

**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
  - 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
  - special extension (enter description)
  - the DFVC program
- 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**

<b>1a</b> Name of plan <u>T. ROWE PRICE STRATEGIC COMMON TRUST FUND, T. ROWE PRICE RETIREMENT BLEND 2060 TRUST</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
	<b>1c</b> Effective date of plan
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>T. ROWE PRICE TRUST COMPANY</u>  <u>100 EAST PRATT STREET</u> <u>BALTIMORE, MD 21202</u>	<b>2b</b> Employer Identification Number (EIN) <u>35-7193113</u>
	<b>2c</b> Plan Sponsor's telephone number <u>410-345-3498</u>
	<b>2d</b> 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.

<b>SIGN HERE</b>			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>08/21/2025</u>	<u>RICK SCHULTZ</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<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 2060 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>35-7193113</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 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 <u>37-6652415-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>1209480</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 <u>84-3612736-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>38613362</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 <u>52-1309931-006</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>34489463</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 <u>52-6559833-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>445341833</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TRP GROWTH 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 <u>52-6559833-013</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>140284824</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TRP INTERNATIONAL 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 <u>30-6304154-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>2097760</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TRP INTERNATIONAL EQ 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 <u>61-6591055-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>192225922</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRP INTERNATIONAL GROWTH EQ TRUST

**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)	50230815
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRP INTERNATIONAL VALUE EQ TRUST

**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)	58829316
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRP NEW HORIZONS TRUST

**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)	16297489
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRP REAL ASSETS TRUST I

**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)	85827029
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRP US 1 5 YEAR TIPS INDEX TRUST

**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)	131810
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRP US BOND INDEX TRUST

**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)	6120215
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRP US MID CAP GROWTH EQUITY TRUST

**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)	27010284
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRP US MID CAP INDEX TRUST

**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)	50932363
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRP US MID CAP VALUE EQUITY TRUST

**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)	23015887
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRP US SMALL CAP INDEX TRUST

**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)	39657837
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRP US SMALL CAP VALUE EQ TRUST

**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) 22996088
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRP US TREASURY LONG TERM INDEX TR

**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) 3896849
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRP US TREASURY MM TRUST

**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) 528606
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRP US VALUE EQUITY TRUST

**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) 146875637
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name 2ND ADVENTURE PAYROLL SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor 2ND ADVENTURE PAYROLL SERVICES	<b>c</b> EIN-PN 93-3924219-001
<b>a</b>	Plan name A.O. SMITH RETIREMENT SECURITY PLAN - WATER-RIGHT	
<b>b</b>	Name of plan sponsor A.O. SMITH CORPORATION	<b>c</b> EIN-PN 39-0619790-095
<b>a</b>	Plan name AFLAC INCORPORATED 401(K) SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AFLAC INCORPORATED	<b>c</b> EIN-PN 58-1167100-004
<b>a</b>	Plan name AGGREKO, LLC EMPLOYEES' SAVINGS & INVESTMENT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AGGREKO, LLC	<b>c</b> EIN-PN 72-0692213-002
<b>a</b>	Plan name AI2 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALLEN INSTITUTE FOR ARTIFICIAL INTELLIGENCE	<b>c</b> EIN-PN 90-1033188-001
<b>a</b>	Plan name ALASKA MUN LEAGUE JT INS ASSOC 401(A) PLAN	
<b>b</b>	Name of plan sponsor ALASKA MUNICIPAL LEAGUE JOINT INSURANCE ASSOCIATION, INC.	<b>c</b> EIN-PN 92-0156464-001
<b>a</b>	Plan name ALASKA MUNICIPAL LEAGUE JOINT 457 DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor ALASKA MUNICIPAL LEAGUE JOINT INSURANCE ASSOCIATION, INC.	<b>c</b> EIN-PN 92-0156464-999
<b>a</b>	Plan name ALLEN INSTITUTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALLEN INSTITUTE	<b>c</b> EIN-PN 91-2155317-001
<b>a</b>	Plan name ALLIANCE LAUNDRY SYSTEMS CAPITAL APPRECIATION PLAN	
<b>b</b>	Name of plan sponsor ALLIANCE LAUNDRY SYSTEMS, LLC	<b>c</b> EIN-PN 39-1927923-003
<b>a</b>	Plan name AMERICAN SUGAR REFINING & SUBSIDIARIES HOURLY SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor AMERICAN SUGAR REFINING, INC.	<b>c</b> EIN-PN 13-3366163-003
<b>a</b>	Plan name AMERICAN SUGAR SALARY SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor AMERICAN SUGAR REFINING, INC.	<b>c</b> EIN-PN 13-3366163-004
<b>a</b>	Plan name AMERICAN TRIM L.L.C. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SUPERIOR METAL PRODUCTS, INC. DBA AMERICAN TRIM	<b>c</b> EIN-PN 34-4476715-001

