

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, a single-employer plan, 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, 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, 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: T. ROWE PRICE STRATEGIC COMMON TRUST FUND, T. ROWE PRICE RETIREMENT BLEND 2005 TRUST; 1b Three-digit plan number (PN): 001; 1c Effective date of plan; 2a Plan sponsor's name (employer, if for a single-employer plan): T. ROWE PRICE TRUST COMPANY; 2b Employer Identification Number (EIN): 61-6590722; 2c Plan Sponsor's telephone number: 410-345-3498; 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>	OMB No. 1210-0110  <hr/> <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>T. ROWE PRICE STRATEGIC COMMON TRUST FUND, T. ROWE PRICE RETIREMENT BLEND 2005 TRUST</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>T. ROWE PRICE TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>61-6590722</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:	<u>TRP DYNAMIC CREDIT TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>T. ROWE PRICE TRUST COMPANY</u>		
<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)	
<u>93-2020168-001</u>	<u>C</u>		<u>2761376</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TRP DYNAMIC GLOBAL BOND TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>T. ROWE PRICE TRUST COMPANY</u>		
<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)	
<u>37-6652415-001</u>	<u>C</u>		<u>6548778</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TRP EMERGING MARKETS BOND TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>T. ROWE PRICE TRUST COMPANY</u>		
<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)	
<u>38-7011723-001</u>	<u>C</u>		<u>6095472</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TRP EMERGING MKTS DISC STOCK TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>T. ROWE PRICE TRUST COMPANY</u>		
<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)	
<u>84-3612736-001</u>	<u>C</u>		<u>1800153</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TRP EMERGING MKTS EQ TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>T. ROWE PRICE TRUST COMPANY</u>		
<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)	
<u>52-1309931-006</u>	<u>C</u>		<u>1614913</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TRP EQUITY INDEX TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>T. ROWE PRICE TRUST COMPANY</u>		
<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)	
<u>52-6559833-001</u>	<u>C</u>		<u>20663053</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TRP FLOATING RATE TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>T. ROWE PRICE TRUST COMPANY</u>		
<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)	
<u>38-4044370-001</u>	<u>C</u>		<u>2007131</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP GROWTH STOCK TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 52-6559833-013	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6657238

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP HEDGED EQUITY TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 92-2748860-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7496921

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP HIGH YIELD TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 35-2425740-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5754015

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP INTERNATIONAL BOND TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 30-6304154-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10019099

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP INTERNATIONAL EQ INDEX TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 61-6591055-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9043324

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP INTERNATIONAL GROWTH EQ TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 35-6942416-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2438035

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP INTERNATIONAL VALUE EQ TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 35-2425742-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2809711

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP NEW HORIZONS TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 52-6559833-014	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 818650

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP REAL ASSETS TRUST I		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 35-2425741-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4603761

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP US 1 5 YEAR TIPS INDEX TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 32-6493592-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30484267

