

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: T. ROWE PRICE RETIREMENT HYBRID TRUST, T. ROWE PRICE RETIREMENT HYBRID 2050 TRUST
1b Three-digit plan number (PN): 015
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): 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.

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

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

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) 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 <hr/> 2024 <hr/> 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 <u>T. ROWE PRICE RETIREMENT HYBRID TRUST, T. ROWE PRICE RETIREMENT HYBRID 2050 TRUST</u>	B Three-digit plan number (PN)	<u>015</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>35-6785642</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>2494350</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP FIXED INCOME TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>35-6785642-003</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>12385918</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>4048202</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP NON U.S. EQUITIES TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>35-6785642-002</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>707865897</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP REAL ASSETS TRUST I</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>35-2425741-001</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>161625550</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP U.S. EQUITIES TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>35-6785642-001</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>1733030648</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP US LTD DUR INFL FOC BOND TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>35-2425739-001</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>228313</u>

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 ABTEK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN BANKCARD PROCESSING DBA ABTEK	c EIN-PN 38-2695728-001
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

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

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 CHATLEE SPORTING GOODS INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CHATLEE SPORTING GOODS, INC.	c EIN-PN 56-0887069-001
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

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	DAMUTH SERVICES, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	DAMUTH SERVICES, INC.	c EIN-PN 54-0856220-002
a	Plan name	DENTSPLY SIRONA INC. 401(K) SAVINGS AND EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	DENTSPLY SIRONA INC.	c EIN-PN 39-1434669-004
a	Plan name	DOWNEY BRAND LLP EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	DOWNEY BRAND LLP	c EIN-PN 94-2477240-001
a	Plan name	DTE ENERGY MASTER PLAN TRUST	
b	Name of plan sponsor	DTE ENERGY COMPANY	c EIN-PN 04-6767525-022
a	Plan name	DWYEROMEGA SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	DWYER INSTRUMENTS, INC.	c EIN-PN 35-0961454-001
a	Plan name	EASTMAN KODAK SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	EASTMAN KODAK COMPANY	c EIN-PN 16-0417150-002
a	Plan name	EMERY SAPP & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor	EMERY SAPP CONSTRUCTION, INC.	c EIN-PN 52-2144296-001
a	Plan name	EVERON 401(K) PLAN	
b	Name of plan sponsor	EVERON, LLC	c EIN-PN 90-0008456-001
a	Plan name	EXPRESS SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	EXPRESS, LLC	c EIN-PN 54-2170160-001
a	Plan name	FIRST QUALITY SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	FIRST QUALITY ENTERPRISES, INC.	c EIN-PN 23-2744573-001
a	Plan name	FIRST STUDENT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FIRSTGROUP AMERICA, INC.	c EIN-PN 52-2205403-002
a	Plan name	FLOWERVE CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FLOWERVE CORPORATION	c EIN-PN 31-0267900-008

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	GEBHART HOLDINGS INC. 401(K) PLAN
b	Name of plan sponsor	GEBHART HOLDINGS, INC.
c	EIN-PN	47-5466057-001
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	GREAT LAKES TOWER & ANTENNA 401(K) PLAN AND TRUST
b	Name of plan sponsor	GREAT LAKES TOWER & ANTENNA
c	EIN-PN	38-2776792-001
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

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 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
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

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	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
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

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 PREMCO, LLC EMPLOYEES 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor BS&B SAFETY SYSTEMS, LLC	c EIN-PN 73-0785967-005
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
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

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	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
a	Plan name	SERCO, INC. 401(K) RETIREMENT PLAN FOR UNION EMPLOYEES	
b	Name of plan sponsor	SERCO, INC.	c EIN-PN 22-2902286-008
a	Plan name	SIMPLOT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	J.R. SIMPLOT COMPANY	c EIN-PN 82-0196611-004
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	SPENCER FANE ASSOCIATE RETIREMENT PLAN	
b	Name of plan sponsor	SPENCER FANE LLP	c EIN-PN 44-0561981-002
a	Plan name	SPENCER FANE RETIREMENT PLAN	
b	Name of plan sponsor	SPENCER FANE LLP	c EIN-PN 44-0561981-001
a	Plan name	STEMLINE THERAPEUTICS INC. 401(K) PLAN	
b	Name of plan sponsor	STEMLINE THERAPEUTICS, INC.	c EIN-PN 45-0522567-001
a	Plan name	TAG THE ASPEN GROUP (K) PLAN	
b	Name of plan sponsor	TEAM TAG SERVICES, LLC	c EIN-PN 22-3635491-003
a	Plan name	THE FINASTRA USA SALARY SAVINGS 401(K) PLAN	
b	Name of plan sponsor	FINASTRA TECHNOLOGY, INC.	c EIN-PN 59-3760087-001
a	Plan name	THE SHARP EMPLOYEES SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	SHARP ELECTRONICS CORPORATION	c EIN-PN 13-1968872-003

