fund* — Composed primarily of fully benefit-responsive investment contracts and is valued at fair value using NAV as a practical expedient. The stable value fund calculates NAV per share in a manner consistent with the measurement principles in FASB ASC Topic 946 *Financial Services – Investment Companies*. Those measurement principles indicate that, in the determination of a stable value fund’s NAV, the relevant measurement is net assets which include the fully benefit-responsive investment contracts held by the fund at contract value. This NAV represents the Plan’s fair value since this is the NAV at which the Plan transacts with the fund. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

*Money Market Fund* — Valued at the daily closing price as reported by the fund. The money market fund held by the Plan is an open-ended mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily NAV and to transact at that price. Money market funds strive to maintain a constant NAV of \$1. The money market fund held by the Plan is deemed to be actively traded.

*Collective Trust Funds* — Valued at the NAV of units of a bank collective trust. The NAV as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of a collective trust fund, the issuer reserves the right to suspend or delay payment to avoid a materially adverse impact on other participating investors.

*Self-Directed Brokerage Account* — The SDBA includes investments in registered investment companies, common stock, mutual funds, and exchange-traded funds (“ETFs”) which are classified within Level 1 of the valuation hierarchy due to the valuation method used. ETFs are valued at the closing prices reported on the active market on which the ETF trades. In September 2023, the SDBA provider changed from TD Ameritrade to Charles Schwab.

The following tables set forth by level within the fair value hierarchy a summary of the Plan’s investments measured at fair value on a recurring basis at December 31, 2023 and 2022.

| December 31, 2023           | <b>Unadjusted<br/>Quoted Prices in<br/>Active Markets<br/>for Identical<br/>Assets (Level 1)</b> | <b>Other<br/>Observable<br/>Inputs (Level 2)</b> | <b>Significant<br/>Unobservable<br/>Inputs (Level 3)</b> | <b>2023<br/>Total</b> |
|-----------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|-----------------------|
| Money market fund           | \$ 33,259,278                                                                                    | \$ -                                             | \$ -                                                     | \$ 33,259,278         |
| Mutual funds                | 610,624,321                                                                                      | -                                                | -                                                        | 610,624,321           |
| Schwab Brokerage            | 28,788,649                                                                                       | -                                                | -                                                        | 28,788,649            |
| Total                       | <u>\$ 672,672,248</u>                                                                            | <u>\$ -</u>                                      | <u>\$ -</u>                                              | 672,672,248           |
| Investments measured at NAV |                                                                                                  |                                                  |                                                          | <u>319,992,501</u>    |
| Total investments           |                                                                                                  |                                                  |                                                          | <u>\$ 992,664,749</u> |

| December 31, 2022           | Unadjusted<br>Quoted Prices in<br>Active Markets<br>for Identical<br>Assets (Level 1) | Other<br>Observable<br>Inputs (Level 2) | Significant<br>Unobservable<br>Inputs (Level 3) | 2022<br>Total         |
|-----------------------------|---------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------|-----------------------|
| Money market fund           | \$ 24,111,991                                                                         | \$ -                                    | \$ -                                            | \$ 24,111,991         |
| Mutual funds                | 538,374,566                                                                           | -                                       | -                                               | 538,374,566           |
| TD Ameritrade Brokerage     | 23,564,059                                                                            | -                                       | -                                               | 23,564,059            |
| Total                       | <u>\$ 586,050,616</u>                                                                 | <u>\$ -</u>                             | <u>\$ -</u>                                     | 586,050,616           |
| Investments measured at NAV |                                                                                       |                                         |                                                 | <u>250,624,608</u>    |
| Total investments           |                                                                                       |                                         |                                                 | <u>\$ 836,675,224</u> |

**Transfers Between Levels** — The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2023 and 2022, there were no transfers between levels.

**NAV Per Unit** —The following table for December 31, 2023 and 2022 sets forth a summary of the Plan's investments with a reported fair value estimate using NAV per unit as a practical expedient. There were no unfunded commitments as of December 31, 2023 and 2022.