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP US BOND INDEX TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 36-4882015-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27495652
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP US MID CAP GROWTH EQUITY TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 35-2425738-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1367905
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP US MID CAP INDEX TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 61-6555368-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2343091
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP US MID CAP VALUE EQUITY TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 35-6941663-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1149259
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP US SMALL CAP INDEX TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 35-7124469-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1853124
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP US SMALL CAP VALUE EQ TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 37-6495449-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1166339
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP US TREASURY LONG TERM INDEX TR		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 61-6593158-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5394843
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP US TREASURY MM TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 52-6559833-004	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3465648
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP US VALUE EQUITY TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 38-7010951-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6891087
<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 <b>AFLAC INCORPORATED 401(K) SAVINGS AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AFLAC INCORPORATED</b>	<b>c</b> EIN-PN <b>58-1167100-004</b>
<b>a</b>	Plan name <b>AGGREKO, LLC EMPLOYEES' SAVINGS &amp; INVESTMENT RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AGGREKO, LLC</b>	<b>c</b> EIN-PN <b>72-0692213-002</b>
<b>a</b>	Plan name <b>A12 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ALLEN INSTITUTE FOR ARTIFICIAL INTELLIGENCE</b>	<b>c</b> EIN-PN <b>90-1033188-001</b>
<b>a</b>	Plan name <b>ALLEN INSTITUTE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ALLEN INSTITUTE</b>	<b>c</b> EIN-PN <b>91-2155317-001</b>
<b>a</b>	Plan name <b>ALLIANCE LAUNDRY SYSTEMS CAPITAL APPRECIATION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ALLIANCE LAUNDRY SYSTEMS, LLC</b>	<b>c</b> EIN-PN <b>39-1927923-003</b>
<b>a</b>	Plan name <b>AMERICAN SUGAR REFINING &amp; SUBSIDIARIES HOURLY SAVINGS AND INVESTMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AMERICAN SUGAR REFINING, INC.</b>	<b>c</b> EIN-PN <b>13-3366163-003</b>
<b>a</b>	Plan name <b>AMERICAN SUGAR SALARY SAVINGS AND INVESTMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AMERICAN SUGAR REFINING, INC.</b>	<b>c</b> EIN-PN <b>13-3366163-004</b>
<b>a</b>	Plan name <b>AMERICAN TRIM L.L.C. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SUPERIOR METAL PRODUCTS, INC. DBA AMERICAN TRIM</b>	<b>c</b> EIN-PN <b>34-4476715-001</b>
<b>a</b>	Plan name <b>ARVIG ENTERPRISES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ARVIG ENTERPRISES, INC.</b>	<b>c</b> EIN-PN <b>41-1507358-002</b>
<b>a</b>	Plan name <b>ASSOCIATED FOOD STORES, INC. 401K PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>ASSOCIATED FOOD STORES, INC.</b>	<b>c</b> EIN-PN <b>81-6012613-002</b>
<b>a</b>	Plan name <b>ATRION CORPORATION 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ATRION CORPORATION</b>	<b>c</b> EIN-PN <b>63-0821819-003</b>
<b>a</b>	Plan name <b>AVALONBAY COMMUNITIES, INC. ASSOCIATE SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AVALONBAY COMMUNITIES, INC.</b>	<b>c</b> EIN-PN <b>77-0404318-001</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	AVIENT RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AVIENT CORPORATION	<b>c</b> EIN-PN 34-1730488-010
<b>a</b>	Plan name	AZZ INC EMPLOYEE BENEFIT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	AZZ INC	<b>c</b> EIN-PN 75-0948250-001
<b>a</b>	Plan name	BRIGHTSPEED 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CONNECT HOLDING II LLC D/B/A BRIGHTSPEED	<b>c</b> EIN-PN 87-3811759-001
<b>a</b>	Plan name	BROOKS KUSHMAN P.C. EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BROOKS KUSHMAN P.C.	<b>c</b> EIN-PN 38-3085676-001
<b>a</b>	Plan name	BUNN-O-MATIC CORPORATION 401(K) SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BUNN-O-MATIC CORPORATION	<b>c</b> EIN-PN 37-0840805-002
<b>a</b>	Plan name	CACI SMART PLAN	
<b>b</b>	Name of plan sponsor	CACI INTERNATIONAL, INC.	<b>c</b> EIN-PN 54-1345888-002
<b>a</b>	Plan name	CALAVO GROWERS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CALAVO GROWERS, INC.	<b>c</b> EIN-PN 33-0945304-006
<b>a</b>	Plan name	CALIFORNIA DENTIST'S GUILD RETIREMENT PROGRAM PEP	
<b>b</b>	Name of plan sponsor	CALIFORNIA DENTISTS GUILD RETIREMENT PROGRAM PEP	<b>c</b> EIN-PN 43-1971558-016
<b>a</b>	Plan name	CLEVELAND-CLIFFS STEEL LLC DEFINED CONTRIBUTION PLANS MASTER TRUST	
<b>b</b>	Name of plan sponsor	CLEVELAND-CLIFFS STEEL LLC	<b>c</b> EIN-PN 71-0871875-008
<b>a</b>	Plan name	COLORADO SPRINGS RADIOLOGISTS, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COLORADO SPRINGS RADIOLOGISTS, P.C.	<b>c</b> EIN-PN 84-0607791-001
<b>a</b>	Plan name	COPART, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	COPART, INC.	<b>c</b> EIN-PN 94-2867490-001
<b>a</b>	Plan name	CORPORATE OFFICE PROPERTIES, L.P. EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CORPORATE OFFICE PROPERTIES, L.P.	<b>c</b> EIN-PN 23-2930022-001