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 ANGELL-DEMMELE NORTH AMERICA EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ANGELL-DEMMELE NORTH AMERICA CORPORATION DBA ALUTRIM NORTH AMERICA CORP	<b>c</b> EIN-PN 26-3215759-005
<b>a</b>	Plan name ANGELL-DEMMELE NORTH AMERICA, LTD. IUE LOCAL 697 SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ANGELL-DEMMELE NORTH AMERICA CORPORATION DBA ALUTRIM NORTH AMERICA CORP	<b>c</b> EIN-PN 26-3215759-004
<b>a</b>	Plan name ARVIG ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARVIG ENTERPRISES, INC.	<b>c</b> EIN-PN 41-1507358-002
<b>a</b>	Plan name ASSOCIATED FOOD STORES, INC. 401K PLAN & TRUST	
<b>b</b>	Name of plan sponsor ASSOCIATED FOOD STORES, INC.	<b>c</b> EIN-PN 81-6012613-002
<b>a</b>	Plan name ATRION CORPORATION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ATRION CORPORATION	<b>c</b> EIN-PN 63-0821819-003
<b>a</b>	Plan name AVALONBAY COMMUNITIES, INC. ASSOCIATE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AVALONBAY COMMUNITIES, INC.	<b>c</b> EIN-PN 77-0404318-001
<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 AXILLON AEROSPACE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor CARBON TOPCO, INC.	<b>c</b> EIN-PN 99-4576537-001
<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 BELCO INDUSTRIES, INC. NEGOTIATED RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BELCO INDUSTRIES, INC.	<b>c</b> EIN-PN 38-1612822-002
<b>a</b>	Plan name BOX, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BOX, INC.	<b>c</b> EIN-PN 20-2714444-001
<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

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="#">BROOKS KUSHMAN P.C. EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">BROOKS KUSHMAN P.C.</a>	<b>c</b> EIN-PN <a href="#">38-3085676-001</a>
<b>a</b>	Plan name <a href="#">BUNN-O-MATIC CORPORATION 401(K) SAVINGS PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">BUNN-O-MATIC CORPORATION</a>	<b>c</b> EIN-PN <a href="#">37-0840805-002</a>
<b>a</b>	Plan name <a href="#">CACI SMART PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CACI INTERNATIONAL, INC.</a>	<b>c</b> EIN-PN <a href="#">54-1345888-002</a>
<b>a</b>	Plan name <a href="#">CADENCE BANK 401(K) PROFIT-SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CADENCE BANK</a>	<b>c</b> EIN-PN <a href="#">64-0117230-002</a>
<b>a</b>	Plan name <a href="#">CALAVO GROWERS, INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CALAVO GROWERS, INC.</a>	<b>c</b> EIN-PN <a href="#">33-0945304-006</a>
<b>a</b>	Plan name <a href="#">CALIFORNIA DENTIST'S GUILD RETIREMENT PROGRAM PEP</a>	
<b>b</b>	Name of plan sponsor <a href="#">CALIFORNIA DENTISTS GUILD RETIREMENT PROGRAM PEP</a>	<b>c</b> EIN-PN <a href="#">43-1971558-016</a>
<b>a</b>	Plan name <a href="#">CAREWELL HEALTH 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EOH ACQUISITION, LLC DBA CAREWELL HEALTH MEDICAL CENTER</a>	<b>c</b> EIN-PN <a href="#">85-4153331-001</a>
<b>a</b>	Plan name <a href="#">CHINA TELECOM AMERICAS CORPORATION 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHINA TELECOM AMERICAS CORPORATION</a>	<b>c</b> EIN-PN <a href="#">02-0625788-001</a>
<b>a</b>	Plan name <a href="#">CLEVELAND-CLIFFS STEEL LLC DEFINED CONTRIBUTION PLANS MASTER TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">CLEVELAND-CLIFFS STEEL LLC</a>	<b>c</b> EIN-PN <a href="#">71-0871875-008</a>
<b>a</b>	Plan name <a href="#">COLORADO SPRINGS RADIOLOGISTS, P.C. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COLORADO SPRINGS RADIOLOGISTS, P.C.</a>	<b>c</b> EIN-PN <a href="#">84-0607791-001</a>
<b>a</b>	Plan name <a href="#">COPART, INC. 401(K) RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COPART, INC.</a>	<b>c</b> EIN-PN <a href="#">94-2867490-001</a>
<b>a</b>	Plan name <a href="#">COPIC COMPANIES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COPIC TRUST</a>	<b>c</b> EIN-PN <a href="#">84-6170618-002</a>

