

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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 2065 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): 85-1790880; 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; Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor; Filed with authorized/valid electronic signature, 08/21/2025, RICK SCHULTZ; Signature of DFE, Date, Enter name of individual signing as DFE

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 0 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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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>	
A Name of plan <u>T. ROWE PRICE STRATEGIC COMMON TRUST FUND, T. ROWE PRICE RETIREMENT BLEND 2065 TRUST</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>T. ROWE PRICE TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>85-1790880</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP DYNAMIC GLOBAL BOND TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>37-6652415-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>362999</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP EMERGING MKTS DISC STOCK TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>84-3612736-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11521586</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP EMERGING MKTS EQ TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>52-1309931-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10299220</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP EQUITY INDEX TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>52-6559833-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>132460511</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP GROWTH STOCK TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>52-6559833-013</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>41687768</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP INTERNATIONAL BOND TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>30-6304154-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>621579</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP INTERNATIONAL EQ INDEX TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>61-6591055-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>57298480</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**

c EIN-PN 35-6942416-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15003284
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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**

c EIN-PN 35-2425742-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17546769
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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**

c EIN-PN 52-6559833-014	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4853818
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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**

c EIN-PN 35-2425741-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	25654314
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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**

c EIN-PN 32-6493592-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	39220
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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**

c EIN-PN 36-4882015-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1831900
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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**

c EIN-PN 35-2425738-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8033058
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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**

c EIN-PN 61-6555368-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15131668
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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**

c EIN-PN 35-6941663-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6826351
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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**

c EIN-PN 35-7124469-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11794591
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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

c EIN-PN 37-6495449-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6844082
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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

c EIN-PN 61-6593158-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1163807
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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

c EIN-PN 52-6559833-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 199702
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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

c EIN-PN 38-7010951-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43761900
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	2ND ADVENTURE PAYROLL SERVICES 401(K) PLAN	
b	Name of plan sponsor	2ND ADVENTURE PAYROLL SERVICES	c EIN-PN 93-3924219-001
a	Plan name	A.O. SMITH RETIREMENT SECURITY PLAN - WATER-RIGHT	
b	Name of plan sponsor	A.O. SMITH CORPORATION	c EIN-PN 39-0619790-095
a	Plan name	AFLAC INCORPORATED 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	AFLAC INCORPORATED	c EIN-PN 58-1167100-004
a	Plan name	AGGREKO, LLC EMPLOYEES' SAVINGS & INVESTMENT RETIREMENT PLAN	
b	Name of plan sponsor	AGGREKO, LLC	c EIN-PN 72-0692213-002
a	Plan name	AI2 401(K) PLAN	
b	Name of plan sponsor	ALLEN INSTITUTE FOR ARTIFICIAL INTELLIGENCE	c EIN-PN 90-1033188-001
a	Plan name	ALLEN INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	ALLEN INSTITUTE	c EIN-PN 91-2155317-001
a	Plan name	ALLIANCE LAUNDRY SYSTEMS CAPITAL APPRECIATION PLAN	
b	Name of plan sponsor	ALLIANCE LAUNDRY SYSTEMS, LLC	c EIN-PN 39-1927923-003
a	Plan name	AMERICAN SUGAR REFINING & SUBSIDIARIES HOURLY SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	AMERICAN SUGAR REFINING, INC.	c EIN-PN 13-3366163-003
a	Plan name	AMERICAN SUGAR SALARY SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	AMERICAN SUGAR REFINING, INC.	c EIN-PN 13-3366163-004
a	Plan name	AMERICAN TRIM L.L.C. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SUPERIOR METAL PRODUCTS, INC. DBA AMERICAN TRIM	c EIN-PN 34-4476715-001
a	Plan name	ANGELL-DEMMELE NORTH AMERICA EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ANGELL-DEMMELE NORTH AMERICA CORPORATION DBA ALUTRIM NORTH AMERICA CORP	c EIN-PN 26-3215759-005
a	Plan name	ANGELL-DEMMELE NORTH AMERICA, LTD. IUE LOCAL 697 SAVINGS PLAN	
b	Name of plan sponsor	ANGELL-DEMMELE NORTH AMERICA CORPORATION DBA ALUTRIM NORTH AMERICA CORP	c EIN-PN 26-3215759-004

