

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) C
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>T. ROWE PRICE STRATEGIC COMMON TRUST FUND, T. ROWE PRICE RETIREMENT BALANCED TRUST</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 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) <u>T. ROWE PRICE TRUST COMPANY</u> <u>100 EAST PRATT STREET</u> <u>BALTIMORE, MD 21202</u>	2b Employer Identification Number (EIN) <u>38-7011316</u> 2c Plan Sponsor's telephone number <u>410-345-3498</u> 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		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/09/2025</u>	<u>RICK SCHULTZ</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <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 STRATEGIC COMMON TRUST FUND, T. ROWE PRICE RETIREMENT BALANCED 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>38-7011316</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 BOND TRUST I</u>	b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>01-0970991-001</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>99316500</u></td> </tr> </table>	c EIN-PN <u>01-0970991-001</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>99316500</u>		
c EIN-PN <u>01-0970991-001</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>99316500</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP DYNAMIC CREDIT TRUST</u>	b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>93-2020168-001</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9809798</u></td> </tr> </table>	c EIN-PN <u>93-2020168-001</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>9809798</u>		
c EIN-PN <u>93-2020168-001</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>9809798</u>			
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>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>37-6652415-001</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22793806</u></td> </tr> </table>	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>22793806</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>22793806</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP EMERGING MARKETS BOND TRUST</u>	b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>38-7011723-001</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23009624</u></td> </tr> </table>	c EIN-PN <u>38-7011723-001</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>23009624</u>		
c EIN-PN <u>38-7011723-001</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>23009624</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP EMERGING MKTS DISC STOCK TRUST</u>	b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>84-3612736-001</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6345437</u></td> </tr> </table>	c EIN-PN <u>84-3612736-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6345437</u>		
c EIN-PN <u>84-3612736-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6345437</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP EMERGING MKTS EQ TRUST</u>	b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>52-1309931-006</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5656656</u></td> </tr> </table>	c EIN-PN <u>52-1309931-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5656656</u>		
c EIN-PN <u>52-1309931-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5656656</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP EQUITY INDEX TRUST</u>	b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>52-6559833-001</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23063314</u></td> </tr> </table>	c EIN-PN <u>52-6559833-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23063314</u>		
c EIN-PN <u>52-6559833-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23063314</u>			

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) 7351369

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP GROWTH STOCK TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 52-6559833-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36163594

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) 26661320

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) 21869288

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 30-6304154-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35906283

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP INTERNATIONAL CORE EQ TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 32-6200430-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17740878

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP INTERNATIONAL GROWTH EQ TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 35-6942416-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15397105

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP INTERNATIONAL VALUE EQ TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 35-2425742-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17020933

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP NEW HORIZONS TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 52-6559833-014	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3945992

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP REAL ASSETS TRUST I		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 35-2425741-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16085924

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP STRUCTURED RESEARCH COMMON TR

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

c EIN-PN 52-1309931-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP US LARGE-CAP CORE TRUST

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

c EIN-PN 52-6559833-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	25382058
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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 35-2425739-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	125627371
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP US MID-CAP GROWTH EQUITY TRUST

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

c EIN-PN 35-2425738-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9106496
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP US MID-CAP VALUE EQUITY TRUST

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

c EIN-PN 35-6941663-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8387202
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP US SMALL-CAP CORE EQUITY TRUST

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

c EIN-PN 36-7594874-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4596453
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP US SMALL-CAP VALUE EQ TRUST

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

c EIN-PN 37-6495449-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5210075
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP US TREASURY LONG-TERM INDEX TR

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

c EIN-PN 61-6593158-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	18570905
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP US TREASURY MM TRUST

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

c EIN-PN 52-6559833-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10955536
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP US VALUE EQUITY TRUST

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

c EIN-PN 38-7010951-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	35901965
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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name 23XI RACING LLC 401(K) PLAN	
b	Name of plan sponsor 2311 RACING LLC, DBA 23XI RACING	c EIN-PN 82-2980758-001
a	Plan name A.M. CASTLE & CO. 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor A.M. CASTLE & CO.	c EIN-PN 36-0879160-002
a	Plan name A.T. KEARNEY, INC. 401(K) AND PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor A.T. KEARNEY, INC.	c EIN-PN 75-2608565-002
a	Plan name AARP EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor AARP	c EIN-PN 95-1985500-002
a	Plan name ACCO BRANDS CORPORATION 401(K) PLAN	
b	Name of plan sponsor ACCO BRANDS CORPORATION	c EIN-PN 36-2704017-002
a	Plan name ADIDAS 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor ADIDAS AMERICA, INC.	c EIN-PN 93-1175150-002
a	Plan name ADIDAS PUERTO RICO 1081.01(D) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor ADIDAS PUERTO RICO	c EIN-PN 66-0561870-002
a	Plan name AGILITY AUTO PARTS, INC. 401(K) PLAN	
b	Name of plan sponsor AGILITY AUTO PARTS	c EIN-PN 81-4680675-001
a	Plan name ALI GROUP RETIREMENT PLAN	
b	Name of plan sponsor ALI GROUP NORTH AMERICA CORPORATION	c EIN-PN 57-1149631-004
a	Plan name ALYESKA PIPELINE SERVICE COMPANY SAVINGS AND INVESTMENT PLAN FOR OPERATING COMPANY EMPLOYEES	
b	Name of plan sponsor ALYESKA PIPELINE SERVICE COMPANY	c EIN-PN 92-0039154-002
a	Plan name AMERICAN NATIONAL 401(K) PLAN	
b	Name of plan sponsor AMERICAN NATIONAL INSURANCE COMPANY	c EIN-PN 74-0484030-012
a	Plan name AMERICAN SUGAR REFINING & SUBSIDIARIES HOURLY SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor AMERICAN SUGAR REFINING, INC.	c EIN-PN 13-3366163-003

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 AMERICAN SUGAR SALARY SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor AMERICAN SUGAR REFINING, INC.	c EIN-PN 13-3366163-004
a	Plan name AMERITAS LIFE INSURANCE CORP. SEPARATE ACCOUNT D	
b	Name of plan sponsor AMERITAS LIFE INSURANCE CORP	c EIN-PN 47-0098400-001
a	Plan name AMERITAS LIFE INSURANCE CORP. SEPARATE ACCOUNT G-2	
b	Name of plan sponsor AMERITAS LIFE INSURANCE CORP	c EIN-PN 47-0098400-500
a	Plan name ANSYS, INC. EMPLOYEES' RETIREMENT PROGRAM	
b	Name of plan sponsor ANSYS, INC.	c EIN-PN 04-3219960-002
a	Plan name ARCHDIOCESE OF CINCINNATI 401(K) PLAN	
b	Name of plan sponsor ARCHDIOCESE OF CINCINNATI	c EIN-PN 31-0538501-001
a	Plan name ARCHROCK 401(K) PLAN	
b	Name of plan sponsor ARCHROCK SERVICES, L.P.	c EIN-PN 47-3682215-001
a	Plan name ARIZONA PIPE TRADES DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES FOR THE ARIZONA PIPE TRADES DEFINED CONTRIBUTION PLA	c EIN-PN 86-0434707-002
a	Plan name ARROWHEAD ENGINEERED PRODUCTS 401(K) PLAN	
b	Name of plan sponsor AEP HOLDINGS, INC	c EIN-PN 80-0762958-001
a	Plan name ASCENT CO. RETIREMENT PLAN	
b	Name of plan sponsor ASCENT INDUSTRIES CO.	c EIN-PN 81-4142263-003
a	Plan name ATLAS WORLD GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor ATLAS WORLD GROUP, INC.	c EIN-PN 35-1938544-001
a	Plan name AZENTA LIFE SCIENCES 401(K) PLAN	
b	Name of plan sponsor BROOKS AUTOMATION US LLC	c EIN-PN 04-3040660-001
a	Plan name B. BRAUN MEDICAL INC. SAVINGS PLAN	
b	Name of plan sponsor B. BRAUN MEDICAL INC.	c EIN-PN 23-2116774-003

