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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan T. ROWE PRICE RETIREMENT HYBRID TRUST, T. ROWE PRICE RETIREMENT HYBRID 2025 TRUST	**1b** Three-digit plan number (PN) ▶ 010 **1c** Effective date of plan
2a 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) T. ROWE PRICE TRUST COMPANY 100 EAST PRATT STREET BALTIMORE, MD 21202	**2b** Employer Identification Number (EIN) 35-6785642 **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.

SIGN HERE	 **Signature of plan administrator**	 Date	 Enter name of individual signing as plan administrator
SIGN HERE	 **Signature of employer/plan sponsor**	 Date	 Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature. **Signature of DFE**	08/28/2025 Date	RICK SCHULTZ Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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	**6a(1)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

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)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached ______
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules
- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	**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 **2024** **This Form is Open to Public Inspection.**

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 RETIREMENT HYBRID TRUST, T. ROWE PRICE RETIREMENT HYBRID 2025 TRUST

B Three-digit plan number (PN) ▶ 010

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
T. ROWE PRICE TRUST COMPANY

D Employer Identification Number (EIN)
35-6785642

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP DYNAMIC CREDIT TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 93-2020168-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28979716

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP DYNAMIC GLOBAL BOND TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 37-6652415-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88012727

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP EMERGING MARKETS BOND TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 38-7011723-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73785367

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP FIXED INCOME TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6785642-003 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 364011542

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP FLOATING RATE TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 38-4044370-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24722455

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP HEDGED EQUITY TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 92-2748860-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 147167607

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP HIGH YIELD TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-2425740-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71079727

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

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

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)
30-6304154-001	C	132965303

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP NON U.S. EQUITIES TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

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)
35-6785642-002	C	381183956

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-2425741-001	C	97598511

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP U.S. EQUITIES TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

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)
35-6785642-001	C	928452281

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP US LTD DUR INFL FOC BOND TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

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)
35-2425739-001	C	255763231

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
61-6593158-001	C	87745231

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-6559833-004	C	58418540

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)

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)

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)

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	ACADIA HEALTHCARE COMPANY, INC. 401(K) PLAN		
b Name of plan sponsor	ACADIA HEALTHCARE COMPANY, INC	**c** EIN-PN	45-2492228-001
a Plan name	ACME MANUFACTURING COMPANY PROFIT SHARING 401(K) PLAN		
b Name of plan sponsor	ACME MANUFACTURING COMPANY	**c** EIN-PN	38-0281850-004
a Plan name	ALL-CLAD METALCRAFTERS, INC. SAVINGS PROGRAM AND 401(K) PLAN		
b Name of plan sponsor	ALL-CLAD METALCRAFTERS, INC.	**c** EIN-PN	25-1805397-003
a Plan name	ALLSCRIPTS RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	ALLSCRIPTS HEALTHCARE, LLC	**c** EIN-PN	56-1306083-004
a Plan name	APEX TOOL GROUP, LLC 401(K) SAVINGS PLAN		
b Name of plan sponsor	APEX TOOL GROUP, LLC	**c** EIN-PN	27-1996059-001
a Plan name	APEX TOOL GROUP, LLC INDIVIDUAL ACCOUNT RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES		
b Name of plan sponsor	APEX TOOL GROUP, LLC	**c** EIN-PN	27-1996059-002
a Plan name	ARDENT HEALTH SERVICES RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	AHS MANAGEMENT COMPANY, INC.	**c** EIN-PN	62-1743438-001
a Plan name	ARNALL GOLDEN GREGORY 401(K) PLAN		
b Name of plan sponsor	ARNALL GOLDEN GREGORY LLP	**c** EIN-PN	58-0543673-008
a Plan name	ARNALL GOLDEN GREGORY LLP SELF-EMPLOYED PERSONS RETIREMENT PLAN		
b Name of plan sponsor	ARNALL GOLDEN GREGORY LLP	**c** EIN-PN	58-0543673-001
a Plan name	ASR CORPORATION INTERNATIONAL EMPLOYEES' SAVINGS PLAN		
b Name of plan sponsor	ADMINISTRATION SYSTEMS RESEARCH CORPORATION INTERNATIONAL	**c** EIN-PN	38-2651185-001
a Plan name	ATLAS SP PARTNERS LP 401(K) PLAN		
b Name of plan sponsor	ATLAS SP PARTNERS, LP	**c** EIN-PN	92-1421772-001
a Plan name	AVX GREENVILLE LLC 401(K) PLAN		
b Name of plan sponsor	AVX CORPORATION	**c** EIN-PN	33-0379007-001