**Fair Value Estimated Using NAV per Unit  
December 31, 2023**

| <b>Investment</b>                           | <b>Fair Value *</b>   | <b>Redemption<br/>Frequency</b> | <b>Other<br/>Redemption<br/>Restrictions</b> | <b>Redemption<br/>Notice<br/>Period</b> |
|---------------------------------------------|-----------------------|---------------------------------|----------------------------------------------|-----------------------------------------|
| Putnam Large Cap Value Trust IA             | \$ 81,162,137         | Daily                           | None                                         | None                                    |
| Putnam S&P 500 Index Fund Class M           | 58,722,812            | Daily                           | None                                         | None                                    |
| Putnam Stable Value Fund                    | 50,076,551            | Daily                           | None **                                      | None                                    |
| State Street Russell Lrg Cap Index NL C     | 22,183,289            | Daily                           | None                                         | None                                    |
| State Street US Bond Index Non-Lending K    | 20,374,661            | Daily                           | None                                         | None                                    |
| State Street Global All Cap Equity-US Index | 11,814,389            | Daily                           | None                                         | None                                    |
| Putnam Retirement Advantage Trst 2040       | 8,706,918             | Daily                           | None                                         | None                                    |
| Putnam Retirement Advantage Trst 2045       | 8,644,991             | Daily                           | None                                         | None                                    |
| Putnam Retirement Advantage Trst 2035       | 8,220,945             | Daily                           | None                                         | None                                    |
| PanAgora Risk Parity Multi-Asset            | 7,338,657             | Daily                           | None                                         | None                                    |
| Putnam Retirement Advantage Trst 2030       | 7,250,928             | Daily                           | None                                         | None                                    |
| Putnam Retirement Advantage Trst 2050       | 7,105,345             | Daily                           | None                                         | None                                    |
| Putnam Retirement Advantage Trst 2055       | 6,345,341             | Daily                           | None                                         | None                                    |
| State Street Russell Sm Cap Index NL        | 5,933,929             | Daily                           | None                                         | None                                    |
| Putnam Retirement Advantage Trst 2025       | 4,708,665             | Daily                           | None                                         | None                                    |
| State Street S&P Mid Cap Index Fund C       | 3,842,796             | Daily                           | None                                         | None                                    |
| Putnam Retirement Advantage Trst 2060       | 2,374,551             | Daily                           | None                                         | None                                    |
| PanAgora U.S. Large Cap Stock Selector I    | 2,091,542             | Daily                           | None                                         | None                                    |
| Putnam Retirement Advantage Trst Mat        | 2,026,282             | Daily                           | None                                         | None                                    |
| Putnam Retirement Advantage Trst 2065       | 1,067,772             | Daily                           | None                                         | None                                    |
| Total                                       | <u>\$ 319,992,501</u> |                                 |                                              |                                         |

**Fair Value Estimated Using NAV per Share  
December 31, 2022**

| <b>Investment</b>                           | <b>Fair Value *</b>   | <b>Redemption<br/>Frequency</b> | <b>Other<br/>Redemption<br/>Restrictions</b> | <b>Redemption<br/>Notice<br/>Period</b> |
|---------------------------------------------|-----------------------|---------------------------------|----------------------------------------------|-----------------------------------------|
| Putnam Large Cap Value Trust IA             | \$ 77,569,331         | Daily                           | None                                         | None                                    |
| Putnam Stable Value Fund                    | 56,993,330            | Daily                           | None **                                      | None                                    |
| Putnam S&P 500 Index Fund Class M           | 44,152,091            | Daily                           | None                                         | None                                    |
| State Street US Bond Index Non-Lending K    | 18,657,302            | Daily                           | None                                         | None                                    |
| State Street Russell Lrg Cap Index NL C     | 14,736,436            | Daily                           | None                                         | None                                    |
| State Street Global All Cap Equity-US Index | 10,120,934            | Daily                           | None                                         | None                                    |
| PanAgora Risk Parity Multi-Asset            | 8,020,681             | Daily                           | None                                         | None                                    |
| State Street Russell Sm Cap Index NL        | 4,494,426             | Daily                           | None                                         | None                                    |
| Putnam Retirement Advantage Trst 2040       | 3,863,619             | Daily                           | None                                         | None                                    |
| State Street S&P Mid Cap Index Fund C       | 2,785,522             | Daily                           | None                                         | None                                    |
| Putnam Retirement Advantage Trst 2035       | 2,143,552             | Daily                           | None                                         | None                                    |
| PanAgora U.S. Large Cap Stock Selector I    | 1,608,573             | Daily                           | None                                         | None                                    |
| Putnam Retirement Advantage Trst 2050       | 1,596,314             | Daily                           | None                                         | None                                    |
| Putnam Retirement Advantage Trst 2030       | 1,138,584             | Daily                           | None                                         | None                                    |
| Putnam Retirement Advantage Trst 2045       | 904,376               | Daily                           | None                                         | None                                    |
| Putnam Retirement Advantage Trst 2055       | 649,699               | Daily                           | None                                         | None                                    |
| Putnam Retirement Advantage Trst 2060       | 493,888               | Daily                           | None                                         | None                                    |
| Putnam Retirement Advantage Trst 2065       | 369,956               | Daily                           | None                                         | None                                    |
| Putnam Retirement Advantage Trst Mat        | 175,883               | Daily                           | None                                         | None                                    |
| Putnam Retirement Advantage Trst 2025       | 150,111               | Daily                           | None                                         | None                                    |
| Total                                       | <u>\$ 250,624,608</u> |                                 |                                              |                                         |