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	BABYLIST 401(K) PLAN
b	Name of plan sponsor	BABYLIST, INC.
c	EIN-PN	45-3767218-001
a	Plan name	BAGELS FOREVER 401(K) RETIREMENT PLAN
b	Name of plan sponsor	BAGELS FOREVER
c	EIN-PN	39-1179281-001
a	Plan name	BAIRD PROFIT SHARING AND SAVINGS PLAN
b	Name of plan sponsor	ROBERT W. BAIRD & CO., INC.
c	EIN-PN	39-6037917-005
a	Plan name	BALCH & BINGHAM LLP 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	BALCH & BINGHAM LLP
c	EIN-PN	63-0328165-001
a	Plan name	BANNER CORPORATION 401(K)/PROFIT SHARING PLAN
b	Name of plan sponsor	BANNER CORPORATION
c	EIN-PN	91-1691604-001
a	Plan name	BAYHEALTH MEDICAL CENTER, INC. RETIREMENT AND SAVINGS PLAN
b	Name of plan sponsor	BAYHEALTH MEDICAL CENTER, INC.
c	EIN-PN	51-0064318-005
a	Plan name	BERING STRAITS NATIVE CORPORATION 401K PLAN
b	Name of plan sponsor	BERING STRAITS NATIVE CORPORATION
c	EIN-PN	94-0042240-813
a	Plan name	BI WORLDWIDE SAVINGS PLAN
b	Name of plan sponsor	SCHOENECKERS INC.
c	EIN-PN	41-0688799-001
a	Plan name	BJ'S WHOLESALE CLUB, INC. SAVINGS PLAN MASTER TRUST
b	Name of plan sponsor	BJS WHOLESALE CLUB, INC.
c	EIN-PN	04-3360747-001
a	Plan name	BLENDED HEALTH SERVICES 401(K) PLAN
b	Name of plan sponsor	FREEDOM HEALTHCARE OF AMERICA
c	EIN-PN	46-4250098-001
a	Plan name	BOSTON BEER COMPANY 401(K) PLAN
b	Name of plan sponsor	BOSTON BEER CORPORATION
c	EIN-PN	04-3537265-001
a	Plan name	BOSTON PROPERTIES RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	BXP, INC.
c	EIN-PN	04-3377269-001

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	BOWFLEX INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BOWFLEX INC.	c EIN-PN 94-3002667-001
a	Plan name	BOX, INC. 401(K) PLAN	
b	Name of plan sponsor	BOX, INC.	c EIN-PN 20-2714444-001
a	Plan name	BRADY CORPORATION 401(K) PLAN	
b	Name of plan sponsor	BRADY CORPORATION	c EIN-PN 39-0178960-003
a	Plan name	BREWER, KRAUSE, BROOKS, CHASTAIN & MEISNER PLLC PROFIT SHARING PLAN	
b	Name of plan sponsor	BREWER, KRAUSE, BROOKS, CHASTAIN & MEISNER PLLC	c EIN-PN 62-1300132-001
a	Plan name	BROCK GRAIN SYSTEMS RETIREMENT SAVINGS PLAN FOR KANSAS CITY HOURLY EMPLOYEES	
b	Name of plan sponsor	CTB, INC.	c EIN-PN 35-1970735-003
a	Plan name	BROOKS AUTOMATION US, LLC 401(K) PLAN	
b	Name of plan sponsor	BROOKS AUTOMATION US LLC	c EIN-PN 87-1631677-001
a	Plan name	BROWN AND CALDWELL SAVINGS PLAN	
b	Name of plan sponsor	BROWN AND CALDWELL	c EIN-PN 94-1446346-005
a	Plan name	BUTLER MACHINERY CO RETIREMENT PLAN	
b	Name of plan sponsor	BUTLER MACHINERY CO.	c EIN-PN 45-0113700-004
a	Plan name	C&C NORTH AMERICA, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	C&C NORTH AMERICA, INC.	c EIN-PN 20-1999579-001
a	Plan name	C. OVERAA & CO. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	C. OVERAA & CO.	c EIN-PN 94-1127348-001
a	Plan name	CALLISONRTKL 401(K) PLAN	
b	Name of plan sponsor	CALLISONRTKL INC.	c EIN-PN 52-0884069-002
a	Plan name	CATALINA MARKETING CORPORATION 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	CATALINA MARKETING CORPORATION	c EIN-PN 33-0499007-001

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 CCC INFORMATION SERVICES, INC. 401(K) RETIREMENT SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor CCC INFORMATION SERVICES, INC.	c EIN-PN 36-3073579-001
a	Plan name CENTRAL BANCOMPANY TAX REDUCTION THRIFT 401(K) PLAN	
b	Name of plan sponsor CENTRAL BANCOMPANY	c EIN-PN 43-0959114-002
a	Plan name CENTRAL OHIO PRIMARY CARE PHYSICIANS, INC. SAVINGS PLAN	
b	Name of plan sponsor CENTRAL OHIO PRIMARY CARE PHYSICIANS, INC.	c EIN-PN 31-1398575-001
a	Plan name CERIDIAN SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor CERIDIAN HCM, INC.	c EIN-PN 59-3228107-007
a	Plan name CHESAPEAKE UTILITIES CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CHESAPEAKE UTILITIES CORPORATION	c EIN-PN 51-0064146-002
a	Plan name CHUBB US 401(K) PLAN TRUST	
b	Name of plan sponsor CHUBB INA HOLDINGS, INC.	c EIN-PN 95-2371728-105
a	Plan name CINTAS PARTNERS' PLAN	
b	Name of plan sponsor CINTAS CORPORATION	c EIN-PN 31-1188630-006
a	Plan name CIRCA HOSPITALITY GROUP 401K RETIREMENT PLAN	
b	Name of plan sponsor CIRCA HOSPITALITY GROUP LLC	c EIN-PN 83-0872449-001
a	Plan name CITY OF WESTMINSTER 457(B) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor CITY OF WESTMINSTER	c EIN-PN 84-6000726-999
a	Plan name CLARK COUNTY DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor CLARK COUNTY, NEVADA	c EIN-PN 88-6000028-999
a	Plan name CLARK COUNTY EIGHTH JUDICIAL DISTRICT COURT DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor CLARK COUNTY EIGHTH JUDICIAL DISTRICT COURT	c EIN-PN 88-1575382-001
a	Plan name CLARK COUNTY LIBRARY DISTRICT DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor CLARK COUNTY LIBRARY DISTRICT	c EIN-PN 88-6000028-998

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 CLARK COUNTY WATER RECLAMATION DISTRICT DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor CLARK COUNTY WATER RECLAMATION DISTRICT	c EIN-PN 88-6000028-997
a	Plan name CLEVELAND BROWNS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CLEVELAND BROWNS FOOTBALL COMPANY LLC	c EIN-PN 34-1875654-001
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 COCA-COLA CONSOLIDATED, INC. 401(K) PLAN	
b	Name of plan sponsor COCA-COLA CONSOLIDATED, INC.	c EIN-PN 56-0950585-002
a	Plan name COMPUCOM SYSTEMS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COMPUCOM SYSTEMS, INC.	c EIN-PN 38-2363156-002
a	Plan name COMSCORE, INC. 401(K) PLAN	
b	Name of plan sponsor COMSCORE, INC.	c EIN-PN 54-1955550-001
a	Plan name COOPER-STANDARD AUTOMOTIVE INC. ENHANCED INVESTMENT SAVINGS PLAN TRUST	
b	Name of plan sponsor COOPER-STANDARD AUTOMOTIVE INC.	c EIN-PN 34-0549970-201
a	Plan name CORELLE BRANDS RETIREMENT INCOME PLAN	
b	Name of plan sponsor CORELLE BRANDS HOLDINGS INC.	c EIN-PN 16-1403318-005
a	Plan name CORPORATE RISK HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor CORPORATE RISK HOLDINGS, LLC	c EIN-PN 52-1969985-002
a	Plan name COSTCO 401(K) RETIREMENT PLAN	
b	Name of plan sponsor COSTCO WHOLESALE CORPORATION	c EIN-PN 91-1223280-002