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ARVIG ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor ARVIG ENTERPRISES, INC.	c EIN-PN 41-1507358-002
a	Plan name ASSOCIATED FOOD STORES, INC. 401K PLAN & TRUST	
b	Name of plan sponsor ASSOCIATED FOOD STORES, INC.	c EIN-PN 81-6012613-002
a	Plan name ATRION CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor ATRION CORPORATION	c EIN-PN 63-0821819-003
a	Plan name AVIENT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AVIENT CORPORATION	c EIN-PN 34-1730488-010
a	Plan name AXILLON AEROSPACE GROUP 401(K) PLAN	
b	Name of plan sponsor CARBON TOPCO, INC.	c EIN-PN 99-4576537-001
a	Plan name AZZ INC EMPLOYEE BENEFIT PLAN AND TRUST	
b	Name of plan sponsor AZZ INC	c EIN-PN 75-0948250-001
a	Plan name BELCO INDUSTRIES, INC. NEGOTIATED RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BELCO INDUSTRIES, INC.	c EIN-PN 38-1612822-002
a	Plan name BELCO INDUSTRIES, INC. SAVINGS PLAN	
b	Name of plan sponsor BELCO INDUSTRIES, INC.	c EIN-PN 38-1612822-001
a	Plan name BOX, INC. 401(K) PLAN	
b	Name of plan sponsor BOX, INC.	c EIN-PN 20-2714444-001
a	Plan name BRIGHTSPEED 401K SAVINGS PLAN	
b	Name of plan sponsor CONNECT HOLDING II LLC D/B/A BRIGHTSPEED	c EIN-PN 87-3811759-001
a	Plan name BROOKS KUSHMAN P.C. EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BROOKS KUSHMAN P.C.	c EIN-PN 38-3085676-001
a	Plan name BUNN-O-MATIC CORPORATION 401(K) SAVINGS PLAN AND TRUST	
b	Name of plan sponsor BUNN-O-MATIC CORPORATION	c EIN-PN 37-0840805-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CACI SMART PLAN	
b	Name of plan sponsor	CACI INTERNATIONAL, INC.	c EIN-PN 54-1345888-002
a	Plan name	CADENCE BANK 401(K) PROFIT-SHARING PLAN	
b	Name of plan sponsor	CADENCE BANK	c EIN-PN 64-0117230-002
a	Plan name	CALAVO GROWERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CALAVO GROWERS, INC.	c EIN-PN 33-0945304-006
a	Plan name	CALIFORNIA DENTIST'S GUILD RETIREMENT PROGRAM PEP	
b	Name of plan sponsor	CALIFORNIA DENTISTS GUILD RETIREMENT PROGRAM PEP	c EIN-PN 43-1971558-016
a	Plan name	CAREWELL HEALTH 401(K) PLAN	
b	Name of plan sponsor	EOH ACQUISITION, LLC DBA CAREWELL HEALTH MEDICAL CENTER	c EIN-PN 85-4153331-001
a	Plan name	CENTRAL OHIO CONCRETE CUTTING INC. 401(K) PLAN	
b	Name of plan sponsor	CENTRAL OHIO CONCRETE CUTTING INC.	c EIN-PN 31-1158740-001
a	Plan name	CHINA TELECOM AMERICAS CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CHINA TELECOM AMERICAS CORPORATION	c EIN-PN 02-0625788-001
a	Plan name	CLEVELAND-CLIFFS STEEL LLC DEFINED CONTRIBUTION PLANS MASTER TRUST	
b	Name of plan sponsor	CLEVELAND-CLIFFS STEEL LLC	c EIN-PN 71-0871875-008
a	Plan name	COLORADO SPRINGS RADIOLOGISTS, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	COLORADO SPRINGS RADIOLOGISTS, P.C.	c EIN-PN 84-0607791-001
a	Plan name	COPART, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	COPART, INC.	c EIN-PN 94-2867490-001
a	Plan name	CORNING FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	CORNING FEDERAL CREDIT UNION	c EIN-PN 16-6028994-001
a	Plan name	CORPORATE OFFICE PROPERTIES, L.P. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CORPORATE OFFICE PROPERTIES, L.P.	c 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.)	
a	Plan name COSTAR REALTY INFORMATION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor COSTAR REALTY INFORMATION, INC.	c EIN-PN 52-2134617-001
a	Plan name COUNTY OF FRESNO 401(A) DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor COUNTY OF FRESNO	c EIN-PN 94-6000512-998
a	Plan name COUNTY OF FRESNO 457(B) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor COUNTY OF FRESNO	c EIN-PN 94-6000512-999
a	Plan name CRAWFORD & COMPANY SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor CRAWFORD & COMPANY & SUBSIDIARIES	c EIN-PN 58-0506554-002