\* The fair values of the investments have been estimated using the NAV of the investment as a practical expedient.

\*\* See note 4.

#### **4. PUTNAM STABLE VALUE FUND**

Putnam Fiduciary Trust Company, LLC (“PFTC”) is a subsidiary of the Plan Sponsor and is a non-depository trust company. The Putnam Stable Value Fund (the “Fund”) may invest in fixed interest insurance investment contracts, money market funds, corporate and government bonds, mortgage-backed securities, bond funds, and other fixed income securities. In accordance with GAAP, the Fund is included at fair value in participant-directed investments in the statements of net assets available for benefits.

The Fund is a bank collective trust that is established and maintained by PFTC as trustee of the Fund. The beneficial interest of each participant is represented by units. Units are issued and redeemed daily at the Fund’s constant NAV of \$1 per unit. Distribution to the Fund’s unit holders is declared daily from the net investment income and automatically reinvested in the Fund on a monthly basis, when paid. It is the policy of the Fund to use its best efforts to maintain a stable NAV of \$1 per unit, although there is no guarantee that the Fund will be able to maintain this value.

#### **5. EXEMPT PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are shares of Putnam-sponsored mutual funds and collective trusts. Putnam is the Plan sponsor as defined by the Plan, and therefore these transactions qualify as exempt party-in-interest transactions. Fees paid by the participant for investment management services were included as a reduction of the return earned on each fund.

The Plan issues loans to participants which are secured by the vested balances in the participants’ accounts. These qualify as exempt party-in-interest transactions.

The Plan’s self-directed brokerage account allows for participants to invest in certain Putnam-sponsored mutual funds or CITs.

As discussed in Note 2, the Plan participates in a Revenue Credit Program with the Plan’s recordkeeper.

Empower Retirement, LLC, a wholly-owned subsidiary of Great West Life and Annuity Assurance Company (“GWL&A”), acts as recordkeeper of the Plan. Great West Trust Company (“GWTC”), a wholly-owned subsidiary of GWL&A, provides trustee and custodian services for GWL&A. Effective April 1, 2013, Putnam Fiduciary Trust Company (“PFTC”) was appointed as Trustee of the Plan and PFTC appointed GWTC to act as custodian of Plan assets. GWTC subsequently assigned its custodial and recordkeeping services to Empower Trust Company, LLC (“ETC”). Empower Retirement, LLC, GWL&A, GWTC, ETC, and PFTC are all affiliates of the Plan Sponsor, Putnam Investments, LLC.

#### **6. PLAN TERMINATION**

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, participants would become 100% vested in their accounts.