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 COSTAR REALTY INFORMATION, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COSTAR REALTY INFORMATION, INC.	<b>c</b> EIN-PN 52-2134617-001
<b>a</b>	Plan name COUNTY OF FRESNO 457(B) DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor COUNTY OF FRESNO	<b>c</b> EIN-PN 94-6000512-999
<b>a</b>	Plan name CRAWFORD & COMPANY SAVINGS & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor CRAWFORD & COMPANY & SUBSIDIARIES	<b>c</b> EIN-PN 58-0506554-002
<b>a</b>	Plan name DANMILY LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FAIRFIELD INSULATION AND DRYWALL	<b>c</b> EIN-PN 81-2491307-001
<b>a</b>	Plan name DAVIS-STANDARD, LLC 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DAVIS-STANDARD, LLC	<b>c</b> EIN-PN 20-2653604-001
<b>a</b>	Plan name DEFERRED SAVINGS PLAN OF THE PENSKE CORPORATION	
<b>b</b>	Name of plan sponsor PENSKE CORPORATION	<b>c</b> EIN-PN 23-1717338-333
<b>a</b>	Plan name DELTA COMMUNITY CREDIT UNION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DELTA COMMUNITY CREDIT UNION	<b>c</b> EIN-PN 58-0904765-001
<b>a</b>	Plan name DEMATIC CORP. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DEMATIC CORP.	<b>c</b> EIN-PN 04-3834872-002
<b>a</b>	Plan name DENTONS US LLP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DENTONS US LLP	<b>c</b> EIN-PN 36-1796730-001
<b>a</b>	Plan name DETROIT ENTERTAINMENT, L.L.C. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor DETROIT ENTERTAINMENT, L.L.C.	<b>c</b> EIN-PN 38-3362971-001
<b>a</b>	Plan name DISH NETWORK CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor DISH NETWORK CORPORATION	<b>c</b> EIN-PN 88-0336997-001
<b>a</b>	Plan name DRISCOLL'S 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DRISCOLLS, INC.	<b>c</b> EIN-PN 94-1253729-001