a	Plan name DANMILY LLC PROFIT SHARING PLAN	
b	Name of plan sponsor FAIRFIELD INSULATION AND DRYWALL	c EIN-PN 81-2491307-001
a	Plan name DAVIS-STANDARD, LLC 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor DAVIS-STANDARD, LLC	c EIN-PN 20-2653604-001
a	Plan name DAYTON-HEIDELBERG / OHIO VALLEY WINE 401(K) PLAN	
b	Name of plan sponsor DAYTON HEIDELBERG DISTRIBUTING CO., LLC	c EIN-PN 31-0620091-001
a	Plan name DEFERRED SAVINGS PLAN OF THE PENSKE CORPORATION	
b	Name of plan sponsor PENSKE CORPORATION	c EIN-PN 23-1717338-333
a	Plan name DEFINED CONTRIBUTION PLAN FOR PUBLIC EMPLOYEES OF PUERTO RICO (ACT 106-2017)	
b	Name of plan sponsor THE COMMONWEALTH OF PUERTO RICO	c EIN-PN 66-0599686-999
a	Plan name DELTA COMMUNITY CREDIT UNION 401(K) SAVINGS PLAN	
b	Name of plan sponsor DELTA COMMUNITY CREDIT UNION	c EIN-PN 58-0904765-001
a	Plan name DEMATIC CORP. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DEMATIC CORP.	c EIN-PN 04-3834872-002
a	Plan name DENTONS GLOBAL SERVICES 401K PLAN	
b	Name of plan sponsor DENTONS GLOBAL SERVICES (US) LLC	c EIN-PN 85-3887996-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DENTONS US LLP PROFIT SHARING PLAN	
b	Name of plan sponsor	DENTONS US LLP	c EIN-PN 36-1796730-001
a	Plan name	DETROIT ENTERTAINMENT, L.L.C. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	DETROIT ENTERTAINMENT, L.L.C.	c EIN-PN 38-3362971-001
a	Plan name	DISH NETWORK CORPORATION 401(K) PLAN	
b	Name of plan sponsor	DISH NETWORK CORPORATION	c EIN-PN 88-0336997-001
a	Plan name	DIVERSIFIED INGREDIENTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	DIVERSIFIED INGREDIENTS, INC.	c EIN-PN 43-1432630-001
a	Plan name	DOMINO FOODS SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	DOMINO FOODS, INC.	c EIN-PN 58-2601923-001
a	Plan name	DRISCOLL'S 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	DRISCOLLS, INC.	c EIN-PN 94-1253729-001
a	Plan name	DRISCOLL'S 401(K) SEASONAL EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	DRISCOLLS, INC.	c EIN-PN 94-1237296-002
a	Plan name	EBAY INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	EBAY INC.	c EIN-PN 77-0430924-001
a	Plan name	ELEKTA, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ELEKTA, INC.	c EIN-PN 58-1876545-001
a	Plan name	ELEVATE TEXTILES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ELEVATE TEXTILES INC.	c EIN-PN 33-0596831-018
a	Plan name	EMERUS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EMERUS HOLDINGS, INC.	c EIN-PN 27-4317672-001
a	Plan name	EMPIRE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EMPIRE SOUTHWEST, LLC	c EIN-PN 86-0894087-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ENTRATA 401(K) PLAN	
b	Name of plan sponsor	ENTRATA, INC.	c EIN-PN 86-1072180-001
a	Plan name	ERP INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor	ERP INTERNATIONAL	c EIN-PN 20-5784301-001
a	Plan name	FAIRFIELD-SUISUN SEWER DIST. 457 DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	FAIRFIELD-SUISUN SEWER DISTRICT	c EIN-PN 94-3256823-999
a	Plan name	FAMILY HEALTH CENTER OF MARSHFIELD, INC. RETIREMENT PLAN	
b	Name of plan sponsor	FAMILY HEALTH CENTER OF MARSHFIELD, INC.	c EIN-PN 39-1681547-001
a	Plan name	FEDERAL HOUSING FINANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	FEDERAL HOUSING FINANCE AGENCY	c EIN-PN 84-1024566-001
a	Plan name	FIVES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FIVES INC.	c EIN-PN 38-3503183-001
a	Plan name	FLORIDA CRYSTALS CORPORATION RETIREMENT SAVINGS PLAN FOR BARGAINING UNIT EMPLOYEES	
b	Name of plan sponsor	FLORIDA CRYSTALS CORPORATION	c EIN-PN 65-0773338-003
a	Plan name	FLORIDA CRYSTALS CORPORATION SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	AGRO-INDUSTRIAL MANAGEMENT, INC.	c EIN-PN 65-0358467-004
