

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: T. ROWE PRICE STRATEGIC COMMON TRUST, T. ROWE PRICE LARGE-CAP GROWTH 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): 32-6528532
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) <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.	<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 <u>T. ROWE PRICE STRATEGIC COMMON TRUST, T. ROWE PRICE LARGE-CAP GROWTH 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>32-6528532</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 CASH RESERVES TRUST</u>	
b Name of sponsor of entity listed in (a):	<u>T. ROWE PRICE TRUST COMPANY</u>	
c EIN-PN <u>30-6539250-001</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>79010866</u>
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):		
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
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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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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)

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d Entity code

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e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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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	A-TEK, INC. 401(K) PLAN	
b	Name of plan sponsor	A-TEK, INC.	c EIN-PN 54-1783662-001
a	Plan name	ADVANCED SERVICES, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	GE APPLIANCES	c EIN-PN 62-1422274-001
a	Plan name	ADVOCATE AURORA HEALTH 401(K) PLAN	
b	Name of plan sponsor	ADVOCATE AURORA HEALTH, INC.	c EIN-PN 82-4184596-004
a	Plan name	ALLIED CONSTRUCTION ASSOCIATES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLIED CONSTRUCTION ASSOCIATES, INC.	c EIN-PN 92-2118818-001
a	Plan name	ANTENNA RESEARCH, INC. 401(K) PLAN	
b	Name of plan sponsor	ANTENNA RESEARCH ASSOCIATES, INC.	c EIN-PN 52-0784035-101
a	Plan name	ARMSTRONG, DONOHUE, CEPPOS, VAUGHAN & RHOADES, CHARTERED 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ARMSTRONG, DONOHUE, CEPPOS, VAUGHAN & RHOADES, CHARTERED	c EIN-PN 52-1512135-001
a	Plan name	ASCENSUS AMERICAN FUNDS PEP	
b	Name of plan sponsor	WILSHIRE ADVISORS LLC	c EIN-PN 27-4411131-033
a	Plan name	AT - T. ROWE PRICE LARGE CAP GROWTH TRUST, CLASS L	
b	Name of plan sponsor	ALTA TRUST COMPANY	c EIN-PN 87-2326243-001
a	Plan name	AYERS/SAINT/GROSS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AYERS/SAINT/GROSS	c EIN-PN 52-0899570-001
a	Plan name	CAREMORE MEDICAL GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	CAREMORE MEDICAL GROUP, INC.	c EIN-PN 14-1943214-001
a	Plan name	CITY OF PHOENIX 457 DEFERRED COMPENSATION PLAN AND 401(A) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	CITY OF PHOENIX	c EIN-PN 65-6000256-999
a	Plan name	CITY OF SAN JOSE, CALIFORNIA DEFINED CONTRIBUTION PLAN FOR UNIT 99 EMPLOYEES	
b	Name of plan sponsor	CITY OF SAN JOSE	c EIN-PN 77-0250396-999

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 CITY OF SAN JOSE, CALIFORNIA, DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor CITY OF SAN JOSE	c EIN-PN 77-0250396-998
a	Plan name CLIFFORD CHANCE US LLP ASSOCIATES TAX-DEFERRED SAVINGS PLAN	
b	Name of plan sponsor CLIFFORD CHANCE US LLP	c EIN-PN 13-5553664-004
a	Plan name CLIFFORD CHANCE US LLP TAX-DEFERRED SAVINGS AND PROFIT-SHARING PLAN I	
b	Name of plan sponsor CLIFFORD CHANCE US LLP	c EIN-PN 13-5553664-003
a	Plan name CLIFFORD CHANCE US LLP TAX-DEFERRED SAVINGS AND PROFIT-SHARING PLAN II	
b	Name of plan sponsor CLIFFORD CHANCE US LLP	c EIN-PN 13-5553664-007
a	Plan name CLIFFORD CHANCES US LLP DEFINED BENEFIT PLAN	
b	Name of plan sponsor CLIFFORD CHANCE US LLP	c EIN-PN 13-5553664-001
a	Plan name COBANK, ACB EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor COBANK	c EIN-PN 84-1286705-002
a	Plan name COMPASS GROUP RETIREMENT PLAN	
b	Name of plan sponsor COMPASS GROUP USA INC.	c EIN-PN 56-1874931-007
a	Plan name CONRAIL / IHB EMPLOYEES PENSION TRUST	
b	Name of plan sponsor CONSOLIDATED RAIL CORPORATION	c EIN-PN 36-7370050-001
a	Plan name CORNERSTONE BUILDING BRANDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CORNERSTONE BUILDING BRANDS, INC.	c EIN-PN 76-0127701-001
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 DAVITA, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DAVITA INC.	c EIN-PN 51-0354549-001
a	Plan name DISTRICT MEDICAL GROUP, INC. PROFIT SHARING AND 401(K) PLAN & TRUST	
b	Name of plan sponsor DISTRICT MEDICAL GROUP, INC.	c EIN-PN 20-8106540-001

