

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: PUTNAM LARGE CAP VALUE TRUST II
1b Three-digit plan number (PN): 676
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): GREAT GRAY TRUST COMPANY, LLC
2b Employer Identification Number (EIN): 86-1899009
2c Plan Sponsor's telephone number: 866-427-6885
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

<b>3a</b> Plan administrator's name and address <input 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 <span style="color: blue;">PUTNAM LARGE CAP VALUE TRUST II</span>	<b>B</b> Three-digit plan number (PN)	<span style="color: blue;">▶</span> <span style="color: blue;">676</span>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">GREAT GRAY TRUST COMPANY, LLC</span>	<b>D</b> Employer Identification Number (EIN) <span style="color: blue;">86-1899009</span>	

<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)
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<b>Part II 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	ALITA CARE & AFFILIATES 401(K) PLAN
<b>b</b>	Name of plan sponsor	ALITA CARE HOLDINGS LLC
<b>c</b>	EIN-PN	47-3702085-001
<b>a</b>	Plan name	AM MANAGEMENT, INC 401 K PLAN
<b>b</b>	Name of plan sponsor	AM MANAGEMENT INC
<b>c</b>	EIN-PN	42-1368820-002
<b>a</b>	Plan name	AMERICAN BEVERAGE CORPORATION RETIREMENT SAVINGS PLAN- NON -UNION EMPLOYEES
<b>b</b>	Name of plan sponsor	AMERICAN BEVERAGE CORPORATION
<b>c</b>	EIN-PN	34-0730294-002
<b>a</b>	Plan name	AMI ENTERTAINMENT NETWORK, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	AMI ENTERTAINMENT NETWORK, LLC
<b>c</b>	EIN-PN	23-2972134-001
<b>a</b>	Plan name	AMPERE 401K PLAN
<b>b</b>	Name of plan sponsor	AMPERE COMPUTING LLC
<b>c</b>	EIN-PN	82-3114356-001
<b>a</b>	Plan name	AMPLIFI LOYALTY
<b>b</b>	Name of plan sponsor	AMPLIFI LOYALTY SOLUTIONS
<b>c</b>	EIN-PN	27-3844276-001
<b>a</b>	Plan name	AMTECH SYSTEMS, INC. 401K PLAN
<b>b</b>	Name of plan sponsor	AMTECH SYSTEMS, INC.
<b>c</b>	EIN-PN	86-0411215-001
<b>a</b>	Plan name	ANDRITZ INC. SAVINGS AND INVESTMENT PLAN
<b>b</b>	Name of plan sponsor	ANDRITZ INC.
<b>c</b>	EIN-PN	14-1438713-001
<b>a</b>	Plan name	ASCENT 401(K) PLAN
<b>b</b>	Name of plan sponsor	ASCENT HOLDING CO.
<b>c</b>	EIN-PN	83-2904110-001
<b>a</b>	Plan name	ATLAS AEROSPACE, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	ATLAS AEROSPACE, LLC
<b>c</b>	EIN-PN	20-3592321-002
<b>a</b>	Plan name	ATLAS PACIFIC PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ATLAS PACIFIC ENGINEERING COMPANY
<b>c</b>	EIN-PN	94-1668811-001
<b>a</b>	Plan name	BCER ENGINEERING INC 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	BCER ENGINEERING, INC 401(K) RETIREMENT PLAN
<b>c</b>	EIN-PN	84-1284721-001