a	Plan name	FRANK L BLUM CONSTRUCTION CO. 401K PLAN	
b	Name of plan sponsor	FRANK L BLUM CONSTRUCTION CO.	c EIN-PN 56-0613173-002
a	Plan name	FREEDOMREWARDS 401(K) PLAN	
b	Name of plan sponsor	CWGS GROUP, LLC	c EIN-PN 46-3759013-001
a	Plan name	GAPSHARE 401(K) PLAN	
b	Name of plan sponsor	GAP, LLC.	c EIN-PN 94-1697231-001
a	Plan name	GAPSHARE PUERTO RICO PLAN	
b	Name of plan sponsor	GAP, INC.	c EIN-PN 94-1697231-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GARMIN INTERNATIONAL, INC. RETIREMENT PLAN	
b	Name of plan sponsor	GARMIN INTERNATIONAL, INC.	c EIN-PN 48-1088407-001
a	Plan name	GEE AUTOMOTIVE COMPANIES 401K RETIREMENT PLAN	
b	Name of plan sponsor	GEE AUTOMOTIVE COMPANIES	c EIN-PN 45-4157612-001
a	Plan name	GEE HEAVY EQUIPMENT HOLDINGS LLC 401(K) PLAN	
b	Name of plan sponsor	GEE HEAVY EQUIPMENT HOLDINGS LLC	c EIN-PN 92-3233702-001
a	Plan name	GENTIVA 401(K) PLAN	
b	Name of plan sponsor	CURO HEALTH SERVICES, LLC	c EIN-PN 32-0307955-001
a	Plan name	GESTAMP NORTH AMERICA 401(K) PLAN	
b	Name of plan sponsor	GESTAMP NORTH AMERICA, INC.	c EIN-PN 20-1911637-001
a	Plan name	GIBBONS P.C. THRIFT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	GIBBONS P.C.	c EIN-PN 22-2366099-002
a	Plan name	GLACIER BANCORP, INC. PROFIT SHARING AND 401K PLAN	
b	Name of plan sponsor	GLACIER BANCORP, INC.	c EIN-PN 81-0519541-002
a	Plan name	GOLDEN STATE WATER COMPANY INVESTMENT INCENTIVE PROGRAM	
b	Name of plan sponsor	GOLDEN STATE WATER COMPANY	c EIN-PN 95-1243678-005
a	Plan name	GRAND RIVER MEDICAL GROUP RETIREMENT PLAN	
b	Name of plan sponsor	DUBUQUE INTERNAL MEDICINE, P.C. DBA GRAND RIVER MEDICAL GROUP	c EIN-PN 42-0848123-002
a	Plan name	GRANITE CONSTRUCTION PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	GRANITE CONSTRUCTION INCORPORATED	c EIN-PN 77-0239383-001
a	Plan name	HARRIS TEETER SUPERMARKETS, INC. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	HARRIS TEETER SUPERMARKETS, INC.	c EIN-PN 56-0905940-003
a	Plan name	HAYS U.S. CORPORATION 401(K) PLAN	
b	Name of plan sponsor	HAYS U.S. CORPORATION	c EIN-PN 59-3686175-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name HENDERSON HOSPITALITY MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor HENDERSON HOSPITALITY MANAGEMENT, INC.	c EIN-PN 20-2288418-001
a	Plan name HERSHEY ENTERTAINMENT & RESORTS COMPANY SAVINGS PLAN	
b	Name of plan sponsor HERSHEY ENTERTAINMENT & RESORTS COMPANY	c EIN-PN 23-0691815-003
a	Plan name HERSHEY ENTERTAINMENT & RESORTS COMPANY SAVINGS PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor HERSHEY ENTERTAINMENT & RESORTS COMPANY	c EIN-PN 23-0691815-004
a	Plan name HIGGINBOTHAM INSURANCE AGENCY, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor HIGGINBOTHAM INSURANCE AGENCY, INC.	c EIN-PN 75-1732559-002
a	Plan name HMT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HMT LLC	c EIN-PN 52-2207348-001
a	Plan name HORNETS BASKETBALL, LLC 401(K) PLAN	
b	Name of plan sponsor HORNETS BASKETBALL, LLC	c EIN-PN 74-3074438-001
a	Plan name HURON REGIONAL MEDICAL CENTER, INC. RETIREMENT PLAN	
b	Name of plan sponsor HURON REGIONAL MEDICAL CENTER, INC.	c EIN-PN 46-0345312-003
a	Plan name HUSCO INTERNATIONAL, INC. SAVINGS PLAN	
b	Name of plan sponsor HUSCO INTERNATIONAL, INC.	c EIN-PN 39-1531107-003
a	Plan name IDEMIA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor IDEMIA IDENTITY AND SECURITY USA LLC	c EIN-PN 04-3320515-001
a	Plan name IGS ENERGY 401(K) PLAN	
b	Name of plan sponsor INTERSTATE GAS SUPPLY, INC.	c EIN-PN 31-1286758-001
a	Plan name ILLUMINA 401(K) PLAN	
b	Name of plan sponsor ILLUMINA INC.	c EIN-PN 33-0804655-001
a	Plan name INDOOR ENVIRONMENTAL SERVICES RETIREMENT PLAN	
b	Name of plan sponsor FAMAND, INC. DBA INDOOR ENVIRONMENTAL SERVICES	c EIN-PN 68-0262819-004