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 CORNING FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORNING FEDERAL CREDIT UNION	<b>c</b> EIN-PN 16-6028994-001
<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
<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 401(A) DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor COUNTY OF FRESNO	<b>c</b> EIN-PN 94-6000512-998
<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 DAYTON-HEIDELBERG / OHIO VALLEY WINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor DAYTON HEIDELBERG DISTRIBUTING CO., LLC	<b>c</b> EIN-PN 31-0620091-001
<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 DEFINED CONTRIBUTION PLAN FOR PUBLIC EMPLOYEES OF PUERTO RICO (ACT 106-2017)	
<b>b</b>	Name of plan sponsor THE COMMONWEALTH OF PUERTO RICO	<b>c</b> EIN-PN 66-0599686-999
<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

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 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 GLOBAL SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor DENTONS GLOBAL SERVICES (US) LLC	<b>c</b> EIN-PN 85-3887996-001
<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 DIVERSIFIED INGREDIENTS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DIVERSIFIED INGREDIENTS, INC.	<b>c</b> EIN-PN 43-1432630-001
<b>a</b>	Plan name DIXIE HEARING AND BALANCE CENTER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DIXIE HEARING AND BALANCE CENTER, INC.	<b>c</b> EIN-PN 20-2906475-001
<b>a</b>	Plan name DOMINO FOODS SAVINGS & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor DOMINO FOODS, INC.	<b>c</b> EIN-PN 58-2601923-001
<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
<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 ECHOSTAR 401(K) PLAN	
<b>b</b>	Name of plan sponsor ECHOSTAR CORPORATION	<b>c</b> EIN-PN 26-1232727-001

<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	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	EMPIRE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EMPIRE SOUTHWEST, LLC	<b>c</b> EIN-PN 86-0894087-002
<b>a</b>	Plan name	ENTRATA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENTRATA, INC.	<b>c</b> EIN-PN 86-1072180-001
<b>a</b>	Plan name	ERICK NIELSEN ENTERPRISES INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ERICK NIELSEN ENTERPRISES INC.	<b>c</b> EIN-PN 91-1761266-001
<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	FAMILY HEALTH CENTER OF MARSHFIELD, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FAMILY HEALTH CENTER OF MARSHFIELD, INC.	<b>c</b> EIN-PN 39-1681547-001
<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 FOR BARGAINING UNIT EMPLOYEES	
<b>b</b>	Name of plan sponsor	FLORIDA CRYSTALS CORPORATION	<b>c</b> EIN-PN 65-0773338-003