#### **7. FEDERAL INCOME TAX STATUS**

The Internal Revenue Service (“IRS”) has determined and informed the Company, by a letter dated December 4, 2015, that the Plan and related trust were designed in accordance with the applicable regulations of the Code. The Plan has been amended since receiving the determination letter, however, the Company and Plan management believe that the Plan is currently designed and operated in

compliance with the applicable requirements of the Code, and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

## 8. INFORMATION CERTIFIED BY TRUSTEE

The following is a summary of the information regarding the Plan as of and for the year ended December 31, 2023, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from the information prepared by ETC, the custodian of the Plan, and furnished to the Plan Administrator, on behalf of PFTC. The Plan Administrator has obtained a certification from PFTC that such information is complete and accurate.

|                                                                  | <b>2023</b>    |
|------------------------------------------------------------------|----------------|
| <b>Statement of Net Assets Available for Benefits</b>            |                |
| Participant-directed investments, at fair value                  | \$ 963,876,100 |
| <b>Statement of Changes in Net Assets Available for Benefits</b> |                |
| Net appreciation in fair value of investments                    | 145,067,428    |
| Dividends                                                        | 15,132,136     |
| Interest                                                         | 1,874,461      |

All investment balances and investment information in the fair value footnote (Note 3), except the level of investments, redemption provisions and the self-directed brokerage account, and all investment balances and investment information in the supplemental schedule of assets (held at end of year), excluding participant loans and the self-directed brokerage account, is incorporated into the table above.

## 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

A reconciliation of net assets available for benefits per the financial statements to the total net assets per the Form 5500 as of December 31, 2023 and 2022, and the increase in net assets before Plan transfers per the financial statements to the net income per the Form 5500 for the year ended December 31, 2023 is as follows:

|                                                                           | 2023                         |
|---------------------------------------------------------------------------|------------------------------|
| Net assets available for benefits per the financial statements            | \$ 996,645,567               |
| Certain deemed distributions of participant loans                         | <u>(283,761)</u>             |
| Net assets per Form 5500                                                  | <u><u>\$ 996,361,806</u></u> |
| <br>                                                                      |                              |
| Increase in net assets before plan transfers per the financial statements | \$ 147,273,099               |
| Certain deemed distributions of participant loans-catch up adjustment     | (283,761)                    |
| Certain deemed distributions of participant loans - prior year            | <u>315,825</u>               |
| Net income per Form 5500                                                  | \$ 147,305,163               |
| <br>                                                                      |                              |
|                                                                           | 2022                         |
| Net assets available for benefits per the financial statements            | \$ 849,624,067               |
| Certain deemed distributions of participant loans                         | <u>(315,825)</u>             |
| Net assets per Form 5500                                                  | <u><u>\$ 849,308,242</u></u> |

## 10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 4, 2024, the date the financial statements were available to be issued.

Effective with the acquisition of Putnam Investments by Franklin Templeton on January 1, 2024, Empower Retirement became the Plan Sponsor of the Plan, and Empower Trust Company, LLC replaced Putnam Fiduciary Trust Company, LLC as the trustee of the Plan's related trust. Additional contributions to the Plan ceased effective January 1, 2024, and all Plan participants, except for those that received a complete distribution or incurred a five-year period of severance as of December 31, 2023, became fully vested in their Plan accounts. In November 2023, those Putnam employees who were transitioning to employment with Franklin Templeton were given the opportunity to participate in a bulk rollover process that took place in early 2024, allowing them to roll their Plan balances and active loans to the Franklin Templeton 401(k) plan.