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 THE WHITING-TURNER CONTRACTING COMPANY 401(K) PLAN	
b	Name of plan sponsor THE WHITING-TURNER CONTRACTING COMPANY	c EIN-PN 52-0529450-003
a	Plan name THE WHITING-TURNER CONTRACTING COMPANY HOURLY CRAFT 401(K) PLAN	
b	Name of plan sponsor THE WHITING-TURNER CONTRACTING COMPANY	c EIN-PN 52-0529450-005
a	Plan name THE WHITING-TURNER TEAMSTERS PROFIT SHARING PLAN	
b	Name of plan sponsor THE WHITING-TURNER CONTRACTING COMPANY	c EIN-PN 52-0529450-004
a	Plan name TRAC INTERMODAL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TRAC INTERMODAL	c EIN-PN 13-3467669-001
a	Plan name TRI-STATE WATER, POWER & AIR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TSWT ACQUISITION, INC.	c EIN-PN 85-4182105-001
a	Plan name UAW RETIREE MEDICAL BENEFITS TRUST SAVINGS PLAN	
b	Name of plan sponsor UAW RETIREE MEDICAL BENEFITS TRUST	c EIN-PN 90-0424876-001
a	Plan name VALLEJO FLOOD AND WASTEWATER DISTRICT DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor VALLEJO FLOOD AND WASTEWATER DISTRICT	c EIN-PN 94-6003952-001
a	Plan name VAN DE POL ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor VAN DE POL ENTERPRISESE, INC.	c EIN-PN 94-2428381-101
a	Plan name VELERA 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CU COOPERATIVE SYSTEMS, INC.	c EIN-PN 99-0412977-033
a	Plan name VERISIGN INC. 401(K) PLAN	
b	Name of plan sponsor VERISIGN, INC.	c EIN-PN 94-3221585-001
a	Plan name VERITAS 401(K) PLAN	
b	Name of plan sponsor VERITAS TECHNOLOGIES, LLC	c EIN-PN 47-2839960-001
a	Plan name VIRBAC CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VIRBAC CORPORATION	c EIN-PN 43-1648680-001

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	VIRBAC CORPORATION RETIREMENT SAVINGS PLAN FOR CERTAIN UNION MEMBERS	c	EIN-PN	
b	Name of plan sponsor	VIRBAC CORPORATION	c	EIN-PN	43-1648680-002
a	Plan name	WALLSIDE, INC. 401(K) AND DISCRETIONARY CONTRIBUTION PLAN	c	EIN-PN	
b	Name of plan sponsor	WALLSIDE, INC.	c	EIN-PN	38-1547434-004
a	Plan name	WALTON PEDIATRICS AND MEDICAL ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	c	EIN-PN	
b	Name of plan sponsor	WALTON PEDIATRICS, MEDICAL ASSOCIATES, INC.	c	EIN-PN	68-0423074-001
a	Plan name	WELD MOLD COMPANY EMPLOYEES DEFERRED PROFIT SHARING PLAN AND TRUST	c	EIN-PN	
b	Name of plan sponsor	WELD MOLD COMPANY	c	EIN-PN	38-1646390-001
a	Plan name	WEST YOST & ASSOCIATES PROFIT SHARING 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	WEST YOST & ASSOCIATES, INC.	c	EIN-PN	68-0370826-002
a	Plan name	WILKE FLEURY LLP 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	WILKE FLEURY LLP	c	EIN-PN	94-1149786-002
a	Plan name	XPO LOGISTICS, INC. MASTER TRUST	c	EIN-PN	
b	Name of plan sponsor	XPO LOGISTICS, INC.	c	EIN-PN	85-3038605-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

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.	OMB No. 1210-0110 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 RETIREMENT HYBRID TRUST, T. ROWE PRICE RETIREMENT HYBRID TRUST	B Three-digit plan number (PN) ▶ 015
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
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
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)	1630046	3660421
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)	1508550396	2652340117
(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	1510180442	2656000538
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	319020	524458
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1588138	3661776
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1907158	4186234
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1508273284	2651814304

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)	262110931
(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	-10
d Total income. Add all income amounts in column (b) and enter total.....	2d	262110921

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)	6545
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	4939971
(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)	4946516
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	4946516

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	257164405
l Transfers of assets:		
(1) To this plan.....	2l(1)	1359205088
(2) From this plan	2l(2)	472828473

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 _____.