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 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 FLORIDA RELIABILITY COORDINATING COUNCIL, INC. 401(K) RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FLORIDA RELIABILITY COORDINATING COUNCIL, INC.	<b>c</b> EIN-PN 59-3403555-001
<b>a</b>	Plan name FRANK L BLUM CONSTRUCTION CO. 401K PLAN	
<b>b</b>	Name of plan sponsor FRANK L BLUM CONSTRUCTION CO.	<b>c</b> EIN-PN 56-0613173-002
<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 GAPSHARE PUERTO RICO PLAN	
<b>b</b>	Name of plan sponsor GAP, INC.	<b>c</b> EIN-PN 94-1697231-002
<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 GEE AUTOMOTIVE COMPANIES 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GEE AUTOMOTIVE COMPANIES	<b>c</b> EIN-PN 45-4157612-001
<b>a</b>	Plan name GEE HEAVY EQUIPMENT HOLDINGS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GEE HEAVY EQUIPMENT HOLDINGS LLC	<b>c</b> EIN-PN 92-3233702-001
<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

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>GLACIER BANCORP, INC. PROFIT SHARING AND 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GLACIER BANCORP, INC.</b>	<b>c</b> EIN-PN <b>81-0519541-002</b>
<b>a</b>	Plan name <b>GOLDEN STATE WATER COMPANY INVESTMENT INCENTIVE PROGRAM</b>	
<b>b</b>	Name of plan sponsor <b>GOLDEN STATE WATER COMPANY</b>	<b>c</b> EIN-PN <b>95-1243678-005</b>
<b>a</b>	Plan name <b>GRAND RIVER MEDICAL GROUP RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DUBUQUE INTERNAL MEDICINE, P.C. DBA GRAND RIVER MEDICAL GROUP</b>	<b>c</b> EIN-PN <b>42-0848123-002</b>
<b>a</b>	Plan name <b>GRANITE CONSTRUCTION PROFIT SHARING AND 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GRANITE CONSTRUCTION INCORPORATED</b>	<b>c</b> EIN-PN <b>77-0239383-001</b>
<b>a</b>	Plan name <b>HARRIS TEETER SUPERMARKETS, INC. RETIREMENT AND SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HARRIS TEETER SUPERMARKETS, INC.</b>	<b>c</b> EIN-PN <b>56-0905940-003</b>
<b>a</b>	Plan name <b>HAYS U.S. CORPORATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HAYS U.S. CORPORATION</b>	<b>c</b> EIN-PN <b>59-3686175-002</b>
<b>a</b>	Plan name <b>HENDERSON HOSPITALITY MANAGEMENT, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HENDERSON HOSPITALITY MANAGEMENT, INC.</b>	<b>c</b> EIN-PN <b>20-2288418-001</b>
<b>a</b>	Plan name <b>HERSHEY ENTERTAINMENT &amp; RESORTS COMPANY SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HERSHEY ENTERTAINMENT &amp; RESORTS COMPANY</b>	<b>c</b> EIN-PN <b>23-0691815-003</b>
<b>a</b>	Plan name <b>HERSHEY ENTERTAINMENT &amp; RESORTS COMPANY SAVINGS PLAN FOR HOURLY EMPLOYEES</b>	
<b>b</b>	Name of plan sponsor <b>HERSHEY ENTERTAINMENT &amp; RESORTS COMPANY</b>	<b>c</b> EIN-PN <b>23-0691815-004</b>
<b>a</b>	Plan name <b>HIGGINBOTHAM INSURANCE AGENCY, INC. SAVINGS AND INVESTMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HIGGINBOTHAM INSURANCE AGENCY, INC.</b>	<b>c</b> EIN-PN <b>75-1732559-002</b>
<b>a</b>	Plan name <b>HMT 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HMT LLC</b>	<b>c</b> EIN-PN <b>52-2207348-001</b>
<b>a</b>	Plan name <b>HORNETS BASKETBALL, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HORNETS BASKETBALL, LLC</b>	<b>c</b> EIN-PN <b>74-3074438-001</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	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	HUSCO INTERNATIONAL, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HUSCO INTERNATIONAL, INC.	<b>c</b> EIN-PN 39-1531107-003
<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	ILLUMINA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ILLUMINA INC.	<b>c</b> EIN-PN 33-0804655-001
<b>a</b>	Plan name	INDOOR ENVIRONMENTAL SERVICES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FAMAND, INC. DBA INDOOR ENVIRONMENTAL SERVICES	<b>c</b> EIN-PN 68-0262819-004
<b>a</b>	Plan name	INGREDIENTS PLUS SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	SWEETENER PLUS, LLC	<b>c</b> EIN-PN 83-3911751-001
<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	ISEC, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ISEC, INC.	<b>c</b> EIN-PN 84-0577348-002
<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
<b>a</b>	Plan name	IVANTI INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IVANTI, INC.	<b>c</b> EIN-PN 30-0110335-002