## **SUPPLEMENTAL SCHEDULE**

# THE PUTNAM RETIREMENT PLAN

Plan # 001  
EIN # 26-1080669

## FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2023

| (a) (b) Identity of Issue, Borrower,<br>Lessor, or Similar Party | (c) Description of Investment, Including<br>Maturity Date, Rate of Interest,<br>Collateral, and Par or Maturity Value | (d) Cost<br>** | (e) Current<br>Value |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------|----------------------|
| * Putnam Large Cap Value Trust IA                                | Collective Trust                                                                                                      |                | \$ 81,162,137        |
| * Putnam S & P 500 Index Fund Class M                            | Collective Trust                                                                                                      |                | 58,722,812           |
| * Putnam Stable Value Fund                                       | Collective Trust                                                                                                      |                | 50,076,551           |
| State Street Russell Lrg Cap Index NL C                          | Collective Trust                                                                                                      |                | 22,183,289           |
| State Street US Bond Index Non-Lending K                         | Collective Trust                                                                                                      |                | 20,374,661           |
| SSGA Global All Cap Equity Ex-US Index K                         | Collective Trust                                                                                                      |                | 11,814,389           |
| * Putnam Retirement Advantage Trst 2040 X                        | Collective Trust                                                                                                      |                | 8,706,918            |
| * Putnam Retirement Advantage Trst 2045 X                        | Collective Trust                                                                                                      |                | 8,644,991            |
| * Putnam Retirement Advantage Trst 2035 X                        | Collective Trust                                                                                                      |                | 8,220,945            |
| * PanAgora Risk Parity Multi-Asset                               | Collective Trust                                                                                                      |                | 7,338,657            |
| * Putnam Retirement Advantage Trst 2030 X                        | Collective Trust                                                                                                      |                | 7,250,928            |
| * Putnam Retirement Advantage Trst 2050 X                        | Collective Trust                                                                                                      |                | 7,105,345            |
| * Putnam Retirement Advantage Trst 2055 X                        | Collective Trust                                                                                                      |                | 6,345,341            |
| State St Russell Sm Cap Indx NL Cl K                             | Collective Trust                                                                                                      |                | 5,933,929            |
| * Putnam Retirement Advantage Trst 2025 X                        | Collective Trust                                                                                                      |                | 4,708,665            |
| SSGA S&P Midcap Index Fund Class C                               | Collective Trust                                                                                                      |                | 3,842,796            |
| * Putnam Retirement Advantage Trst 2060 X                        | Collective Trust                                                                                                      |                | 2,374,551            |
| * PanAgora US Large Cap Stock Selector I                         | Collective Trust                                                                                                      |                | 2,091,542            |
| * Putnam Retirement Advantage Trst Mat X                         | Collective Trust                                                                                                      |                | 2,026,282            |
| * Putnam Retirement Advantage Trst 2065 X                        | Collective Trust                                                                                                      |                | 1,067,772            |
| * Putnam Large Cap Growth R6                                     | Mutual Fund                                                                                                           |                | 95,309,123           |
| * Putnam Sustainable Leaders R6                                  | Mutual Fund                                                                                                           |                | 76,390,052           |
| * Putnam Core Equity Fund R6                                     | Mutual Fund                                                                                                           |                | 38,998,632           |
| * Putnam Dynamic Asset Alloc Growth R6                           | Mutual Fund                                                                                                           |                | 37,100,011           |
| * Putnam Government Money Market                                 | Mutual Fund                                                                                                           |                | 33,259,278           |
| * Putnam Global Technology R6                                    | Mutual Fund                                                                                                           |                | 26,378,276           |
| * Putnam Small Cap Growth R6                                     | Mutual Fund                                                                                                           |                | 24,468,846           |
| * Putnam International Equity R6                                 | Mutual Fund                                                                                                           |                | 19,809,200           |
| * Putnam Small Cap Value R6                                      | Mutual Fund                                                                                                           |                | 19,278,290           |
| * Putnam Focused Equity R6                                       | Mutual Fund                                                                                                           |                | 18,996,490           |
| * Putnam Global Health Care R6                                   | Mutual Fund                                                                                                           |                | 18,778,790           |
| * Putnam Emerging Markets Equity R6                              | Mutual Fund                                                                                                           |                | 15,963,226           |
| * George Putnam Balanced R6                                      | Mutual Fund                                                                                                           |                | 15,929,724           |
| * Putnam Research R6                                             | Mutual Fund                                                                                                           |                | 15,399,429           |
| * Putnam High Yield R6                                           | Mutual Fund                                                                                                           |                | 14,135,637           |
| * Putnam Focused International Equity R6                         | Mutual Fund                                                                                                           |                | 13,083,952           |
| * Putnam Sustainable Future R6                                   | Mutual Fund                                                                                                           |                | 12,610,039           |
| * Putnam Dynamic Asset Allocation Bal R6                         | Mutual Fund                                                                                                           |                | 12,536,201           |
| * Putnam Sustainable Retirement 2030 R6                          | Mutual Fund                                                                                                           |                | 11,482,347           |
| * Putnam Sustainable Retirement 2035 R6                          | Mutual Fund                                                                                                           |                | 11,224,087           |
| * Putnam International Capital Opp R6                            | Mutual Fund                                                                                                           |                | 11,203,567           |
| * Putnam Income R6                                               | Mutual Fund                                                                                                           |                | 9,804,763            |
| * Putnam Sustainable Retirement 2040 R6                          | Mutual Fund                                                                                                           |                | 9,134,072            |

