



<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> 0 <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>PUTNAM LARGE CAP GROWTH TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>675</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>86-1876640</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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.)	
<b>a</b>	Plan name 1ST LIBERTY FEDERAL CREDIT UNION CASH OR DEFERRED PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor 1ST LIBERTY FEDERAL CREDIT UNION	<b>c</b> EIN-PN 81-0257864-001
<b>a</b>	Plan name ABACUS SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ABACUS SOLUTIONS, LLC	<b>c</b> EIN-PN 58-2540189-001
<b>a</b>	Plan name ABBOTT SUPPLY COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ABBOTT SUPPLY COMPANY, INC.	<b>c</b> EIN-PN 71-0355584-002
<b>a</b>	Plan name ACM SERVICES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ACM SERVICES, INC.	<b>c</b> EIN-PN 52-1673828-001
<b>a</b>	Plan name ADAPTIVE BIOTECHNOLOGIES CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADAPTIVE BIOTECHNOLOGIES CORPORATION	<b>c</b> EIN-PN 27-0907024-001
<b>a</b>	Plan name ADS BIOTEC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADS BIOTEC INC	<b>c</b> EIN-PN 47-5306891-001
<b>a</b>	Plan name ADVANCE FITTINGS CORP. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ADVANCE FITTINGS CORP.	<b>c</b> EIN-PN 39-1593503-001
<b>a</b>	Plan name AIOI NISSAY DOWA INSURANCE SERVICES USA CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor AIOI NISSAY DOWA INSURANCE SERVICES USA CORPORATION	<b>c</b> EIN-PN 81-1934970-001
<b>a</b>	Plan name AKCIA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AKCIA, INC.	<b>c</b> EIN-PN 43-1789617-001
<b>a</b>	Plan name ALL METAL DESIGNS, INC. 401(K) SALARY REDUCTION PLAN & TRUST	
<b>b</b>	Name of plan sponsor ALL METAL DESIGNS, INC.	<b>c</b> EIN-PN 38-1892906-001
<b>a</b>	Plan name AMERICAN EXPEDITION VEHICLES 401(K) PLAN	
<b>b</b>	Name of plan sponsor STREETCAR ORV LLC	<b>c</b> EIN-PN 20-5328810-001
<b>a</b>	Plan name ANCHORAGE DIGITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor ANCHOR LABS, INC. DBA ANCHORAGE DIGITAL	<b>c</b> EIN-PN 82-3257853-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ART OF STONE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ART OF STONE INC	<b>c</b> EIN-PN 85-4121580-001
<b>a</b>	Plan name	ASI 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ASI	<b>c</b> EIN-PN 94-3289429-001
<b>a</b>	Plan name	ASPHALT DRUM MIXERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ASPHALT DRUM MIXERS, INC.	<b>c</b> EIN-PN 35-1572077-001
<b>a</b>	Plan name	ASSET ENTERPRISES, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASSET ENTERPRISES, INC.	<b>c</b> EIN-PN 57-1103029-001
<b>a</b>	Plan name	ASTRO MET, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ASTRO MET, INC.	<b>c</b> EIN-PN 31-0641716-002
<b>a</b>	Plan name	ATALYS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATALYS LLC	<b>c</b> EIN-PN 88-2793261-001
<b>a</b>	Plan name	AUBURN FOUNDRY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AUBURN FOUNDRY, INC.	<b>c</b> EIN-PN 16-0916055-003