<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	JAKKS PACIFIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JAKKS PACIFIC, INC.	<b>c</b> EIN-PN 95-4527222-001
<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	MAG DS CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAG DS CORP.	<b>c</b> EIN-PN 80-0452944-001
<b>a</b>	Plan name	MANHATTAN BEACHWEAR, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANHATTAN BEACHWEAR, LLC	<b>c</b> EIN-PN 86-2093877-001
<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

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 MEDCENTER TMJ PC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MEDCENTER TMJ PC	<b>c</b> EIN-PN 74-2128551-001
<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 NALEX ENERGY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor NANG NGO	<b>c</b> EIN-PN 47-4896540-001
<b>a</b>	Plan name NATIONAL MACHINE GROUP 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor NATIONAL MACHINE COMPANY	<b>c</b> EIN-PN 34-1011007-001
<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
<b>a</b>	Plan name NEW ENGLAND ACADEMY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEW ENGLAND ACADEMY, LLC	<b>c</b> EIN-PN 16-1748440-001
<b>a</b>	Plan name NEW STORY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SALISBURY HOUSE, LLC	<b>c</b> EIN-PN 52-2085789-001
<b>a</b>	Plan name NEWFRONT 401(K) PLAN	
<b>b</b>	Name of plan sponsor ABD INSURANCE AND FINANCIAL SERVICES, INC. DBA NEWFRONT	<b>c</b> EIN-PN 27-0673528-001
<b>a</b>	Plan name NEXTECH SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEXTECH SOLUTIONS LLC	<b>c</b> EIN-PN 46-3073199-001
<b>a</b>	Plan name NORTH AMERICAN CLIENT SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTH AMERICAN CLIENT SERVICES, INC.	<b>c</b> EIN-PN 88-0252963-001
<b>a</b>	Plan name NUMERICA CREDIT UNION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NUMERICA CREDIT UNION	<b>c</b> EIN-PN 91-0863377-002

<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	NXP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NXP USA, INC.	<b>c</b> EIN-PN 20-0443182-001
<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	PATRICK LUMBER CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PATRICK LUMBER COMPANY	<b>c</b> EIN-PN 93-0637331-003
<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	PIONEER INCORPORATED EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PIONEER INCORPORATED	<b>c</b> EIN-PN 38-6061916-001
<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	PLEXIUM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PLEXIUM, INC.	<b>c</b> EIN-PN 82-2230262-001
<b>a</b>	Plan name	PLUMBERS & STEAMFITTERS LOCAL NO. 7 ANNUITY FUND	
<b>b</b>	Name of plan sponsor	THE BOARD OF TRUSTEES OF PLUMBERS & STEAMFITTERS LOCAL 7 ANNUITY FUND	<b>c</b> EIN-PN 90-0127434-002
<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>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	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	PORTLAND GENERAL ELECTRIC COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PORTLAND GENERAL ELECTRIC COMPANY	<b>c</b> EIN-PN 93-0256820-005
<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>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	R3 CONSULTING GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R3 CONSULTING GROUP, INC.	<b>c</b> EIN-PN 33-1030017-001
<b>a</b>	Plan name	RED ROBIN INTERNATIONAL, INC. 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RED ROBIN INTERNATIONAL, INC	<b>c</b> EIN-PN 91-0847486-001
<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	ROAD SAFETY SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROAD SAFETY SERVICES	<b>c</b> EIN-PN 82-3414375-001
<b>a</b>	Plan name	ROBERT D. PEARSON, M.D., P.C. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ROBERT D. PEARSON, M.D., P.C.	<b>c</b> EIN-PN 87-0629019-001