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 DIVERSIFIED BUSINESS GROUP PEO 401(K) PLAN	
b	Name of plan sponsor CAREMORE MEDICAL GROUP OF TENNESSEE, P.C.	c EIN-PN 46-1282653-001
a	Plan name ELEVANCE HEALTH 401(K)	
b	Name of plan sponsor ATH HOLDING COMPANY	c EIN-PN 11-3713086-003
a	Plan name ELEVANCE HEALTH PUERTO RICO RETIREMENT PLAN	
b	Name of plan sponsor ATH HOLDING COMPANY	c EIN-PN 66-0771535-001
a	Plan name ENVIRONMENTAL CONSULTANTS & CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor ENVIRONMENTAL CONSULTANTS & CONTRACTORS, INC.	c EIN-PN 88-4253460-001
a	Plan name ENVIRONMENTAL SYSTEMS RESEARCH INSTITUTE, INC. 401(K) INVESTMENT AND PROFIT SHARING PLAN	
b	Name of plan sponsor ENVIRONMENTAL SYSTEMS RESEARCH INSTITUTE, INC.	c EIN-PN 95-2775732-001
a	Plan name EOG RESOURCES, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor EOG RESOURCES, INC.	c EIN-PN 47-0684736-001
a	Plan name EXPRESS SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor EXPRESS, LLC	c EIN-PN 54-2170160-001
a	Plan name FAIRFIELD COUNTY ALLERGY, ASTHMA & IMMUNOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FAIRFIELD COUNTY ALLERGY, ASTHMA & IMMUNOLOGY ASSOCIATES, P.C.	c EIN-PN 06-0915856-002
a	Plan name FEDERAL DEPOSIT INSURANCE CORPORATION SAVINGS PLAN	
b	Name of plan sponsor FEDERAL DEPOSIT INSURANCE CORPORATION	c EIN-PN 53-0185558-001
a	Plan name FLUETSCH & BUSBY INSURANCE PS 401(K) PLAN	
b	Name of plan sponsor FLUETSCH AND BUSBY INSURANCE	c EIN-PN 88-2957603-001
a	Plan name FORMAN, INC. PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor FORMAN, INC.	c EIN-PN 52-1136813-002
a	Plan name GENERAL RADAR CORP 401(K) PLAN	
b	Name of plan sponsor GENERAL RADAR CORP	c EIN-PN 88-3246216-001

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	GENWORTH FINANCIAL, INC. MASTER TRUST	
b Name of plan sponsor	GENWORTH FINANCIAL, INC.	c EIN-PN 20-1786998-001
a Plan name	GOLDEN STATE FIRE APPARATUS, INC. P/S 401(K)	
b Name of plan sponsor	GOLDEN STATE FIRE APPARATUS	c EIN-PN 68-0201460-001
a Plan name	GRACO EMPLOYEE INVESTMENT PLAN	
b Name of plan sponsor	GRACO INC.	c EIN-PN 41-0285640-001
a Plan name	GREAT GRAY TRUST T. ROWE PRICE LARGE-CAP GROWTH CIT	
b Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 38-7289848-001
a Plan name	HAIER APPLIANCES PUERTO RICO SAVINGS PLAN	
b Name of plan sponsor	GE APPLIANCES	c EIN-PN 66-0606029-001
a Plan name	HARTE BROWNLEE & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	HARTE BROWNLEE & ASSOCIATES, INC.	c EIN-PN 33-0634163-001
a Plan name	HEXAGON EMPLOYEE RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	INTERGRAPH CORPORATION	c EIN-PN 93-0432081-002
a Plan name	HOFFMAN & ASSOCIATES, ATTORNEYS-AT-LAW, LLC PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	HOFFMAN & ASSOCIATES, ATTORNEYS-AT-LAW, LLC	c EIN-PN 92-3056835-001
a Plan name	HUNTSMAN SALARY DEFERRAL PLAN	
b Name of plan sponsor	HUNTSMAN INTERNATIONAL LLC	c EIN-PN 87-0630358-011
a Plan name	IGT 401(K) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	IGT	c EIN-PN 88-0173041-001
a Plan name	J.F. EDWARDS CONSTRUCTION CO. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	J.F. EDWARDS CONSTRUCTION CO.	c EIN-PN 36-2483432-002
a Plan name	JAMES POSEY ASSOCIATES, INC. PROFIT SHARING PLAN	
b Name of plan sponsor	JAMES POSEY ASSOCIATES, INC.	c EIN-PN 52-0740153-001