<b>a</b>	Plan name	AURORA RADIOLOGY CONSULTANTS, S.C. 401(K) PROFIT-SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	AURORA RADIOLOGY CONSULTANTS, S.C.	<b>c</b> EIN-PN 36-2819102-004
<b>a</b>	Plan name	BANK OF OAK RIDGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BANK OF OAK RIDGE	<b>c</b> EIN-PN 56-2149229-001
<b>a</b>	Plan name	BASE4 VENTURES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BASE4 VENTURES, LLC	<b>c</b> EIN-PN 81-3626900-001
<b>a</b>	Plan name	BASS ENERGY SERVICES LLC AND AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BASS ENERGY SERVICES LLC	<b>c</b> EIN-PN 20-8235561-001
<b>a</b>	Plan name	BECK, GOGOLSKI & CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BECK, GOGOLSKI & CO., INC.	<b>c</b> EIN-PN 26-3397779-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BELMONT DENTAL ASSOCIATES RETIREMENT SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BELMONT DENTAL ASSOCIATES, INC.	<b>c</b> EIN-PN 23-2747043-001
<b>a</b>	Plan name	BIRCHWOOD LABORATORIES LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BIRCHWOOD LABORATORIES LLC	<b>c</b> EIN-PN 41-1351619-001
<b>a</b>	Plan name	BLUECAT NETWORKS (USA), INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLUECAT NETWORKS (USA), INC.	<b>c</b> EIN-PN 98-0484057-001
<b>a</b>	Plan name	C&C SALES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	C&C SALES, INC.	<b>c</b> EIN-PN 48-0816450-002
<b>a</b>	Plan name	CACIALLI AUTO REPAIR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CACIALLI AUTO REPAIR, INC.	<b>c</b> EIN-PN 20-5681021-001
<b>a</b>	Plan name	CAM INNOVATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAM INNOVATION, INC.	<b>c</b> EIN-PN 23-3062106-002
<b>a</b>	Plan name	CAPITOL CREDIT UNION 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CAPITOL CREDIT UNION	<b>c</b> EIN-PN 74-6054885-002
<b>a</b>	Plan name	CBHF ENGINEERING, PLLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CBHF ENGINEERS, PLLC	<b>c</b> EIN-PN 20-8054486-001
<b>a</b>	Plan name	CDR COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CDR MAGUIRE, INC.	<b>c</b> EIN-PN 05-0318211-002
<b>a</b>	Plan name	CENTER DEVELOPMENT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTER DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 13-3512977-001
<b>a</b>	Plan name	CENTRAL NEBRASKA PUBLIC POWER & IRRIGATION DISTRICT 401(A) PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL NEBR PUBLIC PWR & IRRIGATION DISTRICT	<b>c</b> EIN-PN 47-6000076-401
<b>a</b>	Plan name	CHERRY VALLEY CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHERRY VALLEY CLUB, INC.	<b>c</b> EIN-PN 11-0621590-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CIRQUE DU SOLEIL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CIRQUE DU SOLEIL HOLDING USA NEWCO INC.	<b>c</b> EIN-PN 83-3191818-001
<b>a</b>	Plan name CITIZENS DISABILITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CITIZENS DISABILITY, LLC	<b>c</b> EIN-PN 27-2970935-001
<b>a</b>	Plan name CMP EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CORPORATION FOR THE PROMOTION OF RIFLE PRACTICE AND FIREARMS SAFETY	<b>c</b> EIN-PN 34-1839195-001