# THE PUTNAM RETIREMENT PLAN

Plan # 001

EIN # 26-1080669

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS - CONTINUED FROM PRIOR PAGE

(HELD AT END OF YEAR)

AS OF DECEMBER 31, 2023

| (a) (b) Identity of Issue, Borrower, Lessor, or Similar Party                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value | (d) Cost ** | (e) Current Value    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| * Putnam Diversified Income R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Mutual Fund                                                                                                     |             | 8,741,855            |
| * Putnam Convertible Securities R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Mutual Fund                                                                                                     |             | 7,891,323            |
| * Putnam International Value R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mutual Fund                                                                                                     |             | 7,351,089            |
| * Putnam Ultra Short Duration Income R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mutual Fund                                                                                                     |             | 7,079,416            |
| * Putnam Floating Rate Income R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Mutual Fund                                                                                                     |             | 5,976,546            |
| * Putnam Sustainable Retirement 2025 R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mutual Fund                                                                                                     |             | 5,637,695            |
| * Putnam Sustainable Retirement 2050 R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mutual Fund                                                                                                     |             | 5,247,134            |
| * Putnam Sustainable Retirement 2045 R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mutual Fund                                                                                                     |             | 5,029,642            |
| * Putnam Dynamic Asset Allocation Cnsrv R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Mutual Fund                                                                                                     |             | 4,563,217            |
| * Putnam Multi Asset Income R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Mutual Fund                                                                                                     |             | 4,484,591            |
| * Putnam Mortgage Securities R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mutual Fund                                                                                                     |             | 3,976,052            |
| * Putnam Global Income Trust R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mutual Fund                                                                                                     |             | 3,538,329            |
| * Putnam Core Bond Fund R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Mutual Fund                                                                                                     |             | 2,792,956            |
| * Putnam Sustainable Retirement 2055 R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mutual Fund                                                                                                     |             | 2,604,339            |
| * Putnam Short Duration Bond R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mutual Fund                                                                                                     |             | 2,562,344            |
| * Putnam Sustainable Retirement 2060 R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mutual Fund                                                                                                     |             | 1,895,490            |
| * Putnam Mortgage Opportunities Fund R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mutual Fund                                                                                                     |             | 1,545,612            |
| * Putnam Sustainable Retirement Maturity R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Mutual Fund                                                                                                     |             | 1,426,740            |
| * Putnam Sustainable Retirement 2065 R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mutual Fund                                                                                                     |             | 265,197              |
| **** Schwab Brokerage Account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Mutual Fund and ETF Brokerage Window                                                                            |             | 28,788,649           |
| * Various Participants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Participant loans maturing at various dates through 2033 at interest rates from 3.25% to 8.50% ***              |             | <u>3,980,818</u>     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                 |             | <u>\$996,645,567</u> |
| <p>* Permitted party-in-interest.</p> <p>(Note — The Putnam Mutual Funds are sponsored by Putnam Investment Management, LLC, a subsidiary of the Company and a party-in-interest to the Plan.)</p> <p>** Cost information is not required for participant-directed investments and is therefore not included.</p> <p>*** Net of \$283,761 in deemed loan distributions.</p> <p>**** Investments totaling approximately \$9,371 held in self-directed brokerage accounts qualify as party-in-interest transactions, as they are investments in Putnam exchange-traded funds ("ETFs")</p> |                                                                                                                 |             |                      |

(Concluded)