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 BOND MANAGEMENT PARTNERS 401(K)	
<b>b</b>	Name of plan sponsor BOND MANAGEMENT PARTNERS, LLC	<b>c</b> EIN-PN 87-3610798-001
<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 CAPITAL LUMBER COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAPITAL LUMBER COMPANY	<b>c</b> EIN-PN 86-0084551-001
<b>a</b>	Plan name CASTLE ROCK HOSPITAL DISTRICT 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CASTLE ROCK HOSPITAL DISTRICT	<b>c</b> EIN-PN 83-0240950-001
<b>a</b>	Plan name CCDC, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor CCDC, INC.	<b>c</b> EIN-PN 45-0404698-001
<b>a</b>	Plan name CENTENNIAL WATER & SANITATION DISTRICT 457 PLAN	
<b>b</b>	Name of plan sponsor CENTENNIAL WATER & SANITATION DISTRICT	<b>c</b> EIN-PN 84-0821008-001
<b>a</b>	Plan name CENTRAL IRRIGATION SUPPLY, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CENTRAL IRRIGATION SUPPLY, INC.	<b>c</b> EIN-PN 06-1290048-001
<b>a</b>	Plan name CHESMAR HOMES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHESMAR HOMES LLC	<b>c</b> EIN-PN 20-2720694-001
<b>a</b>	Plan name CINCINNATI PLAYHOUSE IN THE PARK 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CINCINNATI PLAYHOUSE IN THE PARK	<b>c</b> EIN-PN 31-0624790-001
<b>a</b>	Plan name CITY AND COUNTY OF BROOMFIELD MONEY PURCHASE PLAN	
<b>b</b>	Name of plan sponsor CITY AND COUNTY OF BROOMFIELD	<b>c</b> EIN-PN 84-6014589-401
<b>a</b>	Plan name CITY ELECTRIC SUPPLY PR RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CITY ELECTRIC SUPPLY COMPANY	<b>c</b> EIN-PN 59-2279498-002
<b>a</b>	Plan name CITY OF OLATHE DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor CITY OF OLATHE	<b>c</b> EIN-PN 48-6034756-001

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 COLORADO ROCKIES 401(K) SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor COLORADO ROCKIES BASEBALL CLUB, LTD.	<b>c</b> EIN-PN 84-1162452-002
<b>a</b>	Plan name COMAGINE HEALTH RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COMAGINE HEALTH	<b>c</b> EIN-PN 91-1072875-001
<b>a</b>	Plan name COMMERCIAL WAREHOUSE & CARTAGE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COMMERCIAL WAREHOUSE & CARTAGE, INC.	<b>c</b> EIN-PN 35-1184892-001
<b>a</b>	Plan name COUNTY OF HENRICO 457 DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor COUNTY OF HENRICO VIRGINIA	<b>c</b> EIN-PN 54-6001344-457
<b>a</b>	Plan name CRAWFORD TRACEY CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CRAWFORD TRACEY CORPORATION	<b>c</b> EIN-PN 59-1972454-001
<b>a</b>	Plan name CRB GROUP, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRB GROUP, INC.	<b>c</b> EIN-PN 84-3462211-001
<b>a</b>	Plan name CREDIT UNION WEST 401(K) PLAN	
<b>b</b>	Name of plan sponsor CREDIT UNION WEST 401K PLAN	<b>c</b> EIN-PN 86-0108241-033
<b>a</b>	Plan name DAYTON FREIGHT LINES, INC. EMPLOYEE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DAYTON FREIGHT LINES, INC.	<b>c</b> EIN-PN 31-1000719-001
<b>a</b>	Plan name DCJ EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DIELECTRIC MANUFACTURING	<b>c</b> EIN-PN 39-1083000-002
<b>a</b>	Plan name DE WAFELBAKKERS 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor DE WAFELBAKKERS, LLC	<b>c</b> EIN-PN 26-1812271-001
<b>a</b>	Plan name DENVER SCHOOL OF SCIENCE AND TECHNOLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor DENVER SCHOOL SCIENCE TECH	<b>c</b> EIN-PN 84-1602733-001
<b>a</b>	Plan name ENGINEERING ECONOMICS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENGINEERING ECONOMICS INC.	<b>c</b> EIN-PN 84-0942005-001

<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	ERIE PARKING AUTHORITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ERIE PARKING AUTHORITY	<b>c</b> EIN-PN 25-1119809-002
<b>a</b>	Plan name	FC ZIEGLER CO 401K PLAN	
<b>b</b>	Name of plan sponsor	FC ZEIGLER	<b>c</b> EIN-PN 73-0700938-002
<b>a</b>	Plan name	FIRE ENGINEERING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIRE ENGINEERING COMPANY, INC.	<b>c</b> EIN-PN 87-0285738-001
<b>a</b>	Plan name	FIRST BRANDS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIRST BRANDS GROUP, LLC	<b>c</b> EIN-PN 46-2872032-002
<b>a</b>	Plan name	FIRST STEP 401(K) RETIREMENT SAVINGS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FIRST STEP, INC.	<b>c</b> EIN-PN 71-0307372-001
<b>a</b>	Plan name	FLOW CONTROL ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FLOW CONTROL ENTERPRISES, INC.	<b>c</b> EIN-PN 46-1567878-001
<b>a</b>	Plan name	G & J PEPSI-COLA BOTTLERS, INC. EMPLOYEES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	G & J PEPSI COLA BOTTLERS, INC	<b>c</b> EIN-PN 34-1031008-002
<b>a</b>	Plan name	G & J PEPSI-COLA BOTTLERS, INC. EMPLOYEES 401(K) UNION NEGOTIATED PLAN	
<b>b</b>	Name of plan sponsor	G & J PEPSI-COLA BOTTLERS, INC.	<b>c</b> EIN-PN 34-1031008-003
<b>a</b>	Plan name	GAI CONSULTANTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GAI CONSULTANTS, INC.	<b>c</b> EIN-PN 25-1260999-002
<b>a</b>	Plan name	GLOBAL WATER RESOURCES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL WATER RESOURCES, INC.	<b>c</b> EIN-PN 90-0632193-001
<b>a</b>	Plan name	GOAL & SUBSIDIARIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GOAL INVESTMENT GROUP INC	<b>c</b> EIN-PN 85-1815415-002
<b>a</b>	Plan name	GOLDSTEIN, WOODS & ALAGHA, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GOLDSTEIN, WOODS & ALAGHA, PC	<b>c</b> EIN-PN 86-0675379-001