<b>a</b>	Plan name COASTAL EQUIPMENT CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COASTAL EQUIPMENT CORP.	<b>c</b> EIN-PN 54-0990869-002
<b>a</b>	Plan name COLORADO BLUESKY ENTERPRISES CUSTOM 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor COLORADO BLUESKY ENTERPRISES	<b>c</b> EIN-PN 84-0561888-001
<b>a</b>	Plan name COMMUNITY CARE OF NORTH CAROLINA, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMMUNITY CARE OF NORTH CAROLINA, INC.	<b>c</b> EIN-PN 46-3355510-001
<b>a</b>	Plan name CONESYS, INC. AND AFFILIATED COMPANIES 401 (K) PLAN	
<b>b</b>	Name of plan sponsor CONESYS, INC.	<b>c</b> EIN-PN 95-4724210-001
<b>a</b>	Plan name CUSTOMERSTREAM, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CUSTOMERSTREAM, INC.	<b>c</b> EIN-PN 20-4900186-001
<b>a</b>	Plan name DAVANNI'S, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor DAVANNIS, INC.	<b>c</b> EIN-PN 41-1249827-001
<b>a</b>	Plan name DAVIS-BACON PENSION PLANS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DAVIS-BACON PENSION PLANS, INC.	<b>c</b> EIN-PN 26-3465772-001
<b>a</b>	Plan name DAWES/FRETZIN DERMATOLOGY GROUP, LLC CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor DAWES/FRETZIN DERMATOLOGY GROUP, LLC	<b>c</b> EIN-PN 35-2072221-002
<b>a</b>	Plan name DCSI DERMATOLOGY 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DERMATOLOGY AND CUTANEOUS SURGERY INSTITUTE, DCSI PA	<b>c</b> EIN-PN 46-3024222-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name DEE'S INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DEES INC.	<b>c</b> EIN-PN 87-0221456-001
<b>a</b>	Plan name DIGITAL OFFICE SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIGITAL OFFICE SYSTEMS, INC.	<b>c</b> EIN-PN 48-1240864-001
<b>a</b>	Plan name DION HEALTH MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DION HEALTH MANAGEMENT, LLC	<b>c</b> EIN-PN 83-2806209-001
<b>a</b>	Plan name EMPLOYEES RETIREMENT READINESS - 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HARTUNG BROTHERS, INC.	<b>c</b> EIN-PN 39-1215159-001
<b>a</b>	Plan name ENVISION MOTORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENVISION MOTORS MANAGEMENT, LLC	<b>c</b> EIN-PN 82-4787118-001
<b>a</b>	Plan name EURO-TECH CORPORATION PROFIT SHARING 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor EURO-TECH CORPORATION	<b>c</b> EIN-PN 39-1769578-001
<b>a</b>	Plan name FRAMERICA CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FRAMERICA CORPORATION	<b>c</b> EIN-PN 11-2835418-001
<b>a</b>	Plan name FRANK'S REPAIR PLUMBING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FRANKS REPAIR PLUMBING, INC.	<b>c</b> EIN-PN 75-1452168-001
<b>a</b>	Plan name FRIENDLY HOLDING COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BETTEN FRIENDLY MOTORS	<b>c</b> EIN-PN 38-2023962-001
<b>a</b>	Plan name FRONTAPP, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor FRONTAPP, INC	<b>c</b> EIN-PN 46-5234686-001
<b>a</b>	Plan name FROST HARDWOOD LUMBER COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FROST HARDWOOD LUMBER COMPANY	<b>c</b> EIN-PN 95-2012458-003
<b>a</b>	Plan name FUTURE TECHNOLOGIES, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FUTURE TECHNOLOGIES, INC.	<b>c</b> EIN-PN 54-1646962-004