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	b Name of plan sponsor	c EIN-PN
AVX, LLC 401(K) PLAN	AVX CORPORATION	33-0379007-007
BALANCE TECHNOLOGY, INC. 401(K) PLAN	BALANCE TECHNOLOGY, INC.	38-2822225-001
BRENNTAG USA 401(K) AND PROFIT SHARING PLAN	BRENNTAG NORTH AMERICA, INC.	20-0552719-001
BRENNTAG USA 401(K) PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES	BRENNTAG NORTH AMERICA, INC.	20-0552719-003
BRENNTAG USA MONEY PURCHASE PLAN	BRENNTAG NORTH AMERICA, INC.	20-0552719-002
BS&B SAFETY SYSTEMS 401(K) SAVINGS AND RETIREMENT PLAN	BS&B SAFETY SYSTEMS, LLC	73-0785967-004
C.F. MARTIN & CO., INC. 401(K) FOR HOURLY EMPLOYEES	C.F. MARTIN & CO., INC.	24-0654010-003
C.F. MARTIN & CO., INC. 401(K) PLAN	C.F. MARTIN & CO., INC.	24-0654010-001
CALIFORNIA DISTRICT ATTORNEYS ASSOCIATION 401(K) PLAN	CALIFORNIA DISTRICT ATTORNEYS ASSOCIATION	94-2293805-001
CAPITAL ALLERGY & RESPIRATORY DISEASE CENTER 401(K) PROFIT SHARING PLAN	CAPITAL ALLERGY & RESPIRATORY DISEASE CENTER	20-8345561-001
CAPITAL ASSOCIATES 401(K) PROFIT SHARING PLAN	CAPITAL ASSOCIATES MANAGEMENT, LLC	46-1381585-001
CHATLEE SPORTING GOODS INC. RETIREMENT SAVINGS PLAN	CHATLEE SPORTING GOODS, INC.	56-0887069-001

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	CHERRY CENTRAL COOPERATIVE, INC. EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN		
b Name of plan sponsor	CHERRY CENTRAL COOPERATIVE, INC.	**c** EIN-PN	38-2010272-001
a Plan name	CIVIL & ENVIRONMENTAL CONSULTANTS 401(K) PLAN		
b Name of plan sponsor	CIVIL & ENVIRONMENTAL CONSULTANTS, INC.	**c** EIN-PN	25-1599565-001
a Plan name	CLARIANT RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	CLARIANT CORPORATION	**c** EIN-PN	56-1356629-001
a Plan name	CLEARCHOICE DENTAL IMPLANT CENTERS 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	CLEARCHOICE MANAGEMENT SERVICES, LLC	**c** EIN-PN	20-3648245-001
a Plan name	CLEMENS FAMILY CORPORATION PROFIT SHARING PLAN		
b Name of plan sponsor	CLEMENS FAMILY CORPORATION	**c** EIN-PN	75-2990438-002
a Plan name	CMS SAVINGS PLAN AND TRUST		
b Name of plan sponsor	COVENANT MANAGEMENT SYSTEMS, LP	**c** EIN-PN	74-2899856-002
a Plan name	COLLINS EINHORN FARRELL PC 401(K) PLAN		
b Name of plan sponsor	COLLINS EINHORN FARRELL PC	**c** EIN-PN	38-2040178-002
a Plan name	CONTI CIVIL, LLC. EMPLOYEES' 401(K) PLAN		
b Name of plan sponsor	CONTI CIVIL, LLC.	**c** EIN-PN	84-4932176-001
a Plan name	CONTI FEDERAL SERVICES, LLC EMPLOYEES' 401(K) PLAN		
b Name of plan sponsor	CONTI FEDERAL SERVICES, LLC	**c** EIN-PN	83-1401674-001
a Plan name	CRETELLIGENT, INC. 401(K) PLAN		
b Name of plan sponsor	CRETELLIGENT, INC.	**c** EIN-PN	46-4884191-001
a Plan name	CURTIS, MALLET-PREVOST, COLT & MOSLE LLP 401(K) PLAN FOR ASSOCIATES, STAFF AND PARTNERS		
b Name of plan sponsor	CURTIS MALLET-PREVOST COLT & MOSLE LLP	**c** EIN-PN	13-5018900-003
a Plan name	DAMUTH SERVICES, INC. PROFIT SHARING 401(K) PLAN		
b Name of plan sponsor	DAMUTH SERVICES, INC.	**c** EIN-PN	54-0856220-002