**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	DRISCOLL'S 401(K) SEASONAL EMPLOYEE SAVINGS PLAN	
<b>b</b> Name of plan sponsor	DRISCOLLS, INC.	<b>c</b> EIN-PN 94-1237296-002
<b>a</b> Plan name	EBAY INC. 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	EBAY INC.	<b>c</b> EIN-PN 77-0430924-001
<b>a</b> Plan name	EHOSTAR 401(K) PLAN	
<b>b</b> Name of plan sponsor	EHOSTAR CORPORATION	<b>c</b> EIN-PN 26-1232727-001
<b>a</b> Plan name	ELEKTA, INC. 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	ELEKTA, INC.	<b>c</b> EIN-PN 58-1876545-001
<b>a</b> Plan name	ELEVATE TEXTILES 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	ELEVATE TEXTILES INC.	<b>c</b> EIN-PN 33-0596831-018
<b>a</b> Plan name	EMERUS RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	EMERUS HOLDINGS, INC.	<b>c</b> EIN-PN 27-4317672-001
<b>a</b> Plan name	ERP INTERNATIONAL 401(K) PLAN	
<b>b</b> Name of plan sponsor	ERP INTERNATIONAL	<b>c</b> EIN-PN 20-5784301-001
<b>a</b> Plan name	FAIRFIELD-SUISUN SEWER DIST. 457 DEFERRED COMPENSATION PLAN	
<b>b</b> Name of plan sponsor	FAIRFIELD-SUISUN SEWER DISTRICT	<b>c</b> EIN-PN 94-3256823-999
<b>a</b> Plan name	FEDERAL HOUSING FINANCE AGENCY 401(K) PLAN	
<b>b</b> Name of plan sponsor	FEDERAL HOUSING FINANCE AGENCY	<b>c</b> EIN-PN 84-1024566-001
<b>a</b> Plan name	FIVES RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	FIVES INC.	<b>c</b> EIN-PN 38-3503183-001
<b>a</b> Plan name	FLORIDA CRYSTALS CORPORATION RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	AGRO-INDUSTRIAL MANAGEMENT, INC.	<b>c</b> EIN-PN 65-0358467-003
<b>a</b> Plan name	FLORIDA CRYSTALS CORPORATION RETIREMENT SAVINGS PLAN FOR BARGAINING UNIT EMPLOYEES	
<b>b</b> Name of plan sponsor	FLORIDA CRYSTALS CORPORATION	<b>c</b> EIN-PN 65-0773338-003

<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	FLORIDA CRYSTALS CORPORATION SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	AGRO-INDUSTRIAL MANAGEMENT, INC.	<b>c</b> EIN-PN 65-0358467-004
<b>a</b>	Plan name	FREEDOMREWARDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CWGS GROUP, LLC	<b>c</b> EIN-PN 46-3759013-001
<b>a</b>	Plan name	GAPSHARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GAP, LLC.	<b>c</b> EIN-PN 94-1697231-001
<b>a</b>	Plan name	GARMIN INTERNATIONAL, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GARMIN INTERNATIONAL, INC.	<b>c</b> EIN-PN 48-1088407-001
<b>a</b>	Plan name	GENTIVA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CURO HEALTH SERVICES, LLC	<b>c</b> EIN-PN 32-0307955-001
<b>a</b>	Plan name	GESTAMP NORTH AMERICA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GESTAMP NORTH AMERICA, INC.	<b>c</b> EIN-PN 20-1911637-001
<b>a</b>	Plan name	GIBBONS P.C. THRIFT SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	GIBBONS P.C.	<b>c</b> EIN-PN 22-2366099-002
<b>a</b>	Plan name	GLACIER BANCORP, INC. PROFIT SHARING AND 401K PLAN	
<b>b</b>	Name of plan sponsor	GLACIER BANCORP, INC.	<b>c</b> EIN-PN 81-0519541-002
<b>a</b>	Plan name	GOLDEN STATE WATER COMPANY INVESTMENT INCENTIVE PROGRAM	
<b>b</b>	Name of plan sponsor	GOLDEN STATE WATER COMPANY	<b>c</b> EIN-PN 95-1243678-005
<b>a</b>	Plan name	GRAND RIVER MEDICAL GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DUBUQUE INTERNAL MEDICINE, P.C. DBA GRAND RIVER MEDICAL GROUP	<b>c</b> EIN-PN 42-0848123-002
<b>a</b>	Plan name	GRANITE CONSTRUCTION PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRANITE CONSTRUCTION INCORPORATED	<b>c</b> EIN-PN 77-0239383-001
<b>a</b>	Plan name	HARRIS TEETER SUPERMARKETS, INC. RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HARRIS TEETER SUPERMARKETS, INC.	<b>c</b> EIN-PN 56-0905940-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name HAYS U.S. CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAYS U.S. CORPORATION	<b>c</b> EIN-PN 59-3686175-002
<b>a</b>	Plan name HERSHEY ENTERTAINMENT & RESORTS COMPANY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HERSHEY ENTERTAINMENT & RESORTS COMPANY	<b>c</b> EIN-PN 23-0691815-003
<b>a</b>	Plan name HERSHEY ENTERTAINMENT & RESORTS COMPANY SAVINGS PLAN FOR HOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor HERSHEY ENTERTAINMENT & RESORTS COMPANY	<b>c</b> EIN-PN 23-0691815-004
<b>a</b>	Plan name HIGGINBOTHAM INSURANCE AGENCY, INC. SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor HIGGINBOTHAM INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 75-1732559-002
<b>a</b>	Plan name HMT 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HMT LLC	<b>c</b> EIN-PN 52-2207348-001
<b>a</b>	Plan name HORNETS BASKETBALL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HORNETS BASKETBALL, LLC	<b>c</b> EIN-PN 74-3074438-001
<b>a</b>	Plan name HURON REGIONAL MEDICAL CENTER, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HURON REGIONAL MEDICAL CENTER, INC.	<b>c</b> EIN-PN 46-0345312-003
<b>a</b>	Plan name IDEMIA RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor IDEMIA IDENTITY AND SECURITY USA LLC	<b>c</b> EIN-PN 04-3320515-001
<b>a</b>	Plan name IGS ENERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTERSTATE GAS SUPPLY, INC.	<b>c</b> EIN-PN 31-1286758-001
<b>a</b>	Plan name INNOVATIVE XCESSORIES & SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor INNOVATIVE XCESSORIES & SERVICES	<b>c</b> EIN-PN 36-4756635-001
<b>a</b>	Plan name INTELSAT 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor INTELSAT US LLC	<b>c</b> EIN-PN 95-4607698-003
<b>a</b>	Plan name ITERIS, INC 401K AND STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor ITERIS, INC.	<b>c</b> EIN-PN 95-2588496-005