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name GAR-BRO MANUFACTURING CO. & GARLINGHOUSE BROTHERS INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GAR-BRO MANUFACTURING CO.	<b>c</b> EIN-PN 95-2320529-001
<b>a</b>	Plan name GREGORY'S FOODS, INC. SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor GREGORYS FOODS, INC.	<b>c</b> EIN-PN 41-1502295-001
<b>a</b>	Plan name HALO 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor HEALTH AND LIFE ORGANIZATION INC	<b>c</b> EIN-PN 02-0714551-001
<b>a</b>	Plan name HANCOCK LUMBER COMPANY, INC. PROFIT SHARING/401(K) PLAN	
<b>b</b>	Name of plan sponsor HANCOCK LUMBER COMPANY, INC.	<b>c</b> EIN-PN 01-0439755-001
<b>a</b>	Plan name HANSFORD COUNTY FEEDERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor HANSFORD COUNTY FEEDERS	<b>c</b> EIN-PN 75-2737133-001
<b>a</b>	Plan name HARVEY TOOL COMPANY, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HARVEY TOOL COMPANY, LLC	<b>c</b> EIN-PN 20-8909122-001
<b>a</b>	Plan name HIGHHOUSE OIL OPERATIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HIGHHOUSE OIL OPERATIONS, INC.	<b>c</b> EIN-PN 20-3844440-001
<b>a</b>	Plan name HOLLAND CONSTRUCTION CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor HOLLAND CONSTRUCTION CORPORATION	<b>c</b> EIN-PN 23-1930838-001
<b>a</b>	Plan name HOLST EXCAVATING, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HOLST EXCAVATING, INC.	<b>c</b> EIN-PN 39-1473169-001
<b>a</b>	Plan name HOLT COMPANIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor B. D. HOLT COMPANY	<b>c</b> EIN-PN 74-1389993-001
<b>a</b>	Plan name HYLAND SOFTWARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor HYLAND SOFTWARE, INC.	<b>c</b> EIN-PN 34-1699247-001
<b>a</b>	Plan name JOHN A DAL SIN AND SON INC 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor JOHN A DAL SIN AND SON, INC	<b>c</b> EIN-PN 41-1408661-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	KELTEC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KELTEC, INC.	<b>c</b> EIN-PN 34-1378057-003
<b>a</b>	Plan name	KEYSTONE LIME & COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEYSTONE LIME CO., INC.	<b>c</b> EIN-PN 25-1146455-002
<b>a</b>	Plan name	KIMBALL MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KIMBALL MANAGEMENT	<b>c</b> EIN-PN 74-3036721-002
<b>a</b>	Plan name	KOPPERT BIOLOGICAL SYSTEMS, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KOPPERT BIOLOGICAL SYSTEMS, INC	<b>c</b> EIN-PN 38-3195931-002
<b>a</b>	Plan name	KORBER PHARMA SOFTWARE, INC. 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	KORBER PHARMA SOFTWARE, INC.	<b>c</b> EIN-PN 51-0401251-001
<b>a</b>	Plan name	KP LLC 401(K) SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KP LLC	<b>c</b> EIN-PN 93-0563572-001
<b>a</b>	Plan name	KRA CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KRA CORPORATION	<b>c</b> EIN-PN 52-1230252-001
<b>a</b>	Plan name	L. J. GONZER ASSOCIATES, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	L. J. GONZER ASSOCIATES, INC.	<b>c</b> EIN-PN 22-1671351-002
<b>a</b>	Plan name	LAKESHORE FAMILY DENTAL CARE, S.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAKESHORE FAMILY DENTAL CARE, S.C.	<b>c</b> EIN-PN 30-0010946-001
<b>a</b>	Plan name	LEE COUNTY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LEE COUNTY	<b>c</b> EIN-PN 42-6004689-001
<b>a</b>	Plan name	LIBURDI DIMETRICS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIBURDI DIMETRICS CORPORATION	<b>c</b> EIN-PN 56-2056699-001
<b>a</b>	Plan name	LIMEROCK FIRE DISTRICT 457B PLAN	
<b>b</b>	Name of plan sponsor	CHERYL CRONAN	<b>c</b> EIN-PN 05-6014660-457