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	COSTCO PUERTO RICO RETIREMENT PLAN	
b	Name of plan sponsor	COSTCO WHOLESALE CORPORATION	c EIN-PN 33-0572969-001
a	Plan name	COUNTRY MUSIC FOUNDATION PROFIT SHARING PLAN 401(K) PLAN	
b	Name of plan sponsor	COUNTRY MUSIC FOUNDATION, INC.	c EIN-PN 62-0753887-001
a	Plan name	COVERYS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MEDICAL PROFESSIONAL MUTUAL INSURANCE COMPANY	c EIN-PN 04-2595783-001
a	Plan name	COZEN O' CONNOR PROFIT SHARING PLAN B	
b	Name of plan sponsor	COZEN OCONNOR	c EIN-PN 23-1732832-005
a	Plan name	COZEN O'CONNOR ASSOCIATES 401(K) PLAN AND TRUST	
b	Name of plan sponsor	COZEN OCONNOR	c EIN-PN 23-1732832-002
a	Plan name	COZEN O'CONNOR PROFIT SHARING PLAN A	
b	Name of plan sponsor	COZEN OCONNOR	c EIN-PN 23-1732832-001
a	Plan name	CRESTWOOD 401K PLAN	
b	Name of plan sponsor	CRESTWOOD BEHAVIORAL HEALTH, INC.	c EIN-PN 68-0399495-002
a	Plan name	CTB, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	CTB, INC.	c EIN-PN 35-1970753-001
a	Plan name	CURT G. JOA, INC. EMPLOYEES TRUST FUND	
b	Name of plan sponsor	CURT G. JOA, INC.	c EIN-PN 39-0376520-001
a	Plan name	CVR ENERGY 401(K) PLAN	
b	Name of plan sponsor	COFFEYVILLE RESOURCES, LLC	c EIN-PN 20-0252115-001
a	Plan name	CVR ENERGY 401(K) PLAN FOR REPRESENTED EMPLOYEES	
b	Name of plan sponsor	COFFEYVILLE RESOURCES, LLC	c EIN-PN 20-0252115-002
a	Plan name	D.R. HORTON, INC. PROFIT SHARING PLUS PLAN	
b	Name of plan sponsor	D.R. HORTON, INC.	c EIN-PN 75-2386963-001

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 DAI 401(K) RETIREMENT PLAN & TRUST	
b	Name of plan sponsor DAI ESOP, INC.	c EIN-PN 52-0904808-001
a	Plan name DANFOSS USA SAVINGS PLAN	
b	Name of plan sponsor DANFOSS POWER SOLUTIONS US COMPANY	c EIN-PN 42-1345015-003
a	Plan name DANFOSS USA SAVINGS PLAN II	
b	Name of plan sponsor DANFOSS POWER SOLUTIONS II, INC.	c EIN-PN 85-1065969-005
a	Plan name DASSAULT SYSTEMES OF AMERICA EMPLOYEE SAVINGS PLAN PLUS	
b	Name of plan sponsor DASSAULT SYSTEMES AMERICAS CORPORATION	c EIN-PN 51-0379588-001
a	Plan name DEBORAH HEART AND LUNG CENTER 401(K) PLAN	
b	Name of plan sponsor DEBORAH HEART AND LUNG CENTER	c EIN-PN 23-1550955-002
a	Plan name DEFERRED SALARY PROFIT-SHARING PLAN FOR EMPLOYEES OF DCS CORP.	
b	Name of plan sponsor DCS CORPORATION	c EIN-PN 54-1044062-002
a	Plan name DEFINED CONTRIBUTION RETIREMENT PLAN FOR THE EMPLOYEES OF EXCELA HEALTH HOLDING COMPANIES	
b	Name of plan sponsor EXCELA HEALTH	c EIN-PN 25-1471089-001
a	Plan name DIAMOND OFFSHORE 401(K) PLAN	
b	Name of plan sponsor DIAMOND OFFSHORE MANAGEMENT COMPANY	c EIN-PN 13-3560049-001
a	Plan name DOMINO FOODS SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor DOMINO FOODS, INC.	c EIN-PN 58-2601923-001
a	Plan name DON MILLER 401(K) PLAN	
b	Name of plan sponsor DON MILLER, INC.	c EIN-PN 39-1279288-001
a	Plan name DUCK CREEK TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor DUCK CREEK TECHNOLOGIES, LLC	c EIN-PN 47-5654931-001
a	Plan name ECM INDUSTRIES, LLC 401(K) PLAN	
b	Name of plan sponsor ECM INDUSTRIES, LLC	c EIN-PN 83-0845689-001

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 ELECTRIC RELIABILITY COUNCIL OF TEXAS (ERCOT) 401(K) SAVINGS PLAN	
b	Name of plan sponsor ELECTRIC RELIABILITY COUNCIL OF TEXAS (ERCOT)	c EIN-PN 74-2587416-002
a	Plan name ELECTRICAL WORKERS LOCAL NO. 292 DEFINED CONTRIBUTION AND 401(K) PLAN	
b	Name of plan sponsor IBEW LOCAL 292	c EIN-PN 41-1760754-002
a	Plan name ELLWOOD QUALITY STEELS COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor ELLWOOD QUALITY STEELS COMPANY	c EIN-PN 25-1482572-002
a	Plan name EMCOR FACILITIES SERVICES, INC. FIELD EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor EMCOR GROUP, INC.	c EIN-PN 06-1455467-001
a	Plan name EMCOR GROUP, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor EMCOR GROUP, INC.	c EIN-PN 11-2125338-002
a	Plan name EMCOR GROUP, INC. AND SUBSIDIARIES UNION EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor EMCOR GROUP, INC.	c EIN-PN 11-2125338-003
a	Plan name EMHART GLASS RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor EMHART GLASS MANUFACTURING INC.	c EIN-PN 06-1314679-005
a	Plan name EMPLOYEE RETIREMENT PLAN FOR SIRIUSPOINT COMPANIES	
b	Name of plan sponsor SIRIUS GLOBAL SERVICES, LLC	c EIN-PN 74-3152132-002
a	Plan name EMPLOYEES SAVINGS AND RETIREMENT PLAN OF CREDIT SUISSE	
b	Name of plan sponsor CREDIT SUISSE SECURITIES (USA) LLC	c EIN-PN 05-0546650-002
a	Plan name EMPLOYER RETIREMENT SAVINGS PLAN - PREMIER HEALTH PARTNERS	
b	Name of plan sponsor PREMIER HEALTH PARTNERS	c EIN-PN 31-1446699-003
a	Plan name ENTRUST DATACARD CORPORATION EMPLOYEE INVESTMENT PLAN	
b	Name of plan sponsor ENTRUST DATACARD CORPORATION	c EIN-PN 41-0950297-002
a	Plan name EQUINOR US HOLDINGS INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EQUINOR US HOLDINGS INC.	c EIN-PN 13-3415760-001

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	EQUINOR US HOLDINGS INC. MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor	EQUINOR US HOLDINGS INC.	c EIN-PN 13-3415760-002
a	Plan name	EQUIPMENT DEPOT DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	EQUIPMENT DEPOT, INC	c EIN-PN 11-3768341-001
a	Plan name	EULER HERMES NORTH AMERICA INSURANCE COMPANY RETIREMENT SAVING PLAN	
b	Name of plan sponsor	EULER HERMES NORTH AMERICA	c EIN-PN 52-0222226-001
a	Plan name	EVERUS 401(K) PLAN	
b	Name of plan sponsor	EVERUS CONSTRUCTION GROUP, INC.	c EIN-PN 99-1952207-001
a	Plan name	FAIRFAX COUNTY DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	FAIRFAX COUNTY GOVERNMENT	c EIN-PN 54-1602069-999
a	Plan name	FANNON PETROLEUM SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	FANNON PETROLEUM SERVICES, INC.	c EIN-PN 54-0717024-002
a	Plan name	FCI AND CALANDRA GROUP 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	FRANK CALANDRA, INC.	c EIN-PN 25-0998292-003
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	FEDERAL HOME LOAN BANK OF CHICAGO 401(K) PLAN	
b	Name of plan sponsor	FEDERAL HOME LOAN BANK OF CHICAGO	c EIN-PN 36-6001019-001
a	Plan name	FHI 360 EMPLOYEE'S PENSION PLAN	
b	Name of plan sponsor	FAMILY HEALTH INTERNATIONAL	c EIN-PN 23-7413005-001
a	Plan name	FIRST NATIONAL BANK OF GRAYSON PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	FIRST NATIONAL BANK OF GRAYSON	c EIN-PN 61-0208245-001
a	Plan name	FLORIDA CRYSTALS CORPORATION SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	AGRO-INDUSTRIAL MANAGEMENT, INC.	c EIN-PN 65-0358467-004