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 K2 INSURANCE SERVICES, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor K2 INSURANCE SERVICES, LLC	<b>c</b> EIN-PN 37-1643563-003
<b>a</b>	Plan name KAIROS LIVING LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor KAIROS LIVING, LLC	<b>c</b> EIN-PN 84-2169387-001
<b>a</b>	Plan name KUIKEN BROTHERS COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor THE KUIKEN BROTHERS COMPANY	<b>c</b> EIN-PN 22-1050080-001
<b>a</b>	Plan name LEPRINO FOODS COMPANY PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEPRINO FOODS COMPANY	<b>c</b> EIN-PN 84-0500292-002
<b>a</b>	Plan name LERCH BATES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LERCH BATES, INC.	<b>c</b> EIN-PN 36-2285171-001
<b>a</b>	Plan name LIBERTY LIFT SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LIBERTY LIFT SOLUTIONS, LLC	<b>c</b> EIN-PN 46-1386383-001
<b>a</b>	Plan name MAREL USA 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MAREL MEAT PROCESSING INC	<b>c</b> EIN-PN 48-1174114-002
<b>a</b>	Plan name MARSHFIELD CLINIC MASTER TRUST	
<b>b</b>	Name of plan sponsor MARSHFIELD CLINIC	<b>c</b> EIN-PN 39-0452970-003
<b>a</b>	Plan name MAXION WHEELS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MAXION WHEELS U.S.A. LLC	<b>c</b> EIN-PN 30-0167742-055
<b>a</b>	Plan name MIDMARK CORPORATION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MIDMARK CORPORATION 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 34-4269370-003
<b>a</b>	Plan name MODINE MANUFACTURING COMPANY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MODINE MANUFACTURING COMPANY	<b>c</b> EIN-PN 39-0482000-024
<b>a</b>	Plan name NEC CORPORATION OF AMERICA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NEC CORPORATION OF AMERICA	<b>c</b> EIN-PN 20-0665337-002