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name INGREDIENTS PLUS SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor SWEETENER PLUS, LLC	c EIN-PN 83-3911751-001
a	Plan name INNOVATIVE XCESSORIES & SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor INNOVATIVE XCESSORIES & SERVICES	c EIN-PN 36-4756635-001
a	Plan name INTELSAT 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor INTELSAT US LLC	c EIN-PN 95-4607698-003
a	Plan name ITERIS, INC 401K AND STOCK OWNERSHIP PLAN	
b	Name of plan sponsor ITERIS, INC.	c EIN-PN 95-2588496-005
a	Plan name IVANTI INC. 401(K) PLAN	
b	Name of plan sponsor IVANTI, INC.	c EIN-PN 30-0110335-002
a	Plan name JAKKS PACIFIC, INC. 401(K) PLAN	
b	Name of plan sponsor JAKKS PACIFIC, INC.	c EIN-PN 95-4527222-001
a	Plan name K2 INSURANCE SERVICES, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor K2 INSURANCE SERVICES, LLC	c EIN-PN 37-1643563-003
a	Plan name KAIROS LIVING LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor KAIROS LIVING, LLC	c EIN-PN 84-2169387-001
a	Plan name KUIKEN BROTHERS COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor THE KUIKEN BROTHERS COMPANY	c EIN-PN 22-1050080-001
a	Plan name LA MAESTRA FAMILY CLINIC, INC. 401(K) PLAN	
b	Name of plan sponsor LA MAESTRA FAMILY CLINIC, INC.	c EIN-PN 33-0473171-001
a	Plan name LANVIN, INC. 401(K) PLAN	
b	Name of plan sponsor LANVIN, INC.	c EIN-PN 13-2925900-001
a	Plan name LEPRINO FOODS COMPANY PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor LEPRINO FOODS COMPANY	c EIN-PN 84-0500292-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name LERCH BATES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor LERCH BATES, INC.	c EIN-PN 36-2285171-001
a	Plan name LIBERTY LIFT SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor LIBERTY LIFT SOLUTIONS, LLC	c EIN-PN 46-1386383-001
a	Plan name MAG DS CORP. 401(K) PLAN	
b	Name of plan sponsor MAG DS CORP.	c EIN-PN 80-0452944-001
a	Plan name MANHATTAN BEACHWEAR, LLC 401(K) PLAN	
b	Name of plan sponsor MANHATTAN BEACHWEAR, LLC	c EIN-PN 86-2093877-001
a	Plan name MAREL USA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MAREL MEAT PROCESSING INC	c EIN-PN 48-1174114-002
a	Plan name MAXION WHEELS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MAXION WHEELS U.S.A. LLC	c EIN-PN 30-0167742-055
a	Plan name MIDMARK CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor MIDMARK CORPORATION 401(K) SAVINGS PLAN	c EIN-PN 34-4269370-003
a	Plan name MODINE MANUFACTURING COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MODINE MANUFACTURING COMPANY	c EIN-PN 39-0482000-024
a	Plan name NATIONAL MACHINE GROUP 401(K) SAVINGS PLAN	
b	Name of plan sponsor NATIONAL MACHINE COMPANY	c EIN-PN 34-1011007-001
a	Plan name NEC CORPORATION OF AMERICA RETIREMENT PLAN	
b	Name of plan sponsor NEC CORPORATION OF AMERICA	c EIN-PN 20-0665337-002
a	Plan name NEW ENGLAND ACADEMY, LLC 401(K) PLAN	
b	Name of plan sponsor NEW ENGLAND ACADEMY, LLC	c EIN-PN 16-1748440-001
a	Plan name NEW STORY RETIREMENT PLAN	
b	Name of plan sponsor SALISBURY HOUSE, LLC	c EIN-PN 52-2085789-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name NEWFRONT 401(K) PLAN	
b	Name of plan sponsor ABD INSURANCE AND FINANCIAL SERVICES, INC. DBA NEWFRONT	c EIN-PN 27-0673528-001
a	Plan name NORTH AMERICAN CLIENT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor NORTH AMERICAN CLIENT SERVICES, INC.	c EIN-PN 88-0252963-001
a	Plan name NUMERICA CREDIT UNION RETIREMENT PLAN	