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LLOYD'S CONSTRUCTION AND CONSULTING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	LLOYDS CONSTRUCTION AND CONSULTING LLC	<b>c</b> EIN-PN 45-0999701-001
<b>a</b>	Plan name	MAJIDIAN DENTAL, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAJIDIAN DENTAL, PC	<b>c</b> EIN-PN 83-0889738-001
<b>a</b>	Plan name	MAR-BAL, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MAR-BAL, INC.	<b>c</b> EIN-PN 34-1059601-004
<b>a</b>	Plan name	MATTHEWS BROTHERS DREDGING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MATTHEWS BROTHERS DREDGING, INC.	<b>c</b> EIN-PN 64-0905775-001
<b>a</b>	Plan name	MEDLER ELECTRIC COMPANY EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MEDLER ELECTRIC COMPANY	<b>c</b> EIN-PN 38-1655673-003
<b>a</b>	Plan name	METAMETRICS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	METAMETRICS, INC.	<b>c</b> EIN-PN 56-1520095-002
<b>a</b>	Plan name	MEWESD, LLC DBA PARTNER IN AGING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MEWESD, LLC	<b>c</b> EIN-PN 83-2413517-001
<b>a</b>	Plan name	MISSION COMMUNITY HOSPITAL'S 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DEANCO HEALTHCARE, LLC DBA MISSION COMMUNITY HOSPITAL	<b>c</b> EIN-PN 27-2099923-001
<b>a</b>	Plan name	MITCHELL SALES AGENCY, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MITCHELL SALES AGENCY, INC.	<b>c</b> EIN-PN 82-1500725-001
<b>a</b>	Plan name	MORRIS & VEDDER RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MORRIS & VEDDER, LLP	<b>c</b> EIN-PN 23-2441218-001
<b>a</b>	Plan name	MOUNTAIN MAN NUT & FRUIT COMPANY 401K PROFIT SHARING TRUST	
<b>b</b>	Name of plan sponsor	MOUNTAIN MAN NUT AND FRUIT COMPANY	<b>c</b> EIN-PN 84-0765183-001
<b>a</b>	Plan name	MOUNTAIN PLAINS YOUTH SERVICES/YOUTHWORKS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOUNTAIN PLAINS YOUTH SERVICES/YOUTHWORKS	<b>c</b> EIN-PN 46-0345922-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MR. GREENJEANS PRODUCE EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MR. GREENJEANS PRODUCE, INC.	<b>c</b> EIN-PN 59-3072478-001
<b>a</b>	Plan name	NDC CONSTRUCTION COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NDC CONSTRUCTION COMPANY	<b>c</b> EIN-PN 59-3423927-001
<b>a</b>	Plan name	NERD STREET GAMERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NERD STREET GAMERS, INC.	<b>c</b> EIN-PN 81-0880448-001
<b>a</b>	Plan name	NEUMANN CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEUMANN CO., INC.	<b>c</b> EIN-PN 39-1418597-001
<b>a</b>	Plan name	NEWLAND CONSTRUCTION COMPANY, INC. 401(K) DEFERRED COMPENSATION AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEWLAND CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 91-0489231-001
<b>a</b>	Plan name	NICKLES BAKERY EMPLOYEES' 401K PLAN	
<b>b</b>	Name of plan sponsor	ALFRED NICKLES BAKERY, INC.	<b>c</b> EIN-PN 34-0428345-002
<b>a</b>	Plan name	OAKWORKS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OAKWORKS, INC.	<b>c</b> EIN-PN 52-1462439-001
<b>a</b>	Plan name	OHB, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OHB, INC.	<b>c</b> EIN-PN 56-1881070-001
<b>a</b>	Plan name	ORTHOPAEDICS SPINE AND SPORTS 401 K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	ORTHOPAEDICS SPINE AND SPORTS	<b>c</b> EIN-PN 20-5290355-001
<b>a</b>	Plan name	PACIFIC NORTHERN ENVIRONMENTAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC NORTHERN ENVIRONMENTAL, LLC	<b>c</b> EIN-PN 91-1458581-001
<b>a</b>	Plan name	PACIFIC WEST ASSOCIATION OF REALTORS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC WEST ASSOCIATION OF REALTORS	<b>c</b> EIN-PN 33-0729887-001
<b>a</b>	Plan name	PALMETTO PROACTIVE HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PALMETTO PROACTIVE HEALTHCARE, LLC	<b>c</b> EIN-PN 27-1636007-002