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 FOREVER LIVING PRODUCTS INTERNATIONAL, LLC PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor FOREVER LIVING PRODUCTS INTERNATIONAL, LLC	c EIN-PN 27-4216104-002
a	Plan name FORKS COMMUNITY HOSPITAL DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor CLALLAM COUNTY PUBLIC HOSPITAL DISTRICT NO.1 DBA FORKS COMMUNITY HOSPI	c EIN-PN 91-6001732-999
a	Plan name FORKS COMMUNITY HOSPITAL PENSION PLAN	
b	Name of plan sponsor CLALLAM COUNTY PUBLIC HOSPITAL DISTRICT NO.1 DBA FORKS COMMUNITY HOSPI	c EIN-PN 91-6001732-002
a	Plan name FORSYTH COUNTY GOVERNMENT EMPLOYEE'S RETIREMENT PLAN	
b	Name of plan sponsor FORSYTH COUNTY	c EIN-PN 58-6000828-001
a	Plan name FORTRA 401(K) PLAN	
b	Name of plan sponsor FORTRA, LLC.	c EIN-PN 30-0290533-001
a	Plan name FORTUNEBUILDERS, INC. 401(K) PLAN	
b	Name of plan sponsor FORTUNEBUILDERS, INC.	c EIN-PN 20-5196701-001
a	Plan name FREEDOMREWARDS 401(K) PLAN	
b	Name of plan sponsor CWGS GROUP, LLC	c EIN-PN 46-3759013-001
a	Plan name G+D 401(K) PLAN	
b	Name of plan sponsor GIESECKE & DEVRIENT MOBILE SECURITY AMERICA INC.	c EIN-PN 81-2116798-001
a	Plan name GCP APPLIED TECHNOLOGIES, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor GCP APPLIED TECHNOLOGIES, INC.	c EIN-PN 47-3936076-123
a	Plan name GELLER & COMPANY LLC 401(K) PLAN	
b	Name of plan sponsor GELLER & COMPANY LLC	c EIN-PN 13-4149326-001
a	Plan name GENERAL SHALE 401(K) PLAN	
b	Name of plan sponsor GENERAL SHALE BRICK, INC.	c EIN-PN 20-0454569-005
a	Plan name GENERAL SHALE SMART SAVINGS 401(K) PLAN	
b	Name of plan sponsor GENERAL SHALE BRICK, INC.	c EIN-PN 20-0454569-006

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 GENESISCARE USA, INC. PROFIT SHARING 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GENESISCARE USA, INC.	c EIN-PN 65-0768951-001
a	Plan name GRANITE CONSTRUCTION PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor GRANITE CONSTRUCTION INCORPORATED	c EIN-PN 77-0239383-001
a	Plan name GREAT LAKES DREDGE & DOCK COMPANY, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor GREAT LAKES DREDGE & DOCK COMPANY, LLC	c EIN-PN 20-1354414-005
a	Plan name GREATAMERICA FINANCIAL SERVICES CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GREATAMERICA FINANCIAL SERVICES CORPORATION	c EIN-PN 42-1425592-001
a	Plan name GROENDYKE TRANSPORT, INC. 401(K) PLAN	
b	Name of plan sponsor GROENDYKE TRANSPORT, INC.	c EIN-PN 73-0565246-001
a	Plan name GS GLOBAL RESOURCES, INC. 401K SAVINGS PLAN	
b	Name of plan sponsor GS GLOBAL RESOURCES, INC.	c EIN-PN 39-1155511-001
a	Plan name HARMON CITY, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HARMON CITY, INC.	c EIN-PN 87-0230875-001
a	Plan name HATTIESBURG CLINIC, P.A. SAVINGS PLAN	
b	Name of plan sponsor HATTIESBURG CLINIC, P.A.	c EIN-PN 64-0507572-002
a	Plan name HAZEN AND SAWYER 401(K) PLAN	
b	Name of plan sponsor HAZEN AND SAWYER, D.P.C.	c EIN-PN 13-2904652-002
a	Plan name HEART OF THE ROCKIES REGIONAL MEDICAL 457(B) EMPLOYEE DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor HEART OF THE ROCKIES REGIONAL MEDICAL CENTER	c EIN-PN 84-0631509-999
a	Plan name HEART OF THE ROCKIES REGIONAL MEDICAL CENTER MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor HEART OF THE ROCKIES REGIONAL MEDICAL CENTER	c EIN-PN 84-0631509-998
a	Plan name HELZBERG DIAMONDS SAVINGS PLAN	
b	Name of plan sponsor HELZBERGS DIAMOND SHOPS, LLC	c EIN-PN 44-0553741-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	HENIFF COMPANIES 401K RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	LONG IRON SERVICES, LLC
c	EIN-PN	26-4789150-001
a	Plan name	HIBU INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	HIBU INC.
c	EIN-PN	20-0829862-001
a	Plan name	HILTON 401(K) PLAN
b	Name of plan sponsor	HILTON DOMESTIC OPERATING COMPANY INC.
c	EIN-PN	38-4009972-101
a	Plan name	HILTON PUERTO RICO RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	HILTON INTERNATIONAL LLC
c	EIN-PN	13-1582113-001
a	Plan name	HORIZON HOBBY RETIREMENT PLAN
b	Name of plan sponsor	HORIZON HOBBY, LLC
c	EIN-PN	37-1181734-001
a	Plan name	HRP CONSTRUCTION INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	HRP CONSTRUCTION INC.
c	EIN-PN	35-1489621-002
a	Plan name	HUB INTERNATIONAL LIMITED 401 (K) SAVINGS PLAN
b	Name of plan sponsor	HUB INTERNATIONAL LIMITED
c	EIN-PN	75-3243028-001
a	Plan name	HUBBELL INCORPORATED EMPLOYEE SAVINGS AND INVESTMENT PLAN
b	Name of plan sponsor	HUBBELL INCORPORATED
c	EIN-PN	06-0397030-060
a	Plan name	HYATT CORPORATION RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	HYATT CORPORATION
c	EIN-PN	94-1649123-005
a	Plan name	I.U.P.A.T. OF WESTERN PA ANNUITY FUND
b	Name of plan sponsor	I.U.P.A.T.
c	EIN-PN	25-1304459-001
a	Plan name	IAC INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	IAC INC.
c	EIN-PN	84-3727412-001
a	Plan name	IACNA HOURLY EMPLOYEES' RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	INTERNATIONAL AUTOMOTIVE COMPONENTS GROUP
c	EIN-PN	20-8306510-002

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	IACNA RETIREMENT SAVINGS PROGRAM	
b	Name of plan sponsor	INTERNATIONAL AUTOMOTIVE COMPONENTS GROUP	c EIN-PN 20-8306510-001
a	Plan name	ICC EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTERNATIONAL CODE COUNCIL	c EIN-PN 36-3999004-001
a	Plan name	INDEPENDENT PILOTS ASSOCIATION STAFF RETIREMENT PLAN	
b	Name of plan sponsor	INDEPENDENT PILOTS ASSOCIATION	c EIN-PN 61-1171169-002
a	Plan name	INSTRUMENTATION LABORATORY SAVINGS PLAN	
b	Name of plan sponsor	INSTRUMENTATION LABORATORY COMPANY	c EIN-PN 02-0448199-002
a	Plan name	INTRAHEALTH INTERNATIONAL, INC. 401(K) PLAN	
b	Name of plan sponsor	INTRAHEALTH INTERNATIONAL, INC.	c EIN-PN 55-0825466-001
a	Plan name	INVESTMENT COMPANY INSTITUTE SECTION 401(K) PLAN	
b	Name of plan sponsor	INVESTMENT COMPANY INSTITUTE	c EIN-PN 13-5266605-001
a	Plan name	IRIDIUM SATELLITE 401(K) PLAN	
b	Name of plan sponsor	IRIDIUM SATELLITE LLC	c EIN-PN 54-2000237-001
a	Plan name	IRON WORKERS ST. LOUIS DISTRICT CIUNCIL ANNUITY TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF IRON WORKERS ST. LOUIS DISTRICT COUNCIL ANNUITY	c EIN-PN 43-1267550-004
a	Plan name	J. CRAIG VENTER INSTITUTE, INC. 401(K) PLAN	
b	Name of plan sponsor	J. CRAIG VENTER INSTITUTE	c EIN-PN 52-1842938-001
a	Plan name	JO-ANN STORES, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	JO-ANN STORES, LLC	c EIN-PN 34-0720629-001
a	Plan name	JTEKT TOYODA AMERICAS CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	JTEKT TOYODA AMERICAS CORPORATION	c EIN-PN 36-4011781-001
a	Plan name	JX ENTERPRISES, INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JX ENTERPRISES, INC.	c EIN-PN 39-1157251-002