b	Name of plan sponsor NUMERICA CREDIT UNION	c EIN-PN 91-0863377-002
a	Plan name NXP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NXP USA, INC.	c EIN-PN 20-0443182-001
a	Plan name ORTHOPAEDIC ASSOCIATES OF MICHIGAN PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor ORTHOPAEDIC ASSOCIATES OF MICHIGAN	c EIN-PN 38-1971253-001
a	Plan name PATH PROFIT SHARING 401(K) INCENTIVE PLAN	
b	Name of plan sponsor PATH	c EIN-PN 91-1157127-004
a	Plan name PATRICK LUMBER CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PATRICK LUMBER COMPANY	c EIN-PN 93-0637331-003
a	Plan name PATTERN ENERGY GROUP 401(K) PLAN	
b	Name of plan sponsor PATTERN ENERGY GROUP SERVICES LP	c EIN-PN 84-4046110-001
a	Plan name PETSMART, INC. SAVESMART 401K PLAN	
b	Name of plan sponsor PETSMART, INC.	c EIN-PN 94-3024325-001
a	Plan name PGA COMPANIES 401(K) PLAN	
b	Name of plan sponsor VULCAN LLC	c EIN-PN 91-1505262-001
a	Plan name PIONEER INCORPORATED EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor PIONEER INCORPORATED	c EIN-PN 38-6061916-001
a	Plan name PLASKOLITE, LLC AND SUBSIDIARIES AMENDED AND RESTATED PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor PLASKOLITE, LLC	c EIN-PN 31-4376110-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	PLEXIUM, INC. 401(K) PLAN	
b	Name of plan sponsor	PLEXIUM, INC.	c EIN-PN 82-2230262-001
a	Plan name	PLUMBERS & STEAMFITTERS LOCAL NO. 7 ANNUITY FUND	
b	Name of plan sponsor	THE BOARD OF TRUSTEES OF PLUMBERS & STEAMFITTERS LOCAL 7 ANNUITY FUND	c EIN-PN 90-0127434-002
a	Plan name	POLAR SEMICONDUCTOR, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	POLAR SEMICONDUCTOR, LLC	c EIN-PN 20-3094949-001
a	Plan name	POTLATCHDELTIC HOURLY 401(K) PLAN	
b	Name of plan sponsor	POTLATCHDELTIC CORPORATION	c EIN-PN 82-0156045-106
a	Plan name	POTLATCHDELTIC SALARIED 401(K) PLAN	
b	Name of plan sponsor	POTLATCHDELTIC CORPORATION	c EIN-PN 82-0156045-105
a	Plan name	PRECOAT 401(K) PLAN	
b	Name of plan sponsor	PRECOAT MEZZANINE HOLDINGS LLC	c EIN-PN 82-1011883-001
a	Plan name	PRIMARY RESIDENTIAL MORTGAGE, INC. 401(K) PLAN	
b	Name of plan sponsor	PRIMARY RESIDENTIAL MORTGAGE, INC.	c EIN-PN 86-0860478-001
a	Plan name	PROK 401(K) PLAN	
b	Name of plan sponsor	PROK CONVEYOR EQUIPMENT LLC	c EIN-PN 84-2927529-002
a	Plan name	PURE STORAGE, INC. 401(K) PLAN	
b	Name of plan sponsor	PURE STORAGE, INC.	c EIN-PN 27-1069557-001
a	Plan name	R3 CONSULTING GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	R3 CONSULTING GROUP, INC.	c EIN-PN 33-1030017-001
a	Plan name	RED ROBIN INTERNATIONAL, INC. 401K SAVINGS PLAN	
b	Name of plan sponsor	RED ROBIN INTERNATIONAL, INC	c EIN-PN 91-0847486-001
a	Plan name	RICARDO, INC. 401(K) PLAN	
b	Name of plan sponsor	RICARDO, INC.	c EIN-PN 38-2833470-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ROAD SAFETY SERVICES 401(K) PLAN	
b	Name of plan sponsor	ROAD SAFETY SERVICES	c EIN-PN 82-3414375-001
a	Plan name	ROCKET SOFTWARE, INC. 401(K) PLAN	
b	Name of plan sponsor	ROCKET SOFTWARE, INC.	c EIN-PN 04-3090800-001
a	Plan name	ROGERS MEMORIAL HOSPITAL INC. 401(K) PLAN	
b	Name of plan sponsor	ROGERS MEMORIAL HOSPITAL, INC.	c EIN-PN 39-1139101-002
a	Plan name	ROUSH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROUSH INDUSTRIES, INC.	c EIN-PN 38-2080919-001
a	Plan name	S & S WORLDWIDE INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	S&S WORLDWIDE	c EIN-PN 87-0521073-002
a	Plan name	SAES SMA 401(K) PLAN	
b	Name of plan sponsor	MEMRY CORPORATION	c EIN-PN 06-1084424-003