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.)	
<b>a</b>	Plan name <b>PCI 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROFESSIONAL CONSULTANTS, INC.</b>	<b>c</b> EIN-PN <b>81-0351030-001</b>
<b>a</b>	Plan name <b>PENNINGTON P.A. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PENNINGTON P.A.</b>	<b>c</b> EIN-PN <b>59-3184236-001</b>
<b>a</b>	Plan name <b>PETERSON PROPERTIES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PETERSON PROPERTIES, INC.</b>	<b>c</b> EIN-PN <b>48-0919120-001</b>
<b>a</b>	Plan name <b>PREMIER TRANSPORT USA 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PREMIER TRANSPORT USA, INC.</b>	<b>c</b> EIN-PN <b>20-2658104-001</b>
<b>a</b>	Plan name <b>PROPERTY MANAGEMENT ENTERPRISES, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROPERTY MANAGEMENT ENTERPRISES, LLC</b>	<b>c</b> EIN-PN <b>82-1552311-001</b>
<b>a</b>	Plan name <b>QUALITY SELECT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>QUALITY PORK PROCESSORS, INCORPORATED</b>	<b>c</b> EIN-PN <b>75-2199109-002</b>
<b>a</b>	Plan name <b>R.E. PURVIS &amp; ASSOCIATES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>R.E. PURVIS &amp; ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>41-1668392-001</b>
<b>a</b>	Plan name <b>RA NELSON LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RA NELSON LLC</b>	<b>c</b> EIN-PN <b>45-3720030-001</b>
<b>a</b>	Plan name <b>RAMACO RESOURCES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RAMACO RESOURCES, INC.</b>	<b>c</b> EIN-PN <b>38-4018838-001</b>
<b>a</b>	Plan name <b>RAVLICH ENTERPRISES, LLC 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>RAVLICH ENTERPRISES, LLC</b>	<b>c</b> EIN-PN <b>73-1674852-001</b>
<b>a</b>	Plan name <b>RETIREGUIDE CONSERVATIVE GROWTH &amp; INCOME</b>	
<b>b</b>	Name of plan sponsor <b>RETIREGUIDE CONSERVATIVE GROWTH &amp; INCOME</b>	<b>c</b> EIN-PN <b>84-4094462-001</b>
<b>a</b>	Plan name <b>RETIREGUIDE GROWTH &amp; INCOME</b>	
<b>b</b>	Name of plan sponsor <b>RETIREGUIDE GROWTH &amp; INCOME</b>	<b>c</b> EIN-PN <b>84-4095989-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RETIREGUIDE MODERATE GROWTH & INCOME	
<b>b</b>	Name of plan sponsor	RETIREGUIDE MODERATE GROWTH & INCOME	<b>c</b> EIN-PN 84-4096260-001
<b>a</b>	Plan name	RIKORE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIKORE, INC.	<b>c</b> EIN-PN 45-2830717-001
<b>a</b>	Plan name	RMF ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RMF ENGINEERING, INC.	<b>c</b> EIN-PN 52-1279953-001
<b>a</b>	Plan name	RONAN ENGINEERING COMPANY PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RONAN ENGINEERING COMPANY	<b>c</b> EIN-PN 95-2313212-001
<b>a</b>	Plan name	ROTHE DEVELOPMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROTHE DEVELOPMENT, INC.	<b>c</b> EIN-PN 74-1606784-001
<b>a</b>	Plan name	SANTANNA ENERGY SERVICES EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SANTANNA ENERGY SERVICES 401(K)	<b>c</b> EIN-PN 74-2500445-002
<b>a</b>	Plan name	SCHLEICH ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCHLEICH ENTERPRISES, INC.	<b>c</b> EIN-PN 47-0648893-002
<b>a</b>	Plan name	SCHMUCK COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCHMUCK LUMBER COMPANY, INC.	<b>c</b> EIN-PN 23-1304137-001
<b>a</b>	Plan name	SETHNESS PRODUCTS COMPANY MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor	SETHNESS PRODUCTS COMPANY	<b>c</b> EIN-PN 36-1757540-002
<b>a</b>	Plan name	SETHNESS PRODUCTS COMPANY PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SETHNESS PRODUCTS COMPANY	<b>c</b> EIN-PN 36-1757540-001
<b>a</b>	Plan name	SIMONMED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SMI IMAGING, LLC	<b>c</b> EIN-PN 26-4000683-001
<b>a</b>	Plan name	SMILELYNN PEDIATRIC DENTISTRY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SMILELYNN PEDIATRIC DENTISTRY	<b>c</b> EIN-PN 82-1709491-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name SONIDA SENIOR LIVING 401(K) PLAN	
<b>b</b>	Name of plan sponsor SONIDA SENIOR LIVING, INC.	<b>c</b> EIN-PN 75-2678809-001
<b>a</b>	Plan name STANMAR, INC. RESTATED SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor STANMAR, INC.	<b>c</b> EIN-PN 04-2275792-001
<b>a</b>	Plan name STARLINGER-SAHM 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN STARLINGER-SAHM, INC.	<b>c</b> EIN-PN 30-0126360-001
<b>a</b>	Plan name SUFFOLK INSURANCE CORPORATION PROFIT SHARING TRUST	
<b>b</b>	Name of plan sponsor SUFFOLK INSURANCE CORPORATION	<b>c</b> EIN-PN 54-0398430-001
<b>a</b>	Plan name SUSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUSE, LLC.	<b>c</b> EIN-PN 45-4703967-001
<b>a</b>	Plan name SWEENEY & HARKIN CARPENTRY & DRY WALL CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SWEENEY & HARKIN CARPENTRY & DRY WALL CORP.	<b>c</b> EIN-PN 13-3014228-002
<b>a</b>	Plan name THE BREWER COMPANY EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE BREWER COMPANY	<b>c</b> EIN-PN 31-0224000-002
<b>a</b>	Plan name THE CONRAD COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONRAD COMPANY HOLDINGS, LLC	<b>c</b> EIN-PN 87-3711410-002