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	K&L GATES 401(K) PROGRAM MASTER TRUST	
b	Name of plan sponsor	K&L GATES LLP	c EIN-PN 81-6386442-100
a	Plan name	KDA 401(K) PLAN	
b	Name of plan sponsor	KYOCERA DOCUMENT SOLUTIONS AMERICA, INC.	c EIN-PN 95-2819506-002
a	Plan name	KDA DIRECT OPERATIONS RETIREMENT PLAN	
b	Name of plan sponsor	KYOCERA DOCUMENT SOLUTIONS AMERICA, INC.	c EIN-PN 95-2819506-003
a	Plan name	KELLY & ASSOCIATES INSURANCE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	KELLY & ASSOCIATES INSURANCE GROUP, INC.	c EIN-PN 52-1066374-001
a	Plan name	KNIFE RIVER CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	KNIFE RIVER CORPORATION	c EIN-PN 92-1008893-001
a	Plan name	KOCH COMPANIES 401(K) PLAN	
b	Name of plan sponsor	KOCH ENTERPRISES, INC.	c EIN-PN 35-0447300-001
a	Plan name	KODAK ALARIS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KODAK ALARIS, INC.	c EIN-PN 46-2969770-001
a	Plan name	KTPO 401(K) PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor	KUKA TOLEDO PRODUCTION OPERATIONS, LLC	c EIN-PN 30-0280986-008
a	Plan name	KUKA ASSEMBLY AND TEST CORP. 401(K) PLAN FOR UNION EMPLOYEES	
b	Name of plan sponsor	KUKA ASSEMBLY AND TEST CORP	c EIN-PN 38-3474922-004
a	Plan name	KUKA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KUKA SYSTEMS NORTH AMERICA LLC	c EIN-PN 38-1918885-002
a	Plan name	LAND O' LAKES EMPLOYEE SAVINGS AND SUPPLEMENTAL RETIREMENT PLAN	
b	Name of plan sponsor	LAND O LAKES, INC.	c EIN-PN 41-0365145-017
a	Plan name	LAS VEGAS CONVENTION AND VISITORS AUTHORITY DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	LAS VEGAS CONVENTION AND VISITORS AUTHORITY	c EIN-PN 88-6000028-996

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 LAS VEGAS VALLEY WATER DISTRICT 401(A) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LAS VEGAS VALLEY WATER DISTRICT	c EIN-PN 88-6000028-004
a	Plan name LAS VEGAS VALLEY WATER DISTRICT DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor LAS VEGAS VALLEY WATER DISTRICT	c EIN-PN 88-6000028-995
a	Plan name LEWIS RICE KANSAS CITY SAVINGS PLAN	
b	Name of plan sponsor BROWN, KORALCHIK & FINGERSH, LC	c EIN-PN 44-0529202-003
a	Plan name LI-COR INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor LI-COR, INC.	c EIN-PN 47-0537101-002
a	Plan name LIFETIME PRODUCTS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor LIFETIME PRODUCTS, INC.	c EIN-PN 87-0433254-001
a	Plan name LIGHT & WONDER, INC. 401(K) PLAN	
b	Name of plan sponsor LIGHT & WONDER, INC.	c EIN-PN 81-0422894-003
a	Plan name LIGHTCAST 401(K) PLAN	
b	Name of plan sponsor ECONOMIC MODELING LLC	c EIN-PN 27-1605272-001
a	Plan name LIQUOR AND ALLIED WORKERS UNION LOCAL NO. 3, EMP	
b	Name of plan sponsor TRUSTEES OF LIQUOR AND ALLIED WORKERS UNION, LOCAL 3	c EIN-PN 36-7270398-001
a	Plan name LMLC OPERATIONS LLC RETIREMENT PLAN	
b	Name of plan sponsor YELLOWSTONE CLUB OPERATIONS, LLC	c EIN-PN 93-3834011-001
a	Plan name LOMA LINDA UNIVERSITY FACULTY MEDICAL GROUP MERP	
b	Name of plan sponsor LOMA LINDA UNIVERSITY FACULTY MEDICAL GROUP	c EIN-PN 33-0672915-002
a	Plan name M&T BANK CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MANUFACTURERS AND TRADERS TRUST CO.	c EIN-PN 16-0538020-004
a	Plan name M-D BUILDING PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor M-D BUILDING PRODUCTS, INC.	c EIN-PN 73-1578428-003

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	MASSMAN CONSTRUCTION CO. PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	MASSMAN CONSTRUCTION CO.	c EIN-PN 44-0341360-001
a	Plan name	MASTER RETIREMENT SAVINGS PLAN TRUST OF CSX CORPORATION AND AFFILIATED COMPANIES	
b	Name of plan sponsor	CSX CORPORATION	c EIN-PN 62-1051971-004
a	Plan name	MATCH GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MATCH GROUP, INC.	c EIN-PN 59-2712887-001
a	Plan name	MCGRATH RENTCORP EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN	
b	Name of plan sponsor	MCGRATH RENTCORP	c EIN-PN 94-2579843-001
a	Plan name	MDU RESOURCES GROUP, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MDU RESOURCES GROUP, INC.	c EIN-PN 30-1133956-004
a	Plan name	MEDAMERICA HEALTH SYSTEMS CORPORATION 401(K) SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	MEDAMERICA HEALTH SYSTEMS CORPORATION	c EIN-PN 31-1040228-003
a	Plan name	MENARD, INC. 401(K) PLAN	
b	Name of plan sponsor	MENARD, INC.	c EIN-PN 39-0989248-002
a	Plan name	MERCERSBURG ACADEMY 401(K) PLAN	
b	Name of plan sponsor	THE REGENTS OF MERCERSBURG COLLEGE DBA MERCERSBURG ACADEMY	c EIN-PN 23-1365963-004
a	Plan name	MIDEA AMERICA CORPORATION 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MIDEA AMERICA CORPORATION	c EIN-PN 20-0487988-001
a	Plan name	MISSION PHARMACAL COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MISSION PHARMACAL COMPANY	c EIN-PN 74-1041775-001
a	Plan name	MITCHELL SILBERBERG & KNUPP 401(K) PLAN	
b	Name of plan sponsor	MITCHELL SILBERBERG & KNUPP LLC	c EIN-PN 95-1883538-004
a	Plan name	MITCHELL SILBERBERG & KNUPP PROFIT SHARING PLAN	
b	Name of plan sponsor	MITCHELL SILBERBERG & KNUPP LLC	c EIN-PN 95-1883538-003

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 MLSC HOLDING CO., INC. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor MLSC HOLDING CO. INC.	c EIN-PN 26-2906608-001
a	Plan name MONTANA PUBLIC EMPLOYEE DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor MONTANA PUBLIC EMPLOYEES RETIREMENT BOARD	c EIN-PN 81-6001666-999
a	Plan name MONTECITO MEDICAL OPERATING CO 401(K) PLAN	
b	Name of plan sponsor MONTECITO MEDICAL OPERATING CO.	c EIN-PN 45-5473291-001
a	Plan name MOOD 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor DMX, LLC D/B/A MOOD MEDIA	c EIN-PN 20-2796414-001
a	Plan name MOUNTAINGATE CAPITAL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MOUNTAINGATE MANAGEMENT CO., LLC	c EIN-PN 81-1753058-001
a	Plan name NFI INDUSTRIES, INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor NFI INDUSTRIES, INC.	c EIN-PN 22-2543994-001
a	Plan name NHL PLAYERS U.S. 401(K) SAVINGS PLAN	
b	Name of plan sponsor NHL BENEFITS COMMITTEE	c EIN-PN 02-0585221-001
a	Plan name NHM CONSTRUCTORS LLC 401(K) PLAN	
b	Name of plan sponsor NHM CONSTRUCTORS LLC	c EIN-PN 80-0880185-001
a	Plan name NORTH SAILS GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor NORTH SAILS GROUP, LLC	c EIN-PN 36-4376973-001
a	Plan name ONEDIGITAL POOLED EMPLOYER PLAN	
b	Name of plan sponsor THE PLATINUM 401K	c EIN-PN 59-3708427-018
a	Plan name OPTIVER 401(K) PLAN	
b	Name of plan sponsor OPTIVER SERVICES US LLC	c EIN-PN 20-0135723-001
a	Plan name ORLANDO HEALTH, INC. RETIREMENT SAVINGS PLAN 401(A)	
b	Name of plan sponsor ORLANDO HEALTH, INC.	c EIN-PN 59-1726273-002