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 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 S & S WORLDWIDE INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor S&S WORLDWIDE	<b>c</b> EIN-PN 87-0521073-002
<b>a</b>	Plan name SAES SMA 401(K) PLAN	
<b>b</b>	Name of plan sponsor MEMRY CORPORATION	<b>c</b> EIN-PN 06-1084424-003
<b>a</b>	Plan name SCHOOL EMPLOYEES' DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor COMMONWEALTH OF PENNSYLVANIA PUBLIC SCHOOL EMPLOYEES RETIREMENT BOARD	<b>c</b> EIN-PN 37-1931793-002
<b>a</b>	Plan name SHORT MOUNTAIN SILICA EMPLOYEE BENEFIT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor LITTLE SIX CORPORATION	<b>c</b> EIN-PN 54-1077856-001
<b>a</b>	Plan name SIKICH LLC EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor SIKICH LLC	<b>c</b> EIN-PN 36-3168081-001
<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 SMITH, GAMBRELL & RUSSELL LLP 401(K) RETIREMENT PLAN TRUST	
<b>b</b>	Name of plan sponsor SMITH, GAMBRELL & RUSSELL, LLP	<b>c</b> EIN-PN 58-0967450-005
<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

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 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 SPARTANNASH COMPANY SAVINGS PLUS MASTER TRUST	
<b>b</b>	Name of plan sponsor SPARTANNASH COMPANY	<b>c</b> EIN-PN 38-0593940-010
<b>a</b>	Plan name SPURS SPORTS & ENTERTAINMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAN ANTONIO SPURS, LLC	<b>c</b> EIN-PN 74-2664244-001
<b>a</b>	Plan name ST. JOHN KNITS INTERNATIONAL, INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor ST. JOHN KNITS INTERNATIONAL, INCORPORATED	<b>c</b> EIN-PN 52-2303510-001
<b>a</b>	Plan name ST. LUKE'S UNITED METHODIST CHURCH 403(B)(9) PLAN	
<b>b</b>	Name of plan sponsor ST. LUKES UNITED METHODIST CHURCH	<b>c</b> EIN-PN 74-1216232-999
<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 STEVEN L LANGER PC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LANGER & LANGER ATTORNEYS (STEVEN LANGER PRO CORP)	<b>c</b> EIN-PN 35-1521063-001
<b>a</b>	Plan name SYNACK INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SYNACK, INC	<b>c</b> EIN-PN 46-1916005-001
<b>a</b>	Plan name TAFT STETTINIUS & HOLLISTER LLP THRIFT SAVINGS & RETIREMENT PLAN- 1	
<b>b</b>	Name of plan sponsor TAFT STETTINIUS & HOLLISTER LLP	<b>c</b> EIN-PN 84-1455663-004
<b>a</b>	Plan name TANDEM DIABETES CARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TANDEM DIABETES CARE, INC.	<b>c</b> EIN-PN 20-4327508-001
<b>a</b>	Plan name TEAMSTERS LOCAL 20 401(K) PLAN	
<b>b</b>	Name of plan sponsor DAYTON HEIDELBERG DISTRIBUTING CO., LLC	<b>c</b> EIN-PN 31-0620091-002

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 TEAMSTERS LOCAL 957 401(K) PLAN	
<b>b</b>	Name of plan sponsor DAYTON HEIDELBERG DISTRIBUTING CO., LLC	<b>c</b> EIN-PN 31-0620091-003
<b>a</b>	Plan name TERADATA SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TERADATA CORPORATION	<b>c</b> EIN-PN 75-3236470-001
<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>a</b>	Plan name THE ARCHDIOCESE OF SAINT PAUL AND MINNEAPOLIS TAX DEFERRED ANNUITY PLAN	
<b>b</b>	Name of plan sponsor THE ARCHDIOCESE OF SAINT PAUL AND MINNEAPOLIS	<b>c</b> EIN-PN 41-0693908-999
<b>a</b>	Plan name THE BROADSTREET 401(K) PLAN	
<b>b</b>	Name of plan sponsor BROADSTREET PARTNERS	<b>c</b> EIN-PN 31-0982037-001
<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 NEIL JONES FOOD COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE NEIL JONES FOOD COMPANY	<b>c</b> EIN-PN 93-0238209-003
<b>a</b>	Plan name THE NEIL JONES FOOD COMPANY UNION EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE NEIL JONES FOOD COMPANY	<b>c</b> EIN-PN 93-0238209-002
<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 ENTERPRISES	<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