<b>a</b>	Plan name THE FIRST COASTAL CONSTRUCTION CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FIRST COASTAL CONSTRUCTION CORP.	<b>c</b> EIN-PN 46-3793642-001
<b>a</b>	Plan name THE IFH GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE IFH GROUP, INC.	<b>c</b> EIN-PN 36-4216754-001
<b>a</b>	Plan name THE OAKSTAR BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor OAKSTAR BANK	<b>c</b> EIN-PN 20-3405719-001
<b>a</b>	Plan name THE UNIVERSITY CLUB 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE UNIVERSITY CLUB	<b>c</b> EIN-PN 13-1429480-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TIBER CREEK HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TIBER CREEK HOLDINGS, INC.	<b>c</b> EIN-PN 52-2023469-001
<b>a</b>	Plan name	TORGESON ELECTRIC CO., INC. SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TORGESON ELECTRIC CO., INC.	<b>c</b> EIN-PN 48-0891707-001
<b>a</b>	Plan name	UNIFORM INDUSTRIAL CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNIFORM INDUSTRIAL CORPORATION (U.S.A)	<b>c</b> EIN-PN 33-0439884-001
<b>a</b>	Plan name	UPSTREAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UPSTREAM USA, INC.	<b>c</b> EIN-PN 35-2581424-001
<b>a</b>	Plan name	VBS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VBS, INC.	<b>c</b> EIN-PN 42-1432674-001
<b>a</b>	Plan name	WALDEN SAVINGS BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WALDEN SAVINGS BANK	<b>c</b> EIN-PN 14-1155630-002
<b>a</b>	Plan name	WALPOLE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WALPOLE, INC.	<b>c</b> EIN-PN 59-1305687-003
<b>a</b>	Plan name	WAYNE ENTERPRISES, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WAYNE ENTERPRISES, INC.	<b>c</b> EIN-PN 76-0000815-001
<b>a</b>	Plan name	WILCOR INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WILCOR INTERNATIONAL, INC.	<b>c</b> EIN-PN 16-1360687-001
<b>a</b>	Plan name	WMS ADVISORS LLC 401(K) SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor	WMS ADVISORS, LLC	<b>c</b> EIN-PN 37-1930388-002
<b>a</b>	Plan name	YORK COUNTY AGRICULTURAL SOCIETY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YORK COUNTY AGRICULTURAL SOCIETY	<b>c</b> EIN-PN 23-1241290-001
<b>a</b>	Plan name	YORK PRECISION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YORK PRECISION MACHINING AND HYDRAULICS, LLC	<b>c</b> EIN-PN 82-3786646-001

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b> Plan name	YOUNG & BURTON, INC. 401(K) SAVINGS & RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	YOUNG & BURTON, INC.	<b>c</b> EIN-PN 68-0142022-001

<b>a</b> Plan name	YOUTH FIRST, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	YOUTH FIRST, INC.	<b>c</b> EIN-PN 35-2050168-001

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

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

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

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

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

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

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

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PUTNAM LARGE CAP GROWTH TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>675</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREAT GRAY TRUST COMPANY, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>86-1876640</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	407000 78864
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	46467 2090162
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	2896582 0
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	142015097 189802016
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	2219031 74513

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	147584177	192045555
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	229335
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	201036	205881
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	201036	435216
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	147383141	191610339

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	119487	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		119487
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	888321	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		888321
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	593071462	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	581774274	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		11297188
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	37073455	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		37073455

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		49378451

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	8312	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	694424	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	124891	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		827627
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		827627

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		48550824
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		37143907
(2) From this plan .....	<b>2l(2)</b>		41467533

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.