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 OUTRIGGER HOTEL HAWAII PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor OUTRIGGER HOTEL HAWAII	c EIN-PN 99-0241640-002
a	Plan name PARK HOTELS AND RESORTS 401(K) PLAN	
b	Name of plan sponsor PARK INTERMEDIATE HOLDINGS LLC	c EIN-PN 32-0419337-001
a	Plan name PAY DEFERRAL AND SAVINGS PLAN OF HINES INTERESTS LIMITED PARTNERSHIP	
b	Name of plan sponsor HINES INTERESTS LIMITED PARTNERSHIP	c EIN-PN 76-0293595-001
a	Plan name PIERCE COUNTY 457(B) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor PIERCE COUNTY	c EIN-PN 91-6001359-999
a	Plan name PLASTIC INGENUITY, INC. PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor PLASTIC INGENUITY, INC.	c EIN-PN 39-1216424-001
a	Plan name PLEXUS CORP. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PLEXUS CORP	c EIN-PN 39-1344447-001
a	Plan name PLUMBERS & STEAMFITTERS LOCAL NO. 7 ANNUITY FUND	
b	Name of plan sponsor THE BOARD OF TRUSTEES OF PLUMBERS & STEAMFITTERS LOCAL 7 ANNUITY FUND	c EIN-PN 90-0127434-002
a	Plan name PON NORTH AMERICA INC. DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor PON NORTH AMERICA, INC.	c EIN-PN 13-3921166-001
a	Plan name PORCH 401(K) PLAN	
b	Name of plan sponsor PORCH.COM, INC.	c EIN-PN 90-0781625-001
a	Plan name PORT OF PORTLAND 457(B) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor PORT OF PORTLAND	c EIN-PN 93-6001832-001
a	Plan name PRICESMART PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor PRICESMART INC.	c EIN-PN 33-0628530-002
a	Plan name PROFESSIONAL ANESTHETIC CARE, INC. 401(K) PLAN	
b	Name of plan sponsor PROFESSIONAL ANESTHETIC CARE, INC.	c EIN-PN 43-1199175-003

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 PSYCHOLOGICAL ASSESSMENT RESOURCES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PSYCHOLOGICAL ASSESSMENT RESOURCES	c EIN-PN 59-1913294-001
a	Plan name PURE STORAGE, INC. 401(K) PLAN	
b	Name of plan sponsor PURE STORAGE, INC.	c EIN-PN 27-1069557-001
a	Plan name QIAGEN 401(K) PLAN	
b	Name of plan sponsor QIAGEN NORTH AMERICA HOLDINGS, INC.	c EIN-PN 95-4801772-001
a	Plan name QSC, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor QSC, LLC	c EIN-PN 95-3412527-001
a	Plan name QUANTIC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor QUANTIC ELECTRONICS, LLC	c EIN-PN 85-3679537-001
a	Plan name QUARTZ HEALTH SOLUTIONS, INC. 401(K)	
b	Name of plan sponsor QUARTZ HEALTH SOLUTIONS, INC.	c EIN-PN 46-5710709-001
a	Plan name QUIKRETE COMPANIES RETIREMENT SAVINGS PLAN FOR FORTERRA COLLECTIVELY BARGAINED EMPLOYEES	
b	Name of plan sponsor FORTERRA PIPE & PRECAST, LLC	c EIN-PN 54-0179210-003
a	Plan name RANGE RESOURCES CORPORATION 401(K) PLAN	
b	Name of plan sponsor RANGE RESOURCES CORPORATION	c EIN-PN 34-1312571-002
a	Plan name RATE HOLDINGS CORP. MULTIPLE EMPLOYER 401(K) PLAN	
b	Name of plan sponsor RATE HOLDINGS CORP	c EIN-PN 30-1301067-001
a	Plan name REALTY NETWORK GROUP 401(K) PLAN	
b	Name of plan sponsor REALTY NETWORK GROUP, INC.	c EIN-PN 46-1752639-001
a	Plan name RELATED PARTNERS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor RELATED PARTNERS, INC	c EIN-PN 13-3680053-333
a	Plan name RETIREMENT INCOME PLAN FOR EMPLOYEES OF ELLWOOD CITY FORGE	
b	Name of plan sponsor ELLWOOD CITY FORGE COMPANY	c EIN-PN 25-0461810-003

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	RETIREMENT INCOME PLAN FOR THE EMPLOYEES OF ELLWOOD CRANKSHAFT AND MACHINE COMPANY	
b	Name of plan sponsor	ELLWOOD CRANKSHAFT AND MACHINE COMPANY	c EIN-PN 25-1683895-001
a	Plan name	REXEL, INC. SECTION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	REXEL, INC.	c EIN-PN 20-5021845-003
a	Plan name	RH BUCHANAN CONSERVATIVE	
b	Name of plan sponsor	ALTA TRUST COMPANY	c EIN-PN 82-1853987-001
a	Plan name	RH BUCHANAN RETIREMENT INCOME	
b	Name of plan sponsor	ALTA TRUST COMPANY	c EIN-PN 82-1886405-001
a	Plan name	ROEHL TRANSPORT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROEHL TRANSPORT, INC.	c EIN-PN 39-1145328-001
a	Plan name	RONNOCO COFFEE, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RONNOCO COFFEE, LLC	c EIN-PN 80-0834134-001
a	Plan name	ROUSH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROUSH INDUSTRIES, INC.	c EIN-PN 38-2080919-001
a	Plan name	ROXUL USA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ROXUL USA INC.	c EIN-PN 99-0378111-002
a	Plan name	RTS SC SERVICES 401(K) PLAN	
b	Name of plan sponsor	RTS SC SERVICES, INC.	c EIN-PN 52-1729244-001
a	Plan name	RUAN EMPLOYEES' PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor	RUAN, INCORPORATED	c EIN-PN 42-0729811-001
a	Plan name	RYAN SPECIALTY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	RYAN SPECIALTY GROUP, LLC	c EIN-PN 27-1520113-001
a	Plan name	SAMUEL ADAMS CINCINNATI BREWERY 401(K) PLAN FOR REPRESENTED EMPLOYEES	
b	Name of plan sponsor	AMERICAN CRAFT BREWERY LLC	c EIN-PN 31-1501402-001

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 SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT	c EIN-PN 94-1552685-999
a	Plan name SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT	c EIN-PN 94-1552685-001
a	Plan name SAVINGS AND INVESTMENT 401(K) PLAN OF WHITE & CASE LLP	
b	Name of plan sponsor WHITE & CASE LLP	c EIN-PN 13-5605970-004
a	Plan name SCHURZ COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor SCHURZ COMMUNICATIONS, INC.	c EIN-PN 35-0670960-002
a	Plan name SCIENTIFIC GAMES, LLC 401(K) PLAN	
b	Name of plan sponsor SCIENTIFIC GAMES, LLC	c EIN-PN 87-2037319-001
a	Plan name SELLEN CONSTRUCTION CO., INC. 401(K) AND WEALTHBUILDER RETIREMENT PLAN	
b	Name of plan sponsor SELLEN CONSTRUCTION CO., INC.	c EIN-PN 91-0592890-008
a	Plan name SEMPRA SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor SEMPRA ENERGY	c EIN-PN 33-0732627-006
a	Plan name SERIGRAPH INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor SERIGRAPH INC.	c EIN-PN 39-1591367-001
a	Plan name SERVICE ELECTRIC OF REEDSBURG II, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SERVICE ELECTRIC OF REEDSBURG II, INC.	c EIN-PN 20-8055243-003
a	Plan name SGWS OF NEW YORK SALES, WAREHOUSE AND CLERICAL 401(K) PLAN	
b	Name of plan sponsor SOUTHERN GLAZERS WINE AND SPIRITS, LLC	c EIN-PN 65-0879542-010
a	Plan name SH GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SH GROUP OPERATIONS, LLC	c EIN-PN 26-4006966-001
a	Plan name SHEET METAL, AIR, RAIL TRANSPORTATION LOCAL NO 27 ANNUITY FUND	
b	Name of plan sponsor SMART LOCAL 27 ANNUITY FUND TRUSTEES	c EIN-PN 22-2604860-001