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 ORTHOPAEDIC ASSOCIATES OF MICHIGAN PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ORTHOPAEDIC ASSOCIATES OF MICHIGAN	<b>c</b> EIN-PN 38-1971253-001
<b>a</b>	Plan name PATH PROFIT SHARING 401(K) INCENTIVE PLAN	
<b>b</b>	Name of plan sponsor PATH	<b>c</b> EIN-PN 91-1157127-004
<b>a</b>	Plan name PATTERN ENERGY GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor PATTERN ENERGY GROUP SERVICES LP	<b>c</b> EIN-PN 84-4046110-001
<b>a</b>	Plan name PETSMART, INC. SAVESMART 401K PLAN	
<b>b</b>	Name of plan sponsor PETSMART, INC.	<b>c</b> EIN-PN 94-3024325-001
<b>a</b>	Plan name PGA COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor VULCAN LLC	<b>c</b> EIN-PN 91-1505262-001
<b>a</b>	Plan name PLASKOLITE, LLC AND SUBSIDIARIES AMENDED AND RESTATED PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PLASKOLITE, LLC	<b>c</b> EIN-PN 31-4376110-001
<b>a</b>	Plan name PLZ AEROSCIENCE 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor PLZ CORP	<b>c</b> EIN-PN 20-3193854-001
<b>a</b>	Plan name POLAR SEMICONDUCTOR, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor POLAR SEMICONDUCTOR, LLC	<b>c</b> EIN-PN 20-3094949-001
<b>a</b>	Plan name POTLATCHDELTIC HOURLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor POTLATCHDELTIC CORPORATION	<b>c</b> EIN-PN 82-0156045-106
<b>a</b>	Plan name POTLATCHDELTIC SALARIED 401(K) PLAN	
<b>b</b>	Name of plan sponsor POTLATCHDELTIC CORPORATION	<b>c</b> EIN-PN 82-0156045-105
<b>a</b>	Plan name PRECOAT 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRECOAT MEZZANINE HOLDINGS LLC	<b>c</b> EIN-PN 82-1011883-001
<b>a</b>	Plan name PRIMARY RESIDENTIAL MORTGAGE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRIMARY RESIDENTIAL MORTGAGE, INC.	<b>c</b> EIN-PN 86-0860478-001

<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	PURE STORAGE, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	PURE STORAGE, INC.
<b>c</b>	EIN-PN	27-1069557-001
<b>a</b>	Plan name	RICARDO, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	RICARDO, INC.
<b>c</b>	EIN-PN	38-2833470-001
<b>a</b>	Plan name	ROCKET SOFTWARE, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	ROCKET SOFTWARE, INC.
<b>c</b>	EIN-PN	04-3090800-001
<b>a</b>	Plan name	ROGERS MEMORIAL HOSPITAL INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	ROGERS MEMORIAL HOSPITAL, INC.
<b>c</b>	EIN-PN	39-1139101-002
<b>a</b>	Plan name	ROUSH 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ROUSH INDUSTRIES, INC.
<b>c</b>	EIN-PN	38-2080919-001
<b>a</b>	Plan name	SILVUS TECHNOLOGIES, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	SILVUS TECHNOLOGIES, INC.
<b>c</b>	EIN-PN	20-1402290-001
<b>a</b>	Plan name	SMW HEALTH NETWORK 401(K) PLAN
<b>b</b>	Name of plan sponsor	SMW HEALTH NETWORK, LLC
<b>c</b>	EIN-PN	84-3487711-001
<b>a</b>	Plan name	SNOHOMISH COUNTY PUBLIC UTILITY DISTRICT NO. 1 401(K) PLAN AND TRUST
<b>b</b>	Name of plan sponsor	SNOHOMISH COUNTY PUBLIC UTILITY DISTRICT
<b>c</b>	EIN-PN	97-0000185-997
<b>a</b>	Plan name	SNOHOMISH COUNTY PUD 457 GOVERNMENTAL PLAN AND TRUST
<b>b</b>	Name of plan sponsor	SNOHOMISH COUNTY PUBLIC UTILITY DISTRICT
<b>c</b>	EIN-PN	97-0000185-999
<b>a</b>	Plan name	STANDARD PROCESS INC. PROFIT SHARING AND PENSION PLAN
<b>b</b>	Name of plan sponsor	STANDARD PROCESS INC.
<b>c</b>	EIN-PN	39-0762936-001
<b>a</b>	Plan name	STELLAR 401(K) PLAN
<b>b</b>	Name of plan sponsor	STELLAR GROUP, INCORPORATED
<b>c</b>	EIN-PN	59-2545827-001
<b>a</b>	Plan name	TEXAS GULF BANCSHARES, INC. EMPLOYEE SAVINGS PLAN
<b>b</b>	Name of plan sponsor	TEXAS GULF BANCSHARES
<b>c</b>	EIN-PN	74-1774826-001

