

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) C
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: BOSTON PARTNERS LARGE CAP VALUE EQUITY FUND (A FUND WITHIN BPCIT)
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): BOSTON PARTNERS TRUST COMPANY, ONE BEACON STREET, FLOOR 30, BOSTON, MA 02108
2b Employer Identification Number (EIN): 61-1603964
2c Plan Sponsor's telephone number: 617-832-8200
2d Business code (see instructions): 000000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature. 2. Signature of plan administrator, Date, Enter name of individual signing as plan administrator. 3. Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. 4. Filed with authorized/valid electronic signature, 09/19/2025, GREG VARNER. 5. Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="width:90%; text-align: right;">0</td> </tr> </table>	5	0																		
5	0																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6a(1)</td> <td style="width:90%;"></td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> </tr> </table>	6a(1)		6a(2)	0	6b		6c		6d	0	6e		6f	0	6g(1)		6g(2)		6h	
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6e																					
6f	0																				
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																			
7																					

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>BOSTON PARTNERS LARGE CAP VALUE EQUITY FUND (A FUND WITHIN BPCIT)</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOSTON PARTNERS LARGE CAP VALUE EQUITY FUND A FUND WITHIN BPCIT</u>	D Employer Identification Number (EIN) <u>61-1603964</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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	BECHTEL PLANT MACHINERY, INC. PENSION PLAN	
b	Name of plan sponsor	BECHTEL PLANT MACHINERY, INC.	c EIN-PN 94-3330445-002
a	Plan name	SAN LUIS OBISPO COUNTY PENSION TRUST	
b	Name of plan sponsor	SAN LUIS OBISPO COUNTY	c EIN-PN 95-3298084-001
a	Plan name	ASML US EMPLOYEES' SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	ASML US, INC.	c EIN-PN 77-0568140-001
a	Plan name	MICRON TECHNOLOGY INC RETIREMENT AT MICRON (RAM) PLAN	
b	Name of plan sponsor	MICRON TECHNOLOGY, INC.	c EIN-PN 75-1618004-004
a	Plan name	HECLA MINING COMPANY RESTATED RETIREMENT PLAN	
b	Name of plan sponsor	HECLA MINING COMPANY	c EIN-PN 77-0664171-001
a	Plan name	LUCKY FRIDAY PENSION PLAN	
b	Name of plan sponsor	HECLA LIMITED	c EIN-PN 82-0126240-002
a	Plan name	REGAL REXNORD RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	REGAL REXNORD CORPORATION	c EIN-PN 39-0875718-008
a	Plan name	MASTER TRUST FOR THE VOYA 401(K) PLANS	
b	Name of plan sponsor	VOYA SERVICES COMPANY & VOYA RETIREMENT INS & ANNUITY CO.	c EIN-PN 36-7735445-001
a	Plan name	JOHN DEERE SAVINGS PLANS MASTER TRUST	
b	Name of plan sponsor	DEERE & COMPANY	c EIN-PN 36-2382580-011
a	Plan name	DENSO RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DENSO INTERNATIONAL AMERICA, INC.	c EIN-PN 38-2651421-002
a	Plan name	IUOE LOCAL 30 PENSION FUND	