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	b Name of plan sponsor	c EIN-PN
DENTSPLY SIRONA INC. 401(K) SAVINGS AND EMPLOYEE STOCK OWNERSHIP PLAN	DENTSPLY SIRONA INC.	39-1434669-004
DOWNEY BRAND LLP EMPLOYEE RETIREMENT PLAN	DOWNEY BRAND LLP	94-2477240-001
DTE ENERGY MASTER PLAN TRUST	DTE ENERGY COMPANY	04-6767525-022
DWYEROMEGA SAFE HARBOR 401(K) PLAN	DWYER INSTRUMENTS, INC.	35-0961454-001
EASTMAN KODAK SAVINGS & INVESTMENT PLAN	EASTMAN KODAK COMPANY	16-0417150-002
EMERY SAPP & SONS, INC. 401(K) PLAN	EMERY SAPP CONSTRUCTION, INC.	52-2144296-001
EVERON 401(K) PLAN	EVERON, LLC	90-0008456-001
EXPRESS SAVINGS AND RETIREMENT PLAN	EXPRESS, LLC	54-2170160-001
FIRST QUALITY SAVINGS AND INVESTMENT PLAN	FIRST QUALITY ENTERPRISES, INC.	23-2744573-001
FIRST STUDENT, INC. RETIREMENT SAVINGS PLAN	FIRSTGROUP AMERICA, INC.	52-2205403-002
FLOWSERVE CORPORATION RETIREMENT SAVINGS PLAN	FLOWSERVE CORPORATION	31-0267900-008
GEBHART HOLDINGS INC. 401(K) PLAN	GEBHART HOLDINGS, INC.	47-5466057-001

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	GENMAB US, INC. 401(K) PLAN		
b Name of plan sponsor	GENMAB US, INC.	**c** EIN-PN	26-2011084-001
a Plan name	GNAP HOLDINGS, LLC PROFIT SHARING & 401(K) PLAN		
b Name of plan sponsor	GNAP, LLC	**c** EIN-PN	46-4327773-001
a Plan name	GNUTTI CARLO USA, INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	GNUTTI CARLO USA, INC.	**c** EIN-PN	46-1469504-002
a Plan name	GREENBERG TRAURIG 401(K) PLAN		
b Name of plan sponsor	GREENBERG TRAURIG, PA.	**c** EIN-PN	59-1270754-004
a Plan name	GROUPE SEB USA EMPLOYEES' RETIREMENT INCOME PLAN		
b Name of plan sponsor	GROUPE SEB USA	**c** EIN-PN	22-3062987-002
a Plan name	GUERBET, LLC RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	GUERBET, LLC	**c** EIN-PN	83-0724239-001
a Plan name	GURNEE MASON RUSHFORD BONOTTO & FORESTIERE LLP 401(K) PLAN		
b Name of plan sponsor	GURNEE MASON RUSHFORD BONOTTO & FORESTIERE LLP	**c** EIN-PN	68-0547078-001
a Plan name	GXO LOGISTICS 401(K) PLAN		
b Name of plan sponsor	GXO LOGISTICS, INC.	**c** EIN-PN	86-2098312-001
a Plan name	HIGHWOODS PROPERTIES 401(K) RETIREMENT PLAN		
b Name of plan sponsor	HIGHWOODS REALTY LIMITED PARTNERSHIP	**c** EIN-PN	56-1869557-001
a Plan name	HURON VALLEY RADIOLOGY, P.C. EMPLOYEES' RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	HURON VALLEY RADIOLOGY, P.C.	**c** EIN-PN	38-1693395-001
a Plan name	IMMUNEERING CORPORATION 401(K) PLAN		
b Name of plan sponsor	IMMUNEERING CORPORATION	**c** EIN-PN	26-1976972-001
a Plan name	INFINEON TECHNOLOGIES SAVINGS PLAN		
b Name of plan sponsor	INFINEON TECHNOLOGIES AMERICAS CORP.	**c** EIN-PN	95-1528961-002