a	Plan name	SCHOOL EMPLOYEES' DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	COMMONWEALTH OF PENNSYLVANIA PUBLIC SCHOOL EMPLOYEES RETIREMENT BOARD	c EIN-PN 37-1931793-002
a	Plan name	SHORT MOUNTAIN SILICA EMPLOYEE BENEFIT PLAN AND TRUST	
b	Name of plan sponsor	LITTLE SIX CORPORATION	c EIN-PN 54-1077856-001
a	Plan name	SIKICH LLC EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	SIKICH LLC	c EIN-PN 36-3168081-001
a	Plan name	SILVUS TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	SILVUS TECHNOLOGIES, INC.	c EIN-PN 20-1402290-001
a	Plan name	SMITH, GAMBRELL & RUSSELL LLP 401(K) RETIREMENT PLAN TRUST	
b	Name of plan sponsor	SMITH, GAMBRELL & RUSSELL, LLP	c EIN-PN 58-0967450-005
a	Plan name	SMW HEALTH NETWORK 401(K) PLAN	
b	Name of plan sponsor	SMW HEALTH NETWORK, LLC	c EIN-PN 84-3487711-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SNOHOMISH COUNTY PUBLIC UTILITY DISTRICT NO. 1 401(K) PLAN AND TRUST	
b	Name of plan sponsor SNOHOMISH COUNTY PUBLIC UTILITY DISTRICT	c EIN-PN 97-0000185-997
a	Plan name SNOHOMISH COUNTY PUD 457 GOVERNMENTAL PLAN AND TRUST	
b	Name of plan sponsor SNOHOMISH COUNTY PUBLIC UTILITY DISTRICT	c EIN-PN 97-0000185-999
a	Plan name SPARTANNASH COMPANY SAVINGS PLUS MASTER TRUST	
b	Name of plan sponsor SPARTANNASH COMPANY	c EIN-PN 38-0593940-010
a	Plan name SPURS SPORTS & ENTERTAINMENT 401(K) PLAN	
b	Name of plan sponsor SAN ANTONIO SPURS, LLC	c EIN-PN 74-2664244-001
a	Plan name ST. JOHN KNITS INTERNATIONAL, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor ST. JOHN KNITS INTERNATIONAL, INCORPORATED	c EIN-PN 52-2303510-001
a	Plan name STANDARD PROCESS INC. PROFIT SHARING AND PENSION PLAN	
b	Name of plan sponsor STANDARD PROCESS INC.	c EIN-PN 39-0762936-001
a	Plan name STELLAR 401(K) PLAN	
b	Name of plan sponsor STELLAR GROUP, INCORPORATED	c EIN-PN 59-2545827-001
a	Plan name STEVEN L LANGER PC RETIREMENT PLAN	
b	Name of plan sponsor LANGER & LANGER ATTORNEYS (STEVEN LANGER PRO CORP)	c EIN-PN 35-1521063-001
a	Plan name SYNACK INC 401(K) PLAN	
b	Name of plan sponsor SYNACK, INC	c EIN-PN 46-1916005-001
a	Plan name TAFT STETTINIUS & HOLLISTER LLP THRIFT SAVINGS & RETIREMENT PLAN- 1	
b	Name of plan sponsor TAFT STETTINIUS & HOLLISTER LLP	c EIN-PN 84-1455663-004
a	Plan name TANDEM DIABETES CARE, INC. 401(K) PLAN	
b	Name of plan sponsor TANDEM DIABETES CARE, INC.	c EIN-PN 20-4327508-001
a	Plan name TEAMSTERS LOCAL 20 401(K) PLAN	
b	Name of plan sponsor DAYTON HEIDELBERG DISTRIBUTING CO., LLC	c 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.)	
a	Plan name TEAMSTERS LOCAL 293 401(K) PLAN	
b	Name of plan sponsor DAYTON HEIDELBERG DISTRIBUTING CO., LLC	c EIN-PN 31-0620091-005
a	Plan name TEAMSTERS LOCAL 957 401(K) PLAN	
b	Name of plan sponsor DAYTON HEIDELBERG DISTRIBUTING CO., LLC	c EIN-PN 31-0620091-003
a	Plan name TERADATA SAVINGS PLAN	
b	Name of plan sponsor TERADATA CORPORATION	c EIN-PN 75-3236470-001
a	Plan name TEXAS GULF BANCSHARES, INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor TEXAS GULF BANCSHARES	c EIN-PN 74-1774826-001
a	Plan name THE BROADSTREET 401(K) PLAN	
b	Name of plan sponsor BROADSTREET PARTNERS	c EIN-PN 31-0982037-001
a	Plan name THE HUNTER SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor HUNTER INDUSTRIES INCORPORATED	c EIN-PN 33-0592522-001
a	Plan name THE MILLIKEN RETIREMENT PLAN	
b	Name of plan sponsor MILLIKEN & COMPANY	c EIN-PN 86-1417058-335
a	Plan name THE NEIL JONES FOOD COMPANY 401(K) PLAN	
b	Name of plan sponsor THE NEIL JONES FOOD COMPANY	c EIN-PN 93-0238209-003