b	Name of plan sponsor	BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND	c EIN-PN 51-6045848-001
a	Plan name	KEYCORP 401K SAVINGS PLAN	
b	Name of plan sponsor	KEYCORP	c EIN-PN 34-6542451-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ADVANCED MICRO DEVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ADVANCED MICRO DEVICES, INC.	c EIN-PN 94-1692300-003
a	Plan name	NEVADA RESORT ASSOCIATION IATSE LOCAL 720 RETIREMENT PLAN	
b	Name of plan sponsor	NEVADA RESORT ASSOCIATION IATSE LO 720 RETIREMENT PLAN, BOARD OF TR	c EIN-PN 51-0144767-001
a	Plan name	TAMCO SAVINGS PLAN FOR RANCHO CUCAMONGA UNITED STEEL WORKERS EMPLOYEES	
b	Name of plan sponsor	COMMERCIAL METALS COMPANY	c EIN-PN 95-2906884-005
a	Plan name	BON SECOURS MERCY HEALTH RETIREMENT SAVINGS PLAN 401	
b	Name of plan sponsor	BON SECOURS MERCY HEALTH INC.	c EIN-PN 52-1301088-024
a	Plan name	THE CLOROX COMPANY 401(K) PLAN	
b	Name of plan sponsor	THE CLOROX COMPANY	c EIN-PN 31-0595760-001
a	Plan name	MID-SOUTH CARPENTERS REGIONAL COUNCIL LOCAL 318 MONEY	
b	Name of plan sponsor	MID-SOUTH CARPENTERS REGIONAL COUNCIL LCL 318 MNY PRCH PEN TRST	c EIN-PN 63-0875713-001
a	Plan name	WALGREENS RETIREMENT SAVINGS MASTER TRUST	
b	Name of plan sponsor	WALGREEN CO	c EIN-PN 36-1924025-003
a	Plan name	ACTIVISION BLIZZARD 401(K) PLAN	
b	Name of plan sponsor	ACTIVISION BLIZZARD	c EIN-PN 94-2606438-001
a	Plan name	PFIZER SAVINGS PLAN	
b	Name of plan sponsor	PFIZER, INC.	c EIN-PN 13-5315170-002
a	Plan name	NEW YORK STATE DEFERRED COMPENSATION PLAN TRUST	
b	Name of plan sponsor	DEFERRED COMPENSATION BOARD FOR THE STATE OF NEW YORK	c EIN-PN 13-3702288-001
a	Plan name	AMERIPRISE FINANCIAL RETIREMENT PLAN	
b	Name of plan sponsor	AMERIPRISE FINANCIAL, INC.	c EIN-PN 13-3180631-002
a	Plan name	VISTRA THRIFT PLAN	
b	Name of plan sponsor	VISTRA OPERATIONS COMPANY LLC	c EIN-PN 36-4833461-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AMERIPRISE FINANCIAL 401(K) PLAN	
b	Name of plan sponsor	AMERIPRISE FINANCIAL, INC	c EIN-PN 13-3180631-001
a	Plan name	SMITH & NEPHEW U.S. SAVINGS PLAN	
b	Name of plan sponsor	SMITH AND NEPHEW, INC.	c EIN-PN 51-0123924-008
a	Plan name	STARBUCKS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	STARBUCKS CORPORATION	c EIN-PN 91-1325671-001
a	Plan name	COMMERCIAL METALS COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor	COMMERCIAL METALS COMPANY	c EIN-PN 75-0725338-001
a	Plan name	BON SECOURS MERCY HEALTH SAVINGS PLAN 403B	
b	Name of plan sponsor	BON SECOURS MERCY HEALTH INC.	c EIN-PN 53-1301088-022
a	Plan name	ONCOR THRIFT PLAN	
b	Name of plan sponsor	ONCOR ELECTRIC DELIVERY COMPANY LLC	c EIN-PN 75-2967830-002
a	Plan name	PFIZER SAVINGS PLAN FOR EMPLOYEES RESIDENT IN PUERTO RICO	
b	Name of plan sponsor	PGB PUERTO RICO LLC	c EIN-PN 66-0914590-002
a	Plan name	PLUMBERS AND STEAMFITTERS LOCAL NO.177 PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES-PLUMBERS AND STEAMFITTERS LOCAL NO.177 PEN PL	c EIN-PN 58-1359382-001
a	Plan name	BERKELEY COLLEGE RETIREMENT PLAN	
b	Name of plan sponsor	BERKELEY COLLEGE	c EIN-PN 22-2810633-001