# THE PUTNAM RETIREMENT PLAN

Plan # 001  
EIN # 26-1080669

## FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2023

| (a) (b) Identity of Issue, Borrower,<br>Lessor, or Similar Party | (c) Description of Investment, Including<br>Maturity Date, Rate of Interest,<br>Collateral, and Par or Maturity Value | (d) Cost<br>** | (e) Current<br>Value |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------|----------------------|
| * Putnam Large Cap Value Trust IA                                | Collective Trust                                                                                                      |                | \$ 81,162,137        |
| * Putnam S & P 500 Index Fund Class M                            | Collective Trust                                                                                                      |                | 58,722,812           |
| * Putnam Stable Value Fund                                       | Collective Trust                                                                                                      |                | 50,076,551           |
| State Street Russell Lrg Cap Index NL C                          | Collective Trust                                                                                                      |                | 22,183,289           |
| State Street US Bond Index Non-Lending K                         | Collective Trust                                                                                                      |                | 20,374,661           |
| SSGA Global All Cap Equity Ex-US Index K                         | Collective Trust                                                                                                      |                | 11,814,389           |
| * Putnam Retirement Advantage Trst 2040 X                        | Collective Trust                                                                                                      |                | 8,706,918            |
| * Putnam Retirement Advantage Trst 2045 X                        | Collective Trust                                                                                                      |                | 8,644,991            |
| * Putnam Retirement Advantage Trst 2035 X                        | Collective Trust                                                                                                      |                | 8,220,945            |
| * PanAgora Risk Parity Multi-Asset                               | Collective Trust                                                                                                      |                | 7,338,657            |
| * Putnam Retirement Advantage Trst 2030 X                        | Collective Trust                                                                                                      |                | 7,250,928            |
| * Putnam Retirement Advantage Trst 2050 X                        | Collective Trust                                                                                                      |                | 7,105,345            |
| * Putnam Retirement Advantage Trst 2055 X                        | Collective Trust                                                                                                      |                | 6,345,341            |
| State St Russell Sm Cap Indx NL Cl K                             | Collective Trust                                                                                                      |                | 5,933,929            |
| * Putnam Retirement Advantage Trst 2025 X                        | Collective Trust                                                                                                      |                | 4,708,665            |
| SSGA S&P Midcap Index Fund Class C                               | Collective Trust                                                                                                      |                | 3,842,796            |
| * Putnam Retirement Advantage Trst 2060 X                        | Collective Trust                                                                                                      |                | 2,374,551            |
| * PanAgora US Large Cap Stock Selector I                         | Collective Trust                                                                                                      |                | 2,091,542            |
| * Putnam Retirement Advantage Trst Mat X                         | Collective Trust                                                                                                      |                | 2,026,282            |
| * Putnam Retirement Advantage Trst 2065 X                        | Collective Trust                                                                                                      |                | 1,067,772            |
| * Putnam Large Cap Growth R6                                     | Mutual Fund                                                                                                           |                | 95,309,123           |
| * Putnam Sustainable Leaders R6                                  | Mutual Fund                                                                                                           |                | 76,390,052           |
| * Putnam Core Equity Fund R6                                     | Mutual Fund                                                                                                           |                | 38,998,632           |
| * Putnam Dynamic Asset Alloc Growth R6                           | Mutual Fund                                                                                                           |                | 37,100,011           |
| * Putnam Government Money Market                                 | Mutual Fund                                                                                                           |                | 33,259,278           |
| * Putnam Global Technology R6                                    | Mutual Fund                                                                                                           |                | 26,378,276           |
| * Putnam Small Cap Growth R6                                     | Mutual Fund                                                                                                           |                | 24,468,846           |
| * Putnam International Equity R6                                 | Mutual Fund                                                                                                           |                | 19,809,200           |
| * Putnam Small Cap Value R6                                      | Mutual Fund                                                                                                           |                | 19,278,290           |
| * Putnam Focused Equity R6                                       | Mutual Fund                                                                                                           |                | 18,996,490           |
| * Putnam Global Health Care R6                                   | Mutual Fund                                                                                                           |                | 18,778,790           |
| * Putnam Emerging Markets Equity R6                              | Mutual Fund                                                                                                           |                | 15,963,226           |
| * George Putnam Balanced R6                                      | Mutual Fund                                                                                                           |                | 15,929,724           |
| * Putnam Research R6                                             | Mutual Fund                                                                                                           |                | 15,399,429           |
| * Putnam High Yield R6                                           | Mutual Fund                                                                                                           |                | 14,135,637           |
| * Putnam Focused International Equity R6                         | Mutual Fund                                                                                                           |                | 13,083,952           |
| * Putnam Sustainable Future R6                                   | Mutual Fund                                                                                                           |                | 12,610,039           |
| * Putnam Dynamic Asset Allocation Bal R6                         | Mutual Fund                                                                                                           |                | 12,536,201           |
| * Putnam Sustainable Retirement 2030 R6                          | Mutual Fund                                                                                                           |                | 11,482,347           |
| * Putnam Sustainable Retirement 2035 R6                          | Mutual Fund                                                                                                           |                | 11,224,087           |
| * Putnam International Capital Opp R6                            | Mutual Fund                                                                                                           |                | 11,203,567           |
| * Putnam Income R6                                               | Mutual Fund                                                                                                           |                | 9,804,763            |
| * Putnam Sustainable Retirement 2040 R6                          | Mutual Fund                                                                                                           |                | 9,134,072            |