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	KBI 401(K) PLAN & TRUST	
b	Name of plan sponsor	KLEINBERG BENEFITS, INC. INSURANCE SERVICES	c EIN-PN 74-3062149-001
a	Plan name	KYU 401(K) PLAN	
b	Name of plan sponsor	KYU INVESTMENT, INC.	c EIN-PN 99-0383333-001
a	Plan name	LAKEVIEW HEALTH 401(K) PLAN	
b	Name of plan sponsor	LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.	c EIN-PN 41-0811697-008
a	Plan name	LUTECH RESOURCES INC. 401K SAVINGS PLAN	
b	Name of plan sponsor	LUTECH RESOURCES, INC.	c EIN-PN 75-2903851-001
a	Plan name	M&T BANK CORPORATION PENSION PLAN	
b	Name of plan sponsor	MANUFACTURERS AND TRADERS TRUST CO.	c EIN-PN 16-0538020-002
a	Plan name	MARYLAND ELECTRICAL INDUSTRY PENSION PLAN	
b	Name of plan sponsor	MARYLAND ELECTRICAL INDUSTRY	c EIN-PN 52-1057284-001
a	Plan name	MASSACHUSETTS INSTITUTE OF TECHNOLOGY SUPPLEMENTAL 401(K) PLAN	
b	Name of plan sponsor	MASSACHUSETTS INSTITUTE OF TECHNOLOGY	c EIN-PN 04-2103594-005
a	Plan name	MASTER TRUST AGREEMENT FOR THE ADM 401(K) AND EMPLOYEE STOCK OWNERSHIP PLANS	
b	Name of plan sponsor	ARCHER-DANIELS-MIDLAND COMPANY	c EIN-PN 27-1701330-031
a	Plan name	MASTERCARD SAVINGS PLAN	
b	Name of plan sponsor	MASTERCARD INTERNATIONAL INCORPORATED	c EIN-PN 95-2536378-002
a	Plan name	MCDERMOTT SAVINGS PLAN	
b	Name of plan sponsor	MCDERMOTT INVESTMENTS LLC	c EIN-PN 74-1032246-004
a	Plan name	MCGUIREWOODS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MCGUIREWOODS LLP	c EIN-PN 54-0505857-003
a	Plan name	MEIJER 401K RETIREMENT PLAN MASTER TRUST	
b	Name of plan sponsor	MEIJER, INC.	c EIN-PN 38-1274536-203