<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	GREAT KITCHENS FOOD COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREAT KITCHENS FOOD COMPANY, INC.	<b>c</b> EIN-PN 85-2176506-001
<b>a</b>	Plan name	GRUNT STYLE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GRUNT STYLE, LLC	<b>c</b> EIN-PN 84-2206798-001
<b>a</b>	Plan name	GUARDIAN FLEET SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GUARDIAN FLEET	<b>c</b> EIN-PN 82-1297296-002
<b>a</b>	Plan name	HARVEST HILL BEVERAGE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARVEST HILL BEVERAGE COMPANY	<b>c</b> EIN-PN 47-1027450-001
<b>a</b>	Plan name	HEALTHPRO-HERITAGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HEALTH PRO MANAGEMENT SERVICES, LLC	<b>c</b> EIN-PN 26-1167226-001
<b>a</b>	Plan name	HIGHLANDS RANCH METROPOLITAN DISTRICT 457 PLAN	
<b>b</b>	Name of plan sponsor	HIGHLANDS RANCH METROPOLITAN DISTRICT	<b>c</b> EIN-PN 84-1071321-001
<b>a</b>	Plan name	HIGHLANDS RANCH METROPOLITAN DISTRICT AND CENTENNIAL WATER AND SANITATION DISTRICT PLAN	
<b>b</b>	Name of plan sponsor	HIGHLANDS RANCH METROPOLITAN DISTRICT	<b>c</b> EIN-PN 84-1071321-002
<b>a</b>	Plan name	HILLCREST CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HILLCREST CONTRACTING, INC.	<b>c</b> EIN-PN 33-0084251-002
<b>a</b>	Plan name	HOMETOWN FOOD COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOMETOWN FOOD COMPANY	<b>c</b> EIN-PN 83-1024049-001
<b>a</b>	Plan name	HURCO COMPANIES INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HURCO COMPANIES, INC.	<b>c</b> EIN-PN 35-1150732-001
<b>a</b>	Plan name	ICON ENGINEERING, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ICON ENGINEERING, INC.	<b>c</b> EIN-PN 84-1377508-001
<b>a</b>	Plan name	IDAHO FREEZ-PAK CORP. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IDAHO FREEZ-PAK CORPORATION	<b>c</b> EIN-PN 11-2939988-001