<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	THE HUNTER SAVINGS INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	HUNTER INDUSTRIES INCORPORATED	<b>c</b> EIN-PN 33-0592522-001
<b>a</b>	Plan name	THE MILLIKEN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MILLIKEN & COMPANY	<b>c</b> EIN-PN 86-1417058-335
<b>a</b>	Plan name	THE PEP BOYS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE PEP BOYS - MANNY, MOE & JACK LLC - SUBSIDIARY OF ICAHN ENTERPRISE	<b>c</b> EIN-PN 85-4254017-003
<b>a</b>	Plan name	THE PEP BOYS SAVINGS PLAN -PUERTO RICO	
<b>b</b>	Name of plan sponsor	PEP BOYS - MANNY, MOE & JACK OF PUERTO RICO, INC. - SUBSIDIARY OF ICAH	<b>c</b> EIN-PN 51-0363784-002
<b>a</b>	Plan name	THE PROFIT SHARING AND RETIREMENT PLAN OF WAGMAN, INC.	
<b>b</b>	Name of plan sponsor	WAGMAN, INC.	<b>c</b> EIN-PN 23-2200489-001
<b>a</b>	Plan name	THIELE KAOLIN COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THIELE KAOLIN COMPANY	<b>c</b> EIN-PN 58-0525495-002
<b>a</b>	Plan name	THRIFT & SAVINGS PLAN SPONSORED BY UNITED DAIRY INDUSTRY ASSOCIATION	
<b>b</b>	Name of plan sponsor	UNITED DAIRY INDUSTRY ASSOCIATION	<b>c</b> EIN-PN 36-2702849-334
<b>a</b>	Plan name	U.S. PHYSICAL THERAPY, INC. 401(K) GOLD PLAN	
<b>b</b>	Name of plan sponsor	U.S. PHYSICAL THERAPY, INC.	<b>c</b> EIN-PN 76-0364866-003
<b>a</b>	Plan name	U.S. PHYSICAL THERAPY, INC. 401(K) PLATINUM PLAN	
<b>b</b>	Name of plan sponsor	U.S. PHYSICAL THERAPY, INC.	<b>c</b> EIN-PN 76-0364866-002
<b>a</b>	Plan name	U.S. PHYSICAL THERAPY, INC. 401(K) SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	U.S. PHYSICAL THERAPY, INC.	<b>c</b> EIN-PN 76-0364866-001
<b>a</b>	Plan name	UBER FREIGHT RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	UBER FREIGHT US LLC	<b>c</b> EIN-PN 75-2949425-001
<b>a</b>	Plan name	UNITED COMMUNITY BANKS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNITED COMMUNITY BANKS, INC.	<b>c</b> EIN-PN 58-0554454-001



<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>T. ROWE PRICE STRATEGIC COMMON TRUST FUND, T. ROWE PRICE RETIREMENT BLEND 2005 TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>T. ROWE PRICE TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>61-6590722</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>	766688	990410
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<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>		
<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>	51679639	172742845
<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>		

<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>	52446327	173733255
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	8481	25952
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	766827	990841
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	775308	1016793
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	51671019	172716462

**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>		
<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>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<b>(3)</b> 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>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		0
<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>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		10677702
(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>		10677702

**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>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	222362	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(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>		222362
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		222362

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		10455340
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		163103459
(2) From this plan .....	<b>2l(2)</b>		52513356

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