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	MICRON TECHNOLOGY, INC. RETIREMENT AT MICRON (RAM) PLAN	
b	Name of plan sponsor	MICRON TECHNOLOGY, INC.	c EIN-PN 75-1618004-004
a	Plan name	MID-ATLANTIC NEPHROLOGY ASSOCIATES, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MID-ATLANTIC NEPHROLOGY ASSOCIATES, P.A.	c EIN-PN 52-1218545-001
a	Plan name	MONOGRAM REFRIGERATION, LLC EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	GE APPLIANCES	c EIN-PN 20-3820289-001
a	Plan name	MW MANUFACTURERS INC. RETIREMENT PLAN	
b	Name of plan sponsor	MW MANUFACTURERS, INC.	c EIN-PN 63-0400153-125
a	Plan name	MW&E SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	MCDERMOTT, WILL & EMERY LLP	c EIN-PN 36-1453176-005
a	Plan name	MY SAVINGS PLAN	
b	Name of plan sponsor	GE APPLIANCES	c EIN-PN 81-1692501-001
a	Plan name	MY SAVINGS PLAN (UNION)	
b	Name of plan sponsor	GE APPLIANCES	c EIN-PN 81-1692501-002
a	Plan name	OCU SAVINGS PLAN	
b	Name of plan sponsor	MAERSK INC.	c EIN-PN 13-5159146-005
a	Plan name	ONCOR THRIFT PLAN	
b	Name of plan sponsor	ONCOR ELECTRIC DELIVERY CO.	c EIN-PN 75-2967830-003
a	Plan name	PEABODY INVESTMENT CORP. EMPLOYEE RETIREMENT ACCOUNT	
b	Name of plan sponsor	PEABODY ENERGY	c EIN-PN 20-0480084-003
a	Plan name	PEABODY SOUTHEAST MINING - UMWA 401(K) PLAN	
b	Name of plan sponsor	PEABODY ENERGY	c EIN-PN 61-1901165-001
a	Plan name	PEABODY WESTERN - UMWA 401(K) PLAN	
b	Name of plan sponsor	PEABODY ENERGY	c EIN-PN 86-0766626-001

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 PENSKE LOGISTICS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PENSKE TRUCK LEASING CO., LP	c EIN-PN 23-2518618-010
a	Plan name PENSKE TRUCK LEASING CO, LP SAVINGS RETIREMENT PLAN	
b	Name of plan sponsor PENSKE TRUCK LEASING CO., LP	c EIN-PN 23-2518618-007
a	Plan name PLYGEM GROUP PENSION PLAN	
b	Name of plan sponsor PLYGEM INDUSTRIES, INC.	c EIN-PN 11-1727150-001
a	Plan name PUBLICIS BENEFITS CONNECTION 401K PLAN	
b	Name of plan sponsor MMS USA HOLDINGS, INC.	c EIN-PN 36-2677628-002
a	Plan name PUBLISHER'S CIRCULATION FULFILLMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor PUBLISHERS CIRCULATION FULFILLMENT, INC.	c EIN-PN 52-1318059-001
a	Plan name PUBLIX SUPER MARKETS, INC. 401(K) SMART PLAN	
b	Name of plan sponsor PUBLIX SUPER MARKETS, INC.	c EIN-PN 59-0324412-004
a	Plan name REGIONS FINANCIAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor REGIONS FINANCIAL CORPORATION	c EIN-PN 63-0589368-012
a	Plan name REGIONS HOSPITAL RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor REGIONS HOSPITAL	c EIN-PN 41-0956618-001
a	Plan name RENTOKIL INITIAL USA 401(K) PLAN	
b	Name of plan sponsor RENTOKIL NORTH AMERICA, INC.	c EIN-PN 23-1568350-005
a	Plan name RETAIL BUSINESS SERVICES AND AFFILIATES DEFINED CONTRIBUTION PLANS MASTER TRUST	
b	Name of plan sponsor RETAIL BUSINESS SERVICES LLC	c EIN-PN 27-3756754-002
a	Plan name RETIREMENT PLAN OF RESEARCH TRIANGLE INSTITUTE 401K	
b	Name of plan sponsor RESEARCH TRIANGLE INSTITUTE	c EIN-PN 56-0686338-333
a	Plan name RIDGELINE, INC. 401(K) PLAN	
b	Name of plan sponsor RIDGELINE, INC.	c EIN-PN 88-2268075-001