a	Plan name	SYSCO CORPORATION EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	SYSCO CORPORATION	c EIN-PN 74-1648137-015
a	Plan name	PACIFIC LIFE INSURANCE COMPANY RETIREMENT INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	PACIFIC LIFE INSURANCE COMPANY	c EIN-PN 95-1079000-007
a	Plan name	AMEREN CORPORATION SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor	AMEREN CORPORATION	c EIN-PN 43-1723446-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name DIRECTED ACCOUNT PLAN	
b	Name of plan sponsor COMMUNITY AMERICA CREDIT UNION	c EIN-PN 44-6015072-002
a	Plan name GOLDEN STATE WATER COMPANY INVESTMENT INCENTIVE PROGRAM	
b	Name of plan sponsor GOLDEN STATE WATER COMPANY	c EIN-PN 95-1243678-005
a	Plan name LOUISIANA-PACIFIC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor LOUISIANA-PACIFIC CORPORATION	c EIN-PN 93-0609074-040
a	Plan name CITY OF BRISTOL EMPLOYEE PENSION FUND	
b	Name of plan sponsor CITY OF BRISTOL	c EIN-PN 06-6001866-017
a	Plan name MASTER TRUST FOR CERTAIN TAX-QUALIFIED BECHTEL RETIREMENT PLANS	
b	Name of plan sponsor BECHTEL GLOBAL CORPORATION	c EIN-PN 32-0467751-001
a	Plan name API GROUP, INC. SAFE HARBOR 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor API GROUP, INC.	c EIN-PN 41-1858188-003
a	Plan name GRACO EMPLOYEE INVESTMENT PLAN	
b	Name of plan sponsor GRACO INC.	c EIN-PN 41-0285640-001
a	Plan name OHIO NATIONAL LIFE INSURANCE COMPANY 401(K) PLAN FOR AGENTS	
b	Name of plan sponsor OHIO NATIONAL LIFE INSURANCE COMPANY	c EIN-PN 31-0397080-005
a	Plan name CONSTELLATION INSURANCE COMPANY 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor OHIO NATIONAL LIFE INSURANCE COMPANY	c EIN-PN 31-0397080-003
a	Plan name DONALDSON COMPANY, INC. RETIREMENT SAVINGS AND EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor DONALDSON COMPANY, INC.	c EIN-PN 41-0222640-007
a	Plan name AVIATION CAPITAL GROUP 401(K) PLAN	
b	Name of plan sponsor AVIATION CAPITAL GROUP	c EIN-PN 06-1395411-001
a	Plan name NORTHWESTERN MEMORIAL EMPLOYEE 401(K) PRE-TAX SAVINGS PLAN	
b	Name of plan sponsor NORTHWESTERN MEMORIAL HEALTHCARE	c EIN-PN 36-3152959-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name PACKAGING CORPORATION OF AMERICA RETIREMENT SAVINGS PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor PACKAGING CORPORATION OF AMERICA	c EIN-PN 36-4277050-002
a	Plan name PACKAGING CORPORATION OF AMERICA THRIFT PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor PACKAGING CORPORATION OF AMERICA	c EIN-PN 36-4277050-001
a	Plan name THE JOINT COMMISSION SMART SAVER 401(K) PLAN	
b	Name of plan sponsor THE JOINT COMMISSION	c EIN-PN 36-2229255-002
a	Plan name CONSOLIDATED NUCLEAR SECURITY 401(K) PLAN FOR BARGAINING PANTEX LOCATION EMPLOYEES	
b	Name of plan sponsor CONSOLIDATED NUCLEAR SECURITY, LLC	c EIN-PN 45-4482782-012
a	Plan name PANASONIC RETIREMENT SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor PANASONIC CORPORATION OF NORTH AMERICA	c EIN-PN 36-2786846-003
a	Plan name TRANSFORM MIDCO LLC SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor TRANSFORM MIDCO LLC	c EIN-PN 83-3374195-004