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 SHUMAKER, LOOP & KENDRICK RETIREMENT PLAN	
b	Name of plan sponsor SHUMAKER, LOOP & KENDRICK, LLP	c EIN-PN 34-4439491-001
a	Plan name SHUMAKER, LOOP & KENDRICK, LLP ASSOCIATES' 401(K) SAVINGS PLAN	
b	Name of plan sponsor SHUMAKER, LOOP & KENDRICK, LLP	c EIN-PN 34-4439491-003
a	Plan name SIGMA DEFENSE 401(K) PLAN	
b	Name of plan sponsor SIGMA DEFENSE SYSTEMS, INC.	c EIN-PN 20-5844944-002
a	Plan name SIKA CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor SIKA CORPORATION	c EIN-PN 22-1594831-001
a	Plan name SILVER CROSS HOSPITAL AND MEDICAL CENTERS EMPLOYEES' 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SILVER CROSS HOSPITAL AND MEDICAL CENTERS	c EIN-PN 36-2174832-001
a	Plan name SILVER CROSS MANAGEMENT SERVICES ORGANIZATIONS 401K PLAN	
b	Name of plan sponsor SILVER CROSS MSO LLC	c EIN-PN 85-3005773-001
a	Plan name SIMMONS FOODS, INC. 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor SIMMONS FOODS, INC.	c EIN-PN 75-0995574-002
a	Plan name SITUSAMC 401(K) PLAN	
b	Name of plan sponsor SITUSAMC HOLDINGS CORP	c EIN-PN 84-2147948-002
a	Plan name SKYWEST, INC. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor SKYWEST, INC.	c EIN-PN 87-0292166-001
a	Plan name SNAP-ON INCORPORATED 401(K) SAVINGS PLAN	
b	Name of plan sponsor SNAP-ON INCORPORATED	c EIN-PN 39-0622040-005
a	Plan name SNOHOMISH COUNTY PUBLIC UTILITY DISTRICT NO. 1 401(K) PLAN AND TRUST	
b	Name of plan sponsor SNOHOMISH COUNTY PUBLIC UTILITY DISTRICT	c EIN-PN 97-0000185-997
a	Plan name SNOHOMISH COUNTY PUD 457 GOVERNMENTAL PLAN AND TRUST	
b	Name of plan sponsor SNOHOMISH COUNTY PUBLIC UTILITY DISTRICT	c EIN-PN 97-0000185-999

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 SONIC HEALTHCARE USA SAVINGS PLAN	
b	Name of plan sponsor SONIC HEALTHCARE USA, INC.	c EIN-PN 20-8907334-001
a	Plan name SOUND TRANSIT DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor CENTRAL PUGET SOUND REGIONAL TRANSIT AUTHORITY	c EIN-PN 91-1628275-003
a	Plan name SOUND TRANSIT PENSION PLAN	
b	Name of plan sponsor CENTRAL PUGET SOUND REGIONAL TRANSIT AUTHORITY	c EIN-PN 91-1628275-001
a	Plan name SOUTHEASTERN FREIGHT LINES RETIREMENT SAVINGS PROGRAM	
b	Name of plan sponsor SOUTHEASTERN FREIGHT LINES, INC.	c EIN-PN 57-0301199-002
a	Plan name SOUTHEASTERN GROCERS 401(K) SAVINGS PLAN	
b	Name of plan sponsor BI-LO,LLC	c EIN-PN 52-2260130-001
a	Plan name SOUTHERN GLAZER'S 401(K) PLAN	
b	Name of plan sponsor SOUTHERN GLAZERS WINE AND SPIRITS, LLC	c EIN-PN 59-1285786-001
a	Plan name SOUTHERN GLAZER'S UNION 401(K) PLAN	
b	Name of plan sponsor SOUTHERN GLAZERS WINE AND SPIRITS, LLC	c EIN-PN 59-1285786-002
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 SPIEZLE GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor SPIEZLE GROUP, INC.	c EIN-PN 23-1937152-002
a	Plan name SQUIRE PATTON BOGGS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SQUIRE PATTON BOGGS (US) LLP	c EIN-PN 34-0648199-005
a	Plan name STACEY EBY DDS, SC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor STACEY EBY DDS, SC	c EIN-PN 39-1192229-001
a	Plan name STANDARD PROCESS INC. PROFIT SHARING AND PENSION PLAN	
b	Name of plan sponsor STANDARD PROCESS INC.	c EIN-PN 39-0762936-001

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 STANISLAUS COUNTY 457(B) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor STANISLAUS COUNTY	c EIN-PN 94-6000940-999
a	Plan name STATE OF MONTANA PUBLIC EMPLOYEE DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor MONTANA PUBLIC EMPLOYEES RETIREMENT BOARD	c EIN-PN 81-6001666-009
a	Plan name STITES & HARBISON, PLLC RESTATED SECURITY PLAN I	
b	Name of plan sponsor STITES & HARBISON, PLLC	c EIN-PN 61-0680249-001
a	Plan name SUFFOLK COUNTY PUBLIC EMPLOYEES DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor SUFFOLK COUNTY, NY	c EIN-PN 11-6000464-999
a	Plan name SUNSOURCE SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor STS OPERATING INC.	c EIN-PN 22-3827595-025
a	Plan name SWIRE COCA-COLA 401(K) PLAN	
b	Name of plan sponsor SWIRE PACIFIC HOLDINGS INC.	c EIN-PN 87-0424812-002
a	Plan name SWISSLOG LOGISTICS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SWISSLOG LOGISTICS	c EIN-PN 54-1312235-001
a	Plan name SYMRISE INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor SYMRISE, INC.	c EIN-PN 22-1682840-002
a	Plan name SYNGENTA CORPORATION INVESTMENT SAVINGS PLAN	
b	Name of plan sponsor SYNGENTA CORPORATION	c EIN-PN 52-2274691-005
a	Plan name SYNIVERSE TECHNOLOGIES SAVINGS PLAN	
b	Name of plan sponsor SYNIVERSE TECHNOLOGIES LLC	c EIN-PN 06-1262301-001
a	Plan name SYNTHOMER SAVINGS PLAN	
b	Name of plan sponsor OMNOVA SOLUTIONS INC.	c EIN-PN 34-1897652-013
a	Plan name SYSMEX AMERICA, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor SYSMEX AMERICA, INC.	c EIN-PN 36-4139882-001

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 T. ROWE PRICE RETIREMENT BALANCED SA	
b	Name of plan sponsor EMPOWER ANNUITY INSURANCE COMPANY	c EIN-PN 06-1050034-986
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 TD 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TD BANK US HOLDING COMPANY	c EIN-PN 01-0437984-003
a	Plan name TD SYNEX 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TD SYNEX CORPORATION	c EIN-PN 94-2703333-001
a	Plan name THE ATLAS AIR, INC. RETIREMENT PLAN	
b	Name of plan sponsor ATLAS AIR, INC.	c EIN-PN 84-1207329-001
a	Plan name THE BECK GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE BECK GROUP	c EIN-PN 75-1731802-003
a	Plan name THE BOBBITT GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor THE BOBBITT GROUP, INC.	c EIN-PN 03-0506079-001
a	Plan name THE CAREFIRST 401(K) PLAN	
b	Name of plan sponsor CAREFIRST, INC.	c EIN-PN 52-2069215-002
a	Plan name THE DEFINED CONTRIBUTION PLAN (PLAN A) OF CBERA	
b	Name of plan sponsor COOPERATIVE BANKS EMPLOYEES RETIREMENT ASSOCIATION	c EIN-PN 04-6035593-333
a	Plan name THE FUGRO 401(K) PLAN	
b	Name of plan sponsor FUGRO (USA) HOLDINGS INC.	c EIN-PN 74-2155798-001
a	Plan name THE GOLD MEDAL PRODUCTS CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GOLD MEDAL PRODUCTS CO.	c EIN-PN 31-0515654-002
a	Plan name THE HILLER COMPANIES DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor THE HILLER COMPANIES, LLC.	c EIN-PN 32-0372812-001