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 <a href="#">IMAGINE LEARNING LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">IMAGINE LEARNING LLC</a>	<b>c</b> EIN-PN <a href="#">45-1565841-001</a>
<b>a</b>	Plan name <a href="#">INNOVU, INC. 401(K) &amp; PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INNOVU, INC.</a>	<b>c</b> EIN-PN <a href="#">81-1938789-001</a>
<b>a</b>	Plan name <a href="#">INRULE 401(K) RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INRULE TECHNOLOGY, INC.</a>	<b>c</b> EIN-PN <a href="#">35-2174606-001</a>
<b>a</b>	Plan name <a href="#">INSEEGO CORP. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INSEEGO CORP.</a>	<b>c</b> EIN-PN <a href="#">81-3377646-002</a>
<b>a</b>	Plan name <a href="#">JENZABAR, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JENZABAR, INC.</a>	<b>c</b> EIN-PN <a href="#">04-3430740-001</a>
<b>a</b>	Plan name <a href="#">KARCHER NORTH AMERICA, INC. 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KARCHER NORTH AMERICA, INC</a>	<b>c</b> EIN-PN <a href="#">13-3129757-002</a>
<b>a</b>	Plan name <a href="#">KLINEDINST PC 401(K) PLAN I</a>	
<b>b</b>	Name of plan sponsor <a href="#">KLINEDINST PC</a>	<b>c</b> EIN-PN <a href="#">33-0075004-001</a>
<b>a</b>	Plan name <a href="#">KREBER GRAPHICS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KREBER GRAPHICS, INC.</a>	<b>c</b> EIN-PN <a href="#">31-4364062-005</a>
<b>a</b>	Plan name <a href="#">LEECH TISHMAN FUSCALDO &amp; LAMPL, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LEECH TISHMAN FUSCALDO &amp; LAMPL, LLC</a>	<b>c</b> EIN-PN <a href="#">25-1739882-001</a>
<b>a</b>	Plan name <a href="#">LINEAGE LOGISTICS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LINEAGE LOGISTICS HOLDINGS, LLC</a>	<b>c</b> EIN-PN <a href="#">30-0707700-002</a>
<b>a</b>	Plan name <a href="#">LUTHERAN SOCIAL SERVICES EMPLOYEE SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LUTHERAN SOCIAL SERVICES OF THE SOUTH</a>	<b>c</b> EIN-PN <a href="#">74-1109745-001</a>
<b>a</b>	Plan name <a href="#">MASSARO CONSTRUCTION GROUP 401(K) PSP</a>	
<b>b</b>	Name of plan sponsor <a href="#">MASSARO CONSTRUCTION GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">46-4239983-001</a>

<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	MAX CREDIT UNION CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor	MAX CREDIT UNION	<b>c</b> EIN-PN 36-4618706-002
<b>a</b>	Plan name	MAYFAIR ENTERPRISES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAYFAIR ENTERPRISES	<b>c</b> EIN-PN 84-5045992-009
<b>a</b>	Plan name	MERRITT TRAILERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MERRITT TRAILERS, INC.	<b>c</b> EIN-PN 47-4306348-002
<b>a</b>	Plan name	MIKRON CORP MONROE RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MIKRON CORP MONROE	<b>c</b> EIN-PN 06-0974033-001
<b>a</b>	Plan name	MONARCH LANDSCAPE COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONARCH LANDSCAPE HOLDINGS, LLC	<b>c</b> EIN-PN 47-3833472-001
<b>a</b>	Plan name	MONTROSE ENVIRONMENTAL GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONTROSE ENVIRONMENTAL GROUP, INC.	<b>c</b> EIN-PN 46-4195044-001
<b>a</b>	Plan name	MPULSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MPULSE MOBILE	<b>c</b> EIN-PN 47-1633761-001
<b>a</b>	Plan name	NATIVE AMERICAN CONNECTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIVE AMERICAN CONNECTIONS	<b>c</b> EIN-PN 86-0293585-001
<b>a</b>	Plan name	NAVITAS SYSTEM INTEGRATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NAVITAS SYSTEM INTEGRATION, LLC	<b>c</b> EIN-PN 26-2890444-001
<b>a</b>	Plan name	ORTHOMIDWEST 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ORTHOMIDWEST, PLLC	<b>c</b> EIN-PN 36-2691111-002
<b>a</b>	Plan name	ORTHOPEDIC CENTERS OF COLORADO, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ORTHOPEDIC CENTERS OF COLORADO, LLC	<b>c</b> EIN-PN 47-5021191-001
<b>a</b>	Plan name	PARKER PERSONAL CARE HOMES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PARKER PERSONAL CARE HOMES, INC.	<b>c</b> EIN-PN 84-1582091-001