a	Plan name CLS BANK INTERNATIONAL 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor CLS BANK INTERNATIONAL	c EIN-PN 13-4140131-001
a	Plan name SAVINGS PROGRAM FOR EMPLOYEES OF CONSOLIDATED NUCLEAR SECURITY, LLC AT THE U.S. DEPARTMENT OF ENERGY FACILITIES AT OAK RIDGE, TN	
b	Name of plan sponsor CONSOLIDATED NUCLEAR SECURITY, LLC	c EIN-PN 45-4482782-009
a	Plan name CONSOLIDATED NUCLEAR SECURITY, LLC 401(K) FOR NON-BARGAINING PANTEX LOCATION EMPLOYEES	
b	Name of plan sponsor CONSOLIDATED NUCLEAR SECURITY, LLC	c EIN-PN 45-4482782-013
a	Plan name DYKEMA GOSSETT PLLC SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor DYKEMA GOSSETT PLLC	c EIN-PN 38-1446628-002
a	Plan name COTERRA ENERGY INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COTERRA ENERGY INC.	c EIN-PN 04-3072771-001
a	Plan name STERICYCLE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor STERICYCLE, INC.	c EIN-PN 36-3640402-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	STERICYCLE, INC. P.R. SAVINGS PLAN	
b	Name of plan sponsor	STERICYCLE, INC.	c EIN-PN 36-3640402-004
a	Plan name	GRAYMONT U.S. UNION DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	GRAYMONT (PA) INC.	c EIN-PN 25-1527520-001
a	Plan name	GRAYMONT U.S. NON-UNION DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	GRAYMONT INC.	c EIN-PN 14-0560895-001
a	Plan name	TRANSAMERICA 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TRANSAMERICA CORPORATION	c EIN-PN 42-1484983-003
a	Plan name	CENTRACARE HEALTH SYSTEM RETIREMENT PLAN	
b	Name of plan sponsor	CENTRACARE HEALTH SYSTEM	c EIN-PN 41-1813221-001
a	Plan name	WELLMARK, INC. SAVINGS AND INVESTMENT PLAN 401(K)	
b	Name of plan sponsor	WELLMARK, INC.	c EIN-PN 42-0318333-002
a	Plan name	REGAL REXNORD 401(K) PLAN	
b	Name of plan sponsor	REGAL REXNORD CORPORATION	c EIN-PN 39-0875718-009
a	Plan name	ICON CLINICAL RESEARCH, LLC 401(K) PLAN	
b	Name of plan sponsor	ICON CLINICAL RESEARCH, LLC	c EIN-PN 23-2689156-001
a	Plan name	ARVIN SANGO, INC. & SUBSIDIARIES SAVINGS PLAN	
b	Name of plan sponsor	ARVIN SANGO, INC. AND SUBSIDIARIES	c EIN-PN 35-1705627-002
a	Plan name	FAIRVIEW HEALTH SERVICES 401(K) PLAN	
b	Name of plan sponsor	FAIRVIEW HEALTH SERVICES	c EIN-PN 41-0991680-001
a	Plan name	FAIRVIEW HEALTH SERVICES PENSION PLAN	
b	Name of plan sponsor	FAIRVIEW HEALTH SERVICES	c EIN-PN 41-0991680-010
a	Plan name	EBENEZER SOCIETY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EBENEZER SOCIETY	c EIN-PN 41-0706141-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GRAND ITASCA CLINIC & HOSPITAL 401(K) PLAN AND TRUST	
b	Name of plan sponsor	GRAND ITASCA CLINIC & HOSPITAL	c EIN-PN 41-1865874-001
a	Plan name	BECHTEL NR PROGRAM DC MASTER TRUST	
b	Name of plan sponsor	BECHTEL PLANT MACHINERY, INC.	c EIN-PN 45-3559445-001
a	Plan name	PANTEXAS DETERRANCE 401(K) PLAN FOR BARGAINING PANTEX LOCATION EMPLOYEES	
b	Name of plan sponsor	PANTEXAS DETERRANCE, LLC	c EIN-PN 92-3671850-012
a	Plan name	PANTEXAS DETERRANCE 401(K) PLAN FOR NON-BARGAINING PANTEX LOCATION EMPLOYEES	