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 THE NASSAU COMPANIES OF NEW YORK SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor THE NASSAU COMPANIES OF NEW YORK	c EIN-PN 06-1599088-003
a	Plan name THE ODP CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ODP INTERNATIONAL, LLC	c EIN-PN 87-2687219-001
a	Plan name THE PEP BOYS 401(K) PLAN	
b	Name of plan sponsor THE PEP BOYS - MANNY, MOE & JACK LLC (SUBSIDIARY OF ICAHN ENTERPRISES,	c EIN-PN 85-4254017-003
a	Plan name THE QUIKRETE COMPANIES PROFIT SHARING AND TAX DEFERRED PLAN	
b	Name of plan sponsor THE QUIKRETE COMPANIES	c EIN-PN 31-1683563-001
a	Plan name THE QUIKRETE COMPANIES PROFIT SHARING AND TAX DEFERRED PLAN II	
b	Name of plan sponsor THE QUIKRETE COMPANIES	c EIN-PN 20-8273971-001
a	Plan name THE SALARY INVESTMENT PLAN OF MUTUAL OF ENUMCLAW INSURANCE COMPANY	
b	Name of plan sponsor MUTUAL OF ENUMCLAW INSURANCE COMPANY	c EIN-PN 91-0217580-002
a	Plan name THE SOCIETE GENERALE SAVINGS AND INVESTMENT/RETIREMENT PLAN	
b	Name of plan sponsor SOCIETE GENERALE	c EIN-PN 52-1128875-002
a	Plan name THE STATE OF FLORIDA DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor STATE OF FLORIDA	c EIN-PN 59-6001874-999
a	Plan name THE STEVENS FAMILY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE COLD HEADING COMPANY	c EIN-PN 38-1418830-001
a	Plan name TIDI PRODUCTS, LLC INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor TIDI PRODUCTS, LLC	c EIN-PN 20-2357451-001
a	Plan name TILLMAN FIBERCO LLC 401(K) PLAN	
b	Name of plan sponsor TILLMAN FIBERCO LLC	c EIN-PN 87-3297688-001
a	Plan name TITAN AMERICA LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TITAN AMERICA LLC	c EIN-PN 98-0124782-001

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	TOSHIBA INTERNATIONAL CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TOSHIBA INTERNATIONAL CORPORATION	c EIN-PN 94-1652435-003
a	Plan name	TOYOTA INDUSTRIES NORTH AMERICA GROUP ASSOCIATES' 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	TOYOTA INDUSTRIES NORTH AMERICA, INC.	c EIN-PN 95-4842543-001
a	Plan name	TRACTOR SUPPLY COMPANY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TRACTOR SUPPLY COMPANY	c EIN-PN 13-3139732-001
a	Plan name	TRI-STATE QUIKRETE PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TRI-STATE QUIKRETE	c EIN-PN 14-1814476-001
a	Plan name	TRUGREEN PROFIT SHARING & RETIREMENT PLAN	
b	Name of plan sponsor	TRUGREEN LIMITED PARTNERSHIP	c EIN-PN 36-3734669-001
a	Plan name	TRUSTMARK 401(K) PLAN	
b	Name of plan sponsor	TRUSTMARK CORPORATION	c EIN-PN 64-0471500-002
a	Plan name	U.S. VENTURE 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	U.S. VENTURE, INC.	c EIN-PN 39-0964014-001
a	Plan name	UES INC. 401(K) PLAN	
b	Name of plan sponsor	UES, INC.	c EIN-PN 31-0797776-001
a	Plan name	UNDER ARMOUR, INC. 401(K) PLAN	
b	Name of plan sponsor	UNDER ARMOUR, INC.	c EIN-PN 52-1990078-001
a	Plan name	UNITED STATES AIR FORCE NAF EMPLOYEES' 401(K) SAVINGS PLAN TRUST	
b	Name of plan sponsor	UNITED STATES AIR FORCE	c EIN-PN 74-2725638-001
a	Plan name	UNITED STATES BAKERY PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	UNITED STATES BAKERY, INC.	c EIN-PN 93-0302130-001
a	Plan name	UNITED THERAPEUTICS CORPORATION EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	UNITED THERAPEUTICS CORPORATION	c EIN-PN 52-1984749-001

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 UNIVERSITY MEDICAL CENTER DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor UNIVERSITY MEDICAL CENTER	c EIN-PN 88-6000028-993
a	Plan name UNIVERSITY OF MINNESOTA PHYSICIANS RETIREMENT SAVINGS AND 401(K) PLAN	
b	Name of plan sponsor UNIVERSITY OF MINNESOTA PHYSICIANS	c EIN-PN 41-1843943-002
a	Plan name UNIVERSITY OF SAINT MARY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor UNIVERSITY OF SAINT MARY, INC.	c EIN-PN 48-0547846-001
a	Plan name UPGRADE, INC. EMPLOYEE BENEFIT PLAN	
b	Name of plan sponsor UPGRADE, INC.	c EIN-PN 81-2807376-501
a	Plan name UPS/IPA DEFINED CONTRIBUTION MONEY PURCHASE AND UPS/IPA 401(K) SAVINGS PLANS MASTER TRUST	
b	Name of plan sponsor UNITED PARCEL SERVICE CO	c EIN-PN 13-1686691-999
a	Plan name US FOODS 401(K) PLAN	
b	Name of plan sponsor US FOODS, INC.	c EIN-PN 36-3642294-001
a	Plan name VALLOUREC NORTH AMERICA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VALLOUREC HOLDINGS, INC	c EIN-PN 76-0133933-001
a	Plan name VARIDESH, LLC 401(K) PLAN	
b	Name of plan sponsor VARIDESH, LLC	c EIN-PN 47-1148201-001
a	Plan name VELUX AMERICA LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor VELUX AMERICA, LLC	c EIN-PN 04-2559488-001
a	Plan name VIAD CORP CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor VIAD CORP	c EIN-PN 36-1169950-002
a	Plan name VIAVI SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor VIAVI SOLUTIONS, INC.	c EIN-PN 94-2579683-001
a	Plan name VIMEO 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VIMEO.COM, INC.	c EIN-PN 26-2816886-001

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	W. R. GRACE & CO. RETIREMENT CONTRIBUTION PLAN	
b	Name of plan sponsor	W.R. GRACE & CO.	c EIN-PN 65-0773649-124
a	Plan name	W.R. GRACE & CO. SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor	W.R. GRACE & CO.	c EIN-PN 65-0773649-123
a	Plan name	WALL FAMILY ENTERPRISE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WALL FAMILY ENTERPRISES INC	c EIN-PN 20-8230779-333
a	Plan name	WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY DEFERRED COMPENSATION PLAN & TRUST	
b	Name of plan sponsor	WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY	c EIN-PN 52-0847040-999
a	Plan name	WELLMARK, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	WELLMARK, INC.	c EIN-PN 42-0318333-002
a	Plan name	WESTAT, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	WESTAT, INC.	c EIN-PN 84-0529566-004
a	Plan name	WESTAT, INC. SAVINGS PLAN	
b	Name of plan sponsor	WESTAT, INC.	c EIN-PN 84-0529566-006
a	Plan name	WESTLAKE SAVINGS PLAN	
b	Name of plan sponsor	WESTLAKE MANAGEMENT SERVICES, INC.	c EIN-PN 76-0321065-004
a	Plan name	WEX INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	WEX INC.	c EIN-PN 01-0526993-001
a	Plan name	WILKINSON ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor	WILKINSON ELECTRIC, INC.	c EIN-PN 87-0303011-001
a	Plan name	WIRECO WORLDGROUP INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	WIRECO WORLDGROUP INC.	c EIN-PN 27-0061302-001
a	Plan name	WSP USA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WSP USA BUILDINGS INC.	c EIN-PN 13-1730785-001

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	YANCEY BROS. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	YANCEY BROS. CO.	c EIN-PN 58-0515740-001

a Plan name	YOUNG LIVING ESSENTIAL