<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	PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PBK ARCHITECTS, INC	<b>c</b> EIN-PN 74-1975450-001
<b>a</b>	Plan name	PHILLIPS EDISON & CO. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PHILLIPS EDISON & COMPANY LTD	<b>c</b> EIN-PN 31-1669229-001
<b>a</b>	Plan name	PHYSICIAN ANESTHESIA SERVICES PC EMPLOYEE PROFIT-SHARING PLAN	
<b>b</b>	Name of plan sponsor	PHYSICIAN ANESTHESIA SERVICES PC	<b>c</b> EIN-PN 47-0975378-002
<b>a</b>	Plan name	POMEROY TECHNOLOGIES LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	POMEROY TECHNOLOGIES LLC	<b>c</b> EIN-PN 85-0862996-004
<b>a</b>	Plan name	R. J. LANG SALES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	R. J. LANG SALES, INC.	<b>c</b> EIN-PN 34-1115891-004
<b>a</b>	Plan name	REALTY INCOME RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	REALTY INCOME CORPORATION	<b>c</b> EIN-PN 33-0580106-002
<b>a</b>	Plan name	RENEWABLE ENERGY SYSTEMS AMERICAS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RENEWABLE ENERGY SYSTEMS AMERICAS INC.	<b>c</b> EIN-PN 95-4683730-001
<b>a</b>	Plan name	RETIREMENT PATH POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	PLAN PROFESSIONALS, LLC	<b>c</b> EIN-PN 85-3213245-304
<b>a</b>	Plan name	ROGUE WASTE SYSTEMS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROGUE WASTE SYSTEMS, LLC	<b>c</b> EIN-PN 93-1236945-003
<b>a</b>	Plan name	RUE GILT GROUPE 401K PLAN	
<b>b</b>	Name of plan sponsor	RGG SERVICES, INC.	<b>c</b> EIN-PN 04-3505021-001
<b>a</b>	Plan name	SAVINGS PLAN FOR THE SUBSIDIARIES OF SOUTHSIDE BANCSHARES, INC.	
<b>b</b>	Name of plan sponsor	SOUTHSIDE BANCSHARES, INC.	<b>c</b> EIN-PN 75-1848732-002
<b>a</b>	Plan name	SCHULTE ROTH & ZABEL LLP ASSOCIATES SAVINGS	
<b>b</b>	Name of plan sponsor	SCHULTE ROTH & ZABEL LLP ASSOCIATES SAVINGS	<b>c</b> EIN-PN 13-2633996-002

<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	SCHULTE ROTH & ZABEL LLP SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SCHULTE ROTH & ZABEL LLP SAVINGS PLAN	<b>c</b> EIN-PN 13-2633996-001
<b>a</b>	Plan name	SCHULTE ROTH & ZABEL LLP THRIFT PLAN	
<b>b</b>	Name of plan sponsor	SCHULTE ROTH & ZABEL LLP THRIFT PLAN	<b>c</b> EIN-PN 13-2633996-030
<b>a</b>	Plan name	SEIBOLD SECURITY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SEIBOLD SECURITY INC	<b>c</b> EIN-PN 16-1121332-002
<b>a</b>	Plan name	SOERENS FORD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOERENS FORD, INC.	<b>c</b> EIN-PN 39-1197317-001
<b>a</b>	Plan name	STEEL KING INDUSTRIES INC. EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	STEEL KING INDUSTRIES, INC.	<b>c</b> EIN-PN 39-1137786-001
<b>a</b>	Plan name	SUNNY DELIGHT BEVERAGES CO. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SUNNY DELIGHT BEVERAGES CO.	<b>c</b> EIN-PN 59-1027282-001
<b>a</b>	Plan name	SURFLINE WAVETRAK, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SURFLINE WAVETRAK, INC.	<b>c</b> EIN-PN 33-0983121-001
<b>a</b>	Plan name	SURGERY PARTNERS 401K PLAN	
<b>b</b>	Name of plan sponsor	SP MANAGEMENT SERVICES	<b>c</b> EIN-PN 62-1736048-001
<b>a</b>	Plan name	TANGOE US, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TANGOE US, INC.	<b>c</b> EIN-PN 06-1571143-001
<b>a</b>	Plan name	TASI HOLDINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TASI HOLDINGS, INC.	<b>c</b> EIN-PN 56-2394552-001
<b>a</b>	Plan name	TEL TECH NETWORKS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEL TECH NETWORKS, INC.	<b>c</b> EIN-PN 86-1016468-001
<b>a</b>	Plan name	THE ARIZONA CENTER FOR NATURE CONSERVATION 401K PLAN	
<b>b</b>	Name of plan sponsor	THE ARIZONA CENTER FOR NATURE CONSERVATION	<b>c</b> EIN-PN 86-0174843-002