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 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 TROUT GLASS & MIRROR, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor TROUT GLASS & MIRROR, INC.	<b>c</b> EIN-PN 35-1419709-001
<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>a</b>	Plan name VALLEY ENT, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VALLEY ENT	<b>c</b> EIN-PN 20-4011284-001
<b>a</b>	Plan name VALOR HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor VALOR HEALTHCARE, INC.	<b>c</b> EIN-PN 20-3585174-001
<b>a</b>	Plan name VEEAM SOFTWARE CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor VEEAM SOFTWARE CORPORATION	<b>c</b> EIN-PN 26-0530135-001
<b>a</b>	Plan name VINCE HOLDING CORP. 401K	
<b>b</b>	Name of plan sponsor VINCE HOLDING CORP.	<b>c</b> EIN-PN 73-3264870-001

**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	VIZIO, INC. 401(K) PLAN	<b>c</b>	EIN-PN	36-4510309-002
<b>b</b>	Name of plan sponsor	VIZIO, INC.	<b>c</b>	EIN-PN	36-4510309-002
<b>a</b>	Plan name	W.R. GRACE & CO. RETIREMENT CONTRIBUTION PLAN	<b>c</b>	EIN-PN	65-0773649-124
<b>b</b>	Name of plan sponsor	W.R. GRACE & CO.	<b>c</b>	EIN-PN	65-0773649-124
<b>a</b>	Plan name	W.R. GRACE & CO. SAVINGS INVESTMENT PLAN	<b>c</b>	EIN-PN	65-0773649-123
<b>b</b>	Name of plan sponsor	W.R. GRACE & CO.	<b>c</b>	EIN-PN	65-0773649-123
<b>a</b>	Plan name	WASTE ISOLATION PILOT PLANT SAVINGS PLAN	<b>c</b>	EIN-PN	82-4745477-002
<b>b</b>	Name of plan sponsor	SALADO ISOLATION MINING CONTRACTORS, LLC	<b>c</b>	EIN-PN	82-4745477-002
<b>a</b>	Plan name	WHEELER TRUCKING, INC. 401(K) PLAN	<b>c</b>	EIN-PN	38-3534605-001
<b>b</b>	Name of plan sponsor	WHEELER TRUCKING, INC.	<b>c</b>	EIN-PN	38-3534605-001
<b>a</b>	Plan name	WOLFORD AMERICA, INC. RETIREMENT PLAN	<b>c</b>	EIN-PN	13-3877703-001
<b>b</b>	Name of plan sponsor	WOLFORD AMERICA, INC.	<b>c</b>	EIN-PN	13-3877703-001
<b>a</b>	Plan name	WWEX RETIREMENT PLAN	<b>c</b>	EIN-PN	81-4653148-002
<b>b</b>	Name of plan sponsor	WWEX UNI TOPCO HOLDINGS, LLC	<b>c</b>	EIN-PN	81-4653148-002
<b>a</b>	Plan name	YELLOWSTONE LANDSCAPE, INC. 401(K) PROFIT SHARING PLAN	<b>c</b>	EIN-PN	80-0144209-001
<b>b</b>	Name of plan sponsor	YELLOWSTONE LANDSCAPE, INC.	<b>c</b>	EIN-PN	80-0144209-001
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>T. ROWE PRICE STRATEGIC COMMON TRUST FUND, T. ROWE PRICE RETIREMENT BLEND 2060 TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan 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>35-7193113</u>

<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.

Assets	(a) Beginning of Year	(b) End of Year
<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>	15236959
<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>	1386612869
<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>	480060189	1401849828
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	71799	210800
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	11732310	15237025
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	11804109	15447825
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	468256080	1386402003

**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>		
<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>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		97925116
(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>		97925116

**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>	1626135	
(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>		1626135
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1626135

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		96298981
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		1090155408
(2) From this plan .....	<b>2l(2)</b>		268308466

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