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 ROBERTSON-CECO CORPORATION MASTER PENSION PLAN	
b	Name of plan sponsor ROBERTSON-CECO II CORPORATION	c EIN-PN 36-3479146-001
a	Plan name ROPER EMPLOYEE VOLUNTARY RETIREMENT PLAN	
b	Name of plan sponsor GE APPLIANCES	c EIN-PN 58-1812847-001
a	Plan name SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC	c EIN-PN 32-0255508-334
a	Plan name SECURIAN FINANCIAL GROUP, INC. PERFORMANCE SHARE PLAN AND TRUST	
b	Name of plan sponsor SECURIAN FINANCIAL GROUP, INC.	c EIN-PN 41-1919752-004
a	Plan name SPIEZLE GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor SPIEZLE GROUP, INC.	c EIN-PN 23-1937152-002
a	Plan name STAR TRIBUNE 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor STAR TRIBUNE MEDIA COMPANY LLC	c EIN-PN 20-6625607-015
a	Plan name STONY BROOK UNIVERSITY PHYSICIANS 401(A) PLAN	
b	Name of plan sponsor STONY BROOK MEDICINE UNIVERSITY PHYSICIANS	c EIN-PN 26-0688126-001
a	Plan name T. ROWE PRICE U.S. RETIREMENT PROGRAM	
b	Name of plan sponsor T. ROWE PRICE GROUP, INC.	c EIN-PN 52-2264646-005
a	Plan name TECO ENERGY GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TECO ENERGY, INC.	c EIN-PN 84-0467907-003
a	Plan name TEVA PHARMACEUTICALS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TEVA PHARMACEUTICALS USA, INC.	c EIN-PN 22-1734359-004
a	Plan name TEVA PHARMACEUTICALS RETIREMENT SAVINGS PLAN (PUERTO RICO)	
b	Name of plan sponsor TEVA PHARMACEUTICALS	c EIN-PN 22-1734359-002
a	Plan name THE AUTOMOTIVE COMPONENT CARRIER PERSONAL SAVINGS PLAN FOR HOURLY RATE EMPLOYEES	
b	Name of plan sponsor PENSKE TRUCK LEASING CO., LP	c EIN-PN 23-2518618-012

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 BANK OF ROMNEY 401(K) PLAN	
b	Name of plan sponsor THE BANK OF ROMNEY	c EIN-PN 55-0267603-002
a	Plan name THE EMPLOYEES RETIREMENT AND SECTION 401(K) PLAN AND TRUST	
b	Name of plan sponsor CLENDENIN	c EIN-PN 52-0274470-001
a	Plan name THE MAERSK INC. SAVINGS PLAN	
b	Name of plan sponsor MAERSK INC.	c EIN-PN 13-5159146-002
a	Plan name THE MOSAIC COMPANY MASTER TRUST	
b	Name of plan sponsor THE MOSAIC COMPANY	c EIN-PN 83-2016637-001
a	Plan name THE SCOTTS COMPANY LLC RETIREMENT SAVINGS PLAN TRUST	
b	Name of plan sponsor THE SCOTTS COMPANY LLC	c EIN-PN 31-1414921-001
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 TRANSOCEAN U.S. SAVINGS PLAN	
b	Name of plan sponsor TRANSOCEAN INC.	c EIN-PN 66-0582307-002
a	Plan name VISTRA ENERGY THRIFT PLAN	
b	Name of plan sponsor VISTRA OPERATIONS COMPANY LLC	c EIN-PN 36-4833461-001
a	Plan name VOYA 401(K) PLAN MASTER TRUST	
b	Name of plan sponsor VOYA SERVICES COMPANY	c EIN-PN 52-1317217-002
a	Plan name WELLS FARGO & COMPANY MASTER PENSION TRUST	
b	Name of plan sponsor WELLS FARGO & COMPANY	c EIN-PN 41-1877342-001
a	Plan name WILLIAMS-SONOMA, INC. 401(K) PLAN	
b	Name of plan sponsor WILLIAMS-SONOMA, INC.	c EIN-PN 94-2203880-001
a	Plan name WINCHESTER ORAL SURGERY CENTER, P.C. 401(K) PLAN	
b	Name of plan sponsor WINCHESTER ORAL SURGERY CENTER, P.C.	c EIN-PN 93-2254401-001

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 STRATEGIC COMMON TRUST, T. ROWE PRICE LARGE-CAP GROWTH 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) 32-6528532

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	278	764
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	7209289	54453611
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)	31276830	61553163
(B) Common	1c(4)(B)	6741735026	9871536286
(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)	54504902	79010866
(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)	0	41556550

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	6834726325	1010811240
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	2432976	3647230
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1986971	43774225
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4419947	47421455
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6830306378	10060689785

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)	41025143	
(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)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2252873012	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2085024509	
(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)	2157769194	
(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)	2576859
(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	51550
d Total income. Add all income amounts in column (b) and enter total	2d	2369271249

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)	37639309
(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)	32
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	37639341
j Total expenses. Add all expense amounts in column (b) and enter total	2j	37639341

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	2331631908
l Transfers of assets:		
(1) To this plan	2l(1)	4354042272
(2) From this plan	2l(2)	3455290773

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 _____.