a	Plan name THE PEP BOYS 401(K) PLAN	
b	Name of plan sponsor THE PEP BOYS - MANNY, MOE & JACK LLC - SUBSIDIARY OF ICAHN ENTERPRISES	c EIN-PN 85-4254017-003
a	Plan name THE PEP BOYS SAVINGS PLAN -PUERTO RICO	
b	Name of plan sponsor PEP BOYS - MANNY, MOE & JACK OF PUERTO RICO, INC. - SUBSIDIARY OF ICAH	c EIN-PN 51-0363784-002
a	Plan name THE PROFIT SHARING AND RETIREMENT PLAN OF WAGMAN, INC.	
b	Name of plan sponsor WAGMAN, INC.	c EIN-PN 23-2200489-001
a	Plan name THIELE KAOLIN COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THIELE KAOLIN COMPANY	c EIN-PN 58-0525495-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a Plan name	THRIFT & SAVINGS PLAN SPONSORED BY UNITED DAIRY INDUSTRY ASSOCIATION	
b Name of plan sponsor	UNITED DAIRY INDUSTRY ASSOCIATION	c EIN-PN 36-2702849-334
a Plan name	U.S. PHYSICAL THERAPY, INC. 401(K) GOLD PLAN	
b Name of plan sponsor	U.S. PHYSICAL THERAPY, INC.	c EIN-PN 76-0364866-003
a Plan name	U.S. PHYSICAL THERAPY, INC. 401(K) PLATINUM PLAN	
b Name of plan sponsor	U.S. PHYSICAL THERAPY, INC.	c EIN-PN 76-0364866-002
a Plan name	U.S. PHYSICAL THERAPY, INC. 401(K) SALARY SAVINGS PLAN	
b Name of plan sponsor	U.S. PHYSICAL THERAPY, INC.	c EIN-PN 76-0364866-001
a Plan name	UBER FREIGHT RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	UBER FREIGHT US LLC	c EIN-PN 75-2949425-001
a Plan name	UNITED COMMUNITY BANKS, INC. 401(K) PLAN	
b Name of plan sponsor	UNITED COMMUNITY BANKS, INC.	c EIN-PN 58-0554454-001
a Plan name	VALLEY ENT, P.C. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	VALLEY ENT	c EIN-PN 20-4011284-001
a Plan name	VALOR HEALTHCARE 401(K) PLAN	
b Name of plan sponsor	VALOR HEALTHCARE, INC.	c EIN-PN 20-3585174-001
a Plan name	VEEAM SOFTWARE CORPORATION 401(K) PLAN	
b Name of plan sponsor	VEEAM SOFTWARE CORPORATION	c EIN-PN 26-0530135-001
a Plan name	VINCE HOLDING CORP. 401K	
b Name of plan sponsor	VINCE HOLDING CORP.	c EIN-PN 73-3264870-001
a Plan name	VIZIO, INC. 401(K) PLAN	
b Name of plan sponsor	VIZIO, INC.	c EIN-PN 36-4510309-002
a Plan name	W.R. GRACE & CO. RETIREMENT CONTRIBUTION PLAN	
b Name of plan sponsor	W.R. GRACE & CO.	c EIN-PN 65-0773649-124

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan T. ROWE PRICE STRATEGIC COMMON TRUST FUND, T. ROWE PRICE RETIREMENT BLEND 2065 TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 T. ROWE PRICE TRUST COMPANY	D Employer Identification Number (EIN) 85-1790880

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	360407 1755731
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	103739378 412936607
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	107343425	414692338
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	16248	61902
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	3604193	1755757
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3620441	1817659
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	103722984	412874679

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		23524395
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		23524395

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	430150	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		430150
j Total expenses. Add all expense amounts in column (b) and enter total	2j		430150

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		23094245
l Transfers of assets:			
(1) To this plan	2l(1)		355444536
(2) From this plan	2l(2)		69387086

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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