b	Name of plan sponsor	PANTEXAS DETERRANCE, LLC	c EIN-PN 92-3671850-013
a	Plan name	FAIRVIEW PHARMACY SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	FAIRVIEW PHARMACY SOLUTIONS, LLC	c EIN-PN 99-4792745-004
a	Plan name	IQ NAVIGATOR, INC 401(K) PLAN	
b	Name of plan sponsor	IQ NAVIGATOR, INC.	c EIN-PN 84-1499697-001
a	Plan name	IRON WORKERS LOCAL UNION NO.92 MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor	IRON WORKERS LOCAL UNION NO.92	c EIN-PN 63-0880818-002
a	Plan name	INTERNATIONAL UNION OF OPERATING ENGINEERS JOINT ANNUITY FUND OF EASTERN PENNSYLVANIA AND DELAWARE	
b	Name of plan sponsor	INTERNATIONAL UNION OF OPERATING ENG.JT ANNUITY FD OF EASTERN PENNS	c EIN-PN 23-2352166-002
a	Plan name	GEORGIA STEVEDORE ASSOCIATION INTERNATIONAL LONGSHOREMEN'S ASSOCIATION PENSION PLAN	
b	Name of plan sponsor	GEORGIA STEVEDORE ASSOC INT'L LONGSHOREMEN'S ASSOC	c EIN-PN 58-6106340-001
a	Plan name	PLASTERERS' LOCAL NO. 8 ANNUITY FUND	
b	Name of plan sponsor	TRUSTEES OF PLASTERERS' LOCAL NO. 8 ANNUITY FUND	c EIN-PN 23-6929739-001
a	Plan name	ALTRA INDUSTRIAL MOTION CORP. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ALTRA INDUSTRIAL MOTION CORP	c EIN-PN 61-1478870-001
a	Plan name	SHEET METAL WORKERS ANNUITY FUND LOCAL UNION NO. 19	
b	Name of plan sponsor	BD OF TRUSTEES OF THE SMW ANNUITY FUND OF LOCAL UNION NO. 19	c EIN-PN 23-2245696-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TRACTOR SUPPLY COMPANY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TRACTOR SUPPLY COMPANY	c EIN-PN 13-3139732-001
a	Plan name	USI 401(K) PLAN	
b	Name of plan sponsor	USI INSURANCE SERVICES LLC	c EIN-PN 13-3771734-001
a	Plan name	DIVERSIFIED US LARGE CAP STOCK CIT	
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 38-7271389-770
a	Plan name	JOHN HANCOCK TRUST COMPANY DISCIPLINED VALUE TRUST	
b	Name of plan sponsor	JOHN HANCOCK TRUST COMPANY COLLECTIVE INVESTMENT TRUST	c EIN-PN 85-6153745-037
a	Plan name	OMNI HOTELS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	OMNI HOTELS MANAGEMENT CORPORATION	c EIN-PN 02-0325957-005
a	Plan name	PANASONIC AUTOMOTIVE SYSTEMS AMERICA, LLC 401(K) RETIREMENT SAVINGS	
b	Name of plan sponsor	PANASONIC AUTOMOTIVE SYSTEMS AMERICA, LLC	c EIN-PN 99-2777326-001
a	Plan name	PINNACLE WEST CAPITAL CORPORATION SAVINGS PLAN	
b	Name of plan sponsor	PINNACLE WEST CAPITAL CORPORATION	c EIN-PN 86-0512431-002
a	Plan name	PINNACLE WEST CAPITAL CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	PINNACLE WEST CAPITAL CORPORATION	c EIN-PN 86-0512431-001
a	Plan name	MARITIME ASSOCIATION - I.L.A. PENSION, RETIREMENT, WELFARE AND VACATION FUNDS RETIREMENT PLAN	
b	Name of plan sponsor	MARITIME ASSOCIATION - I.L.A. RTMT PENSION, WELFARE AND VACATION	c EIN-PN 74-1867847-003
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BOSTON PARTNERS LARGE CAP VALUE EQUITY FUND (A FUND WITHIN BPCIT)	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOSTON PARTNERS LARGE CAP VALUE EQUITY FUND A FUND WITHIN BPCIT	D Employer Identification Number (EIN) 61-1603964