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 THE CARIOCA COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE CARIOCA COMPANY	<b>c</b> EIN-PN 86-0273768-001
<b>a</b>	Plan name THE PLASTEK GROUP 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PLASTEK INDUSTRIES, INC.	<b>c</b> EIN-PN 25-1219548-002
<b>a</b>	Plan name THE QUEEN'S HEALTH SYSTEMS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE QUEENS HEALTH SYSTEMS	<b>c</b> EIN-PN 99-0238120-003
<b>a</b>	Plan name THE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor STANDARD SUPPLY AND DISTRIBUTION CO., INC.	<b>c</b> EIN-PN 75-0881971-001
<b>a</b>	Plan name TRIMARK RSP	
<b>b</b>	Name of plan sponsor TMK GLOBAL HOLDINGS, LLC	<b>c</b> EIN-PN 32-0240384-002
<b>a</b>	Plan name TROVE BRANDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor TROVE BRANDS, LLC	<b>c</b> EIN-PN 87-0663411-001
<b>a</b>	Plan name TRUE FOOD KITCHEN 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRUE FOOD KITCHEN	<b>c</b> EIN-PN 26-2536386-001
<b>a</b>	Plan name UDALL SHUMWAY PLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UDALL SHUMWAY PLC	<b>c</b> EIN-PN 03-0500527-001
<b>a</b>	Plan name ULTRAGENYX PHARMACEUTICAL INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ULTRAGENYX PHARMACEUTICAL INC.	<b>c</b> EIN-PN 27-2546083-001
<b>a</b>	Plan name UNITED DAIRY FARMERS, INC. MONEY PURCHASE	
<b>b</b>	Name of plan sponsor UNITED DAIRY FARMERS, INC.	<b>c</b> EIN-PN 31-1361170-001
<b>a</b>	Plan name UNITED FASHIONS OF TEXAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNITED FASHIONS OF TEXAS LLC	<b>c</b> EIN-PN 26-0433691-001
<b>a</b>	Plan name VARO RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor VARO MONEY, INC.	<b>c</b> EIN-PN 47-5457481-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	VIAERO WIRELESS TECHNOLOGIES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	VIAERO WIRELESS TECHNOLOGIES, INC.	<b>c</b> EIN-PN 82-3065518-001
<b>a</b>	Plan name	VIRTRA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VIRTRA, INC.	<b>c</b> EIN-PN 93-1207631-001
<b>a</b>	Plan name	VISUAL COMFORT & CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VISUAL COMFORT & CO.	<b>c</b> EIN-PN 20-8831825-004
<b>a</b>	Plan name	WASTE CONNECTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WASTE CONNECTIONS, INC.	<b>c</b> EIN-PN 68-0400286-001
<b>a</b>	Plan name	WATTS WATER TECHNOLOGIES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WATTS WATER TECHNOLOGIES, INC.	<b>c</b> EIN-PN 04-2916536-003
<b>a</b>	Plan name	WCF 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WCF MUTUAL INSURANCE CO.	<b>c</b> EIN-PN 87-0407018-001
<b>a</b>	Plan name	WDP POOLED EMPLOYER PLAN ADOPTED BY RIOS OF MERCEDES	
<b>b</b>	Name of plan sponsor	AXIOS ADVISORY GROUP, LLC	<b>c</b> EIN-PN 25-1722805-101
<b>a</b>	Plan name	WEST MADISON FOODS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	WEST MADISON FOODS, INC	<b>c</b> EIN-PN 93-2237444-001
<b>a</b>	Plan name	WINDISH RV CENTER INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WINDISH INC	<b>c</b> EIN-PN 84-1229279-001
<b>a</b>	Plan name	YOUNG'S HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YOUNGS HOLDINGS, INC.	<b>c</b> EIN-PN 95-4275261-001
<b>a</b>	Plan name	ZIEHM-ORTHOSCAN, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	ZIEHM-ORTHOSCAN, INC.	<b>c</b> EIN-PN 20-1602923-002
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PUTNAM LARGE CAP VALUE TRUST II</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>676</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>86-1899009</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>	7054393	515040
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	4593362	13177321
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	99034
<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>	105953764	320772636
<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>	0	12063811
<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>	2699428	230847

<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>	120300947	346858689
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	5405
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	226664	802444
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	226664	807849
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	120074283	346050840

**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>	440388	
<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>		440388
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	4427761	
<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>		4427761
(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>	328560873	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	315519884	
<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>		13040989
<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>	8776566	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<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>		-187337
<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>		26498367

**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>	11089	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	730890	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	138339	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		880318
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		880318

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		25618049
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		291388284
(2) From this plan .....	<b>2l(2)</b>		91029776

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