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	ITI, INC. 401(K) PLAN		
b Name of plan sponsor	ITI, INC.	**c** EIN-PN	30-0074620-001
a Plan name	IXL LEARNING 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	IXL LEARNING, INC.	**c** EIN-PN	94-3321802-001
a Plan name	KIMLEY-HORN AND ASSOCIATES, INC. RETIREMENT SAVINGS AND PENSION PLAN		
b Name of plan sponsor	KIMLEY-HORN AND ASSOCIATES, INC.	**c** EIN-PN	56-0885615-001
a Plan name	KING COUNTY DEFERRED COMPENSATION PLAN		
b Name of plan sponsor	KING COUNTY	**c** EIN-PN	91-6001327-999
a Plan name	KURZ AMERICA EMPLOYEES' CASH DEFERRED ARRANGEMENT		
b Name of plan sponsor	KURZ TRANSFER PRODUCTS, LP	**c** EIN-PN	23-2677477-002
a Plan name	L'OREAL USA, INC. EMPLOYEE RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	LOREAL USA, INC.	**c** EIN-PN	22-1539735-003
a Plan name	MARITZ INC. EMPLOYEE INVESTMENT PLAN		
b Name of plan sponsor	MARITZ HOLDINGS INC.	**c** EIN-PN	43-0393480-002
a Plan name	MERITUS HEALTH 401(K) SAVINGS PLAN		
b Name of plan sponsor	MERITUS MEDICAL CENTER, INC./TRIVERGENT HEALTH ALLIANCE MSO, LLC	**c** EIN-PN	52-0607949-003
a Plan name	MIAMI VALLEY STEEL SERVICE, INC. 401(K) PLAN		
b Name of plan sponsor	MIAMI VALLEY STEEL SERVICE, INC.	**c** EIN-PN	31-1050813-002
a Plan name	MICHELS CORPORATION 401(K) SAVINGS PLAN		
b Name of plan sponsor	MICHELS CORPORATION	**c** EIN-PN	39-0970311-002
a Plan name	MISTRAS GROUP, INC. SALARY SAVINGS PLAN		
b Name of plan sponsor	MISTRAS GROUP, INC.	**c** EIN-PN	22-3341267-001
a Plan name	MONUMENTAL SPORTS & ENTERTAINMENT 401(K) SAVINGS PLAN		
b Name of plan sponsor	MONUMENTAL SPORTS & ENTERTAINMENT	**c** EIN-PN	54-1945853-001

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	MULLER AG, LLC PROFIT SHARING PLAN		
b Name of plan sponsor	MULLER AG, LLC	**c** EIN-PN	83-3073886-001
a Plan name	NEWPARK DRILLING FLUIDS 401(K) PLAN		
b Name of plan sponsor	NEWPARK DRILLING FLUIDS LLC	**c** EIN-PN	20-4994235-003
a Plan name	NEWPARK RESOURCES, INC. SAVINGS & INVESTMENT PLAN		
b Name of plan sponsor	NEWPARK RESOURCES, INC.	**c** EIN-PN	71-1123385-002
a Plan name	NORTONLIFELOCK SECTION 401(K) PLAN		
b Name of plan sponsor	NORTONLIFELOCK, INC.	**c** EIN-PN	77-0181864-001
a Plan name	OUTBACK/BASIN 401(K) PLAN		
b Name of plan sponsor	BASIN ENTERPRISES, INC.	**c** EIN-PN	27-0385388-001
a Plan name	OWL SERVICE 401(K) PLAN		
b Name of plan sponsor	OSCAR W. LARSON COMPANY	**c** EIN-PN	38-1607330-003
a Plan name	P.C. RICHARD & SON 401(K) SAVINGS PLAN		
b Name of plan sponsor	P.C. RICHARD & SON LONG ISLAND CORPORATION	**c** EIN-PN	11-2128677-001
a Plan name	PAYCHEX INC. 401(K) INCENTIVE RETIREMENT PLAN		
b Name of plan sponsor	PAYCHEX, INC.	**c** EIN-PN	16-1124166-001
a Plan name	PEEBLES KIDDER BERGIN & ROBINSON LLP 401(K) PROFIT SHARING PLAN & TRUST		
b Name of plan sponsor	PEEBLES KIDDER BERGIN & ROBINSON LLP	**c** EIN-PN	91-1811960-001
a Plan name	POWERHOUSE ELECTRICAL SERVICES, INC. 401(K) PLAN		
b Name of plan sponsor	POWERHOUSE ELECTRICAL SERVICES, INC	**c** EIN-PN	74-3074359-501
a Plan name	PRINT MEDIA SERVICES, LTD. DBA MEDIA RESOURCES, LTD. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	MEDIA RESOURCES LTD	**c** EIN-PN	34-1839756-004
a Plan name	QORVO 401(K) PLAN		
b Name of plan sponsor	QORVO, INC.	**c** EIN-PN	95-3654013-003