# THE PUTNAM RETIREMENT PLAN

Plan # 001

EIN # 26-1080669

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS - CONTINUED FROM PRIOR PAGE

(HELD AT END OF YEAR)

AS OF DECEMBER 31, 2023

| (a) (b) Identity of Issue, Borrower, Lessor, or Similar Party                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value | (d) Cost ** | (e) Current Value    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| * Putnam Diversified Income R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Mutual Fund                                                                                                     |             | 8,741,855            |
| * Putnam Convertible Securities R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Mutual Fund                                                                                                     |             | 7,891,323            |
| * Putnam International Value R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mutual Fund                                                                                                     |             | 7,351,089            |
| * Putnam Ultra Short Duration Income R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mutual Fund                                                                                                     |             | 7,079,416            |
| * Putnam Floating Rate Income R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Mutual Fund                                                                                                     |             | 5,976,546            |
| * Putnam Sustainable Retirement 2025 R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mutual Fund                                                                                                     |             | 5,637,695            |
| * Putnam Sustainable Retirement 2050 R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mutual Fund                                                                                                     |             | 5,247,134            |
| * Putnam Sustainable Retirement 2045 R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mutual Fund                                                                                                     |             | 5,029,642            |
| * Putnam Dynamic Asset Allocation Cnsv R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Mutual Fund                                                                                                     |             | 4,563,217            |
| * Putnam Multi Asset Income R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Mutual Fund                                                                                                     |             | 4,484,591            |
| * Putnam Mortgage Securities R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mutual Fund                                                                                                     |             | 3,976,052            |
| * Putnam Global Income Trust R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mutual Fund                                                                                                     |             | 3,538,329            |
| * Putnam Core Bond Fund R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Mutual Fund                                                                                                     |             | 2,792,956            |
| * Putnam Sustainable Retirement 2055 R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mutual Fund                                                                                                     |             | 2,604,339            |
| * Putnam Short Duration Bond R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mutual Fund                                                                                                     |             | 2,562,344            |
| * Putnam Sustainable Retirement 2060 R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mutual Fund                                                                                                     |             | 1,895,490            |
| * Putnam Mortgage Opportunities Fund R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mutual Fund                                                                                                     |             | 1,545,612            |
| * Putnam Sustainable Retirement Maturity R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Mutual Fund                                                                                                     |             | 1,426,740            |
| * Putnam Sustainable Retirement 2065 R6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mutual Fund                                                                                                     |             | 265,197              |
| **** Schwab Brokerage Account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Mutual Fund and ETF Brokerage Window                                                                            |             | 28,788,649           |
| * Various Participants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Participant loans maturing at various dates through 2033 at interest rates from 3.25% to 8.50% ***              |             | <u>3,980,818</u>     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                 |             | <u>\$996,645,567</u> |
| <p>* Permitted party-in-interest.</p> <p>(Note — The Putnam Mutual Funds are sponsored by Putnam Investment Management, LLC, a subsidiary of the Company and a party-in-interest to the Plan.)</p> <p>** Cost information is not required for participant-directed investments and is therefore not included.</p> <p>*** Net of \$283,761 in deemed loan distributions.</p> <p>**** Investments totaling approximately \$9,371 held in self-directed brokerage accounts qualify as party-in-interest transactions, as they are investments in Putnam exchange-traded funds ("ETFs")</p> |                                                                                                                 |             |                      |

(Concluded)