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	22439747	28753683
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	149358132	30578789
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4276000583	5118316262
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	4447798462	5177648734
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2963109	3826833
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2963109	3826833
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4444835353	5173821901

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5827941	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5827941
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	84116046	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		84116046
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	4690487632	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4099993627	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		590494005
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	58965316	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		739403308

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	100022	
(5) Investment advisory and investment management fees	2i(5)	18418318	
(6) Bank or trust company trustee/custodial fees	2i(6)	697093	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	5534	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	72133	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		19293100
j Total expenses. Add all expense amounts in column (b) and enter total	2j		19293100

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		720110208
l Transfers of assets:			
(1) To this plan	2l(1)		1399542853
(2) From this plan	2l(2)		1390666513

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

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

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

B This return/report is: a single-employer plan a DFE (specify) C
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)


E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

<p>1a Name of plan</p> <p>BOSTON PARTNERS LARGE CAP VALUE EQUITY FUND (A FUND WITHIN BPCIT)</p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>BOSTON PARTNERS LARGE CAP VALUE EQUITY FUND A FUND WITHIN BPCIT</p> <p>BOSTON PARTNERS TRUST COMPANY ONE BEACON STREET FLOOR 30 BOSTON, MA 02108</p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>61-1603964</u></p> <p>2c Plan Sponsor's telephone number <u>617-832-8200</u></p> <p>2d Business code (see instructions) <u>000000</u></p>

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		9/19/2025	GREG VARNER
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 61-1603964 3c Administrator's telephone number 617-832-8200
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																																	
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	5		0																														
5		0																																
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:80%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>6a(1)</td> <td>Total number of active participants at the beginning of the plan year</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6a(2)</td> <td>Total number of active participants at the end of the plan year</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6b</td> <td>Retired or separated participants receiving benefits</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6c</td> <td>Other retired or separated participants entitled to future benefits.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6d</td> <td>Subtotal. Add lines 6a(2), 6b, and 6c.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6e</td> <td>Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6f</td> <td>Total. Add lines 6d and 6e.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6g(1)</td> <td>Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6g(2)</td> <td>Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6h</td> <td>Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</td> <td style="text-align: right;">0</td> </tr> </table>				6a(1)	Total number of active participants at the beginning of the plan year	0	6a(2)	Total number of active participants at the end of the plan year	0	6b	Retired or separated participants receiving benefits	0	6c	Other retired or separated participants entitled to future benefits.	0	6d	Subtotal. Add lines 6a(2), 6b, and 6c.	0	6e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	0	6f	Total. Add lines 6d and 6e.	0	6g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	0	6g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	0	6h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	0
6a(1)	Total number of active participants at the beginning of the plan year	0																																
6a(2)	Total number of active participants at the end of the plan year	0																																
6b	Retired or separated participants receiving benefits	0																																
6c	Other retired or separated participants entitled to future benefits.	0																																
6d	Subtotal. Add lines 6a(2), 6b, and 6c.	0																																
6e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	0																																
6f	Total. Add lines 6d and 6e.	0																																
6g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	0																																
6g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	0																																
6h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	0																																
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td style="width:80%;"></td> <td style="width:10%;"></td> </tr> </table>	7																																
7																																		

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____