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.)

a Plan name	QUINN CONSULTING SERVICES, INC. 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	QUINN CONSULTING SERVICES, INC.	**c** EIN-PN	54-1871087-001
a Plan name	RALPH LAUREN CORPORATION 401(K) PLAN		
b Name of plan sponsor	RALPH LAUREN	**c** EIN-PN	13-2622036-001
a Plan name	RETIREMENT PLAN FOR PARALEGALS AND PARTNERS OF CURTIS, MALLET-PREVOST, COLT & MOSLE LLP		
b Name of plan sponsor	CURTIS MALLET-PREVOST COLT & MOSLE LLP	**c** EIN-PN	13-5018900-001
a Plan name	RUKERT TERMINALS CORPORATION EMPLOYEE SAVINGS 401(K) PLAN		
b Name of plan sponsor	RUKERT TERMINALS CORPORATION	**c** EIN-PN	52-0468070-001
a Plan name	RXO 401(K) PLAN		
b Name of plan sponsor	XPO NAT SOLUTIONS, LLC	**c** EIN-PN	85-4108974-001
a Plan name	RXO RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	XPO NAT SOLUTIONS, LLC	**c** EIN-PN	85-4108974-002
a Plan name	SAILPOINT TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	SAILPOINT TECHNOLOGIES, INC.	**c** EIN-PN	90-0187685-001
a Plan name	SALONCENTRIC INC. 401(K) PLAN		
b Name of plan sponsor	SALONCENTRIC INC.	**c** EIN-PN	91-2062018-001
a Plan name	SAMSUNG 401(K) PLAN		
b Name of plan sponsor	SAMSUNG ELECTRONICS AMERICA, INC.	**c** EIN-PN	13-2951153-001
a Plan name	SANOFI-AVENTIS US SAVINGS MASTER TRUST		
b Name of plan sponsor	SANOFI-AVENTIS U.S. LLC	**c** EIN-PN	26-3494110-008
a Plan name	SAVILLS INC. SECTION 401(K) PLAN		
b Name of plan sponsor	SAVILLS INC.	**c** EIN-PN	13-1813318-001
a Plan name	SERCO, INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	SERCO, INC.	**c** EIN-PN	22-2902286-003

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.)

a Plan name	b Name of plan sponsor	c EIN-PN
SERCO, INC. 401(K) RETIREMENT PLAN FOR UNION EMPLOYEES	SERCO, INC.	22-2902286-008
SIMPLOT RETIREMENT SAVINGS PLAN	J.R. SIMPLOT COMPANY	82-0196611-004
SPARTANNASH COMPANY SAVINGS PLUS MASTER TRUST	SPARTANNASH COMPANY	38-0593940-010
SPENCER FANE RETIREMENT PLAN	SPENCER FANE LLP	44-0561981-001
STEMLINE THERAPEUTICS INC. 401(K) PLAN	STEMLINE THERAPEUTICS, INC.	45-0522567-001
TAG THE ASPEN GROUP (K) PLAN	TEAM TAG SERVICES, LLC	22-3635491-003
THE FINASTRA USA SALARY SAVINGS 401(K) PLAN	FINASTRA TECHNOLOGY, INC.	59-3760087-001
THE SHARP EMPLOYEES SAVINGS AND INVESTMENT PLAN	SHARP ELECTRONICS CORPORATION	13-1968872-003
THE WHITING-TURNER CONTRACTING COMPANY 401(K) PLAN	THE WHITING-TURNER CONTRACTING COMPANY	52-0529450-003
THE WHITING-TURNER CONTRACTING COMPANY HOURLY CRAFT 401(K) PLAN	THE WHITING-TURNER CONTRACTING COMPANY	52-0529450-005
THE WHITING-TURNER TEAMSTERS PROFIT SHARING PLAN	THE WHITING-TURNER CONTRACTING COMPANY	52-0529450-004
TRAC INTERMODAL RETIREMENT SAVINGS PLAN	TRAC INTERMODAL	13-3467669-001

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	b Name of plan sponsor	c EIN-PN
TRI-STATE WATER, POWER & AIR 401(K) PROFIT SHARING PLAN	TSWT ACQUISITION, INC.	85-4182105-001
UAW RETIREE MEDICAL BENEFITS TRUST SAVINGS PLAN	UAW RETIREE MEDICAL BENEFITS TRUST	90-0424876-001
VALLEJO FLOOD AND WASTEWATER DISTRICT DEFERRED COMPENSATION PLAN	VALLEJO FLOOD AND WASTEWATER DISTRICT	94-6003952-001
VAN DE POL ENTERPRISES, INC. 401(K) PLAN	VAN DE POL ENTERPRISESE, INC.	94-2428381-101
VELERA 401(K) RETIREMENT SAVINGS PLAN	CU COOPERATIVE SYSTEMS, INC.	99-0412977-033
VERISIGN INC. 401(K) PLAN	VERISIGN, INC.	94-3221585-001
VERITAS 401(K) PLAN	VERITAS TECHNOLOGIES, LLC	47-2839960-001
VIRBAC CORPORATION RETIREMENT SAVINGS PLAN	VIRBAC CORPORATION	43-1648680-001
VIRBAC CORPORATION RETIREMENT SAVINGS PLAN FOR CERTAIN UNION MEMBERS	VIRBAC CORPORATION	43-1648680-002
WALLSIDE, INC. 401(K) AND DISCRETIONARY CONTRIBUTION PLAN	WALLSIDE, INC.	38-1547434-004
WALTON PEDIATRICS AND MEDICAL ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	WALTON PEDIATRICS, MEDICAL ASSOCIATES, INC.	68-0423074-001
WELD MOLD COMPANY EMPLOYEES DEFERRED PROFIT SHARING PLAN AND TRUST	WELD MOLD COMPANY	38-1646390-001

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	WEST YOST & ASSOCIATES PROFIT SHARING 401(K) PLAN		
b Name of plan sponsor	WEST YOST & ASSOCIATES, INC.	**c** EIN-PN	68-0370826-002
a Plan name	WILKE FLEURY LLP 401(K) PLAN		
b Name of plan sponsor	WILKE FLEURY LLP	**c** EIN-PN	94-1149786-002
a Plan name	XPO LOGISTICS, INC. MASTER TRUST		
b Name of plan sponsor	XPO LOGISTICS, INC.	**c** EIN-PN	85-3038605-001
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
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a Plan name			
b Name of plan sponsor		**c** EIN-PN	

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**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.**	OMB No. 1210-0110 **2024** **This Form is Open to Public Inspection**

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 RETIREMENT HYBRID TRUST, T. ROWE PRICE RETIREMENT HYBRID 2025 TRUST

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
T. ROWE PRICE TRUST COMPANY

D Employer Identification Number (EIN)
35-6785642

Part I Asset and Liability Statement

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)**	1293518	7455486
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)**	2195387596	2739886194
(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)**		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	2196681114	2747341680
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	460154	532281
i Acquisition indebtedness	1i		
j Other liabilities	1j	1301260	7460623
k Total liabilities (add all amounts in lines 1g through1j)	1k	1761414	7992904
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2194919700	2739348776

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)		0
(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)		0

			(a) Amount	(b) Total
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		238601470
	(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		-25
d	Total income. Add all **income** amounts in column (b) and enter total	2d		238601445

Expenses

			(a) Amount	(b) Total
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)	25347	
	(3) Recordkeeping fees	2i(3)		
	(4) IQPA audit fees	2i(4)		
	(5) Investment advisory and investment management fees	2i(5)	5834975	
	(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)	9	
	(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		5860331
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5860331

Net Income and Reconciliation

			(a) Amount	(b) Total
k	Net income (loss). Subtract line **2j** from line **2d**	2k		232741114
l	Transfers of assets:			
	(1) To this plan	2l(1)		1156711892
	(2) From this plan	2l(2)		845023930

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.)	4a			
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.)	4b			
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.)	4c			
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.)	4d			
e Was this plan covered by a fidelity bond?	4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f			
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?	4g			
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?	4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i			
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.)	4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k			
l Has the plan failed to provide any benefit when due under the plan?	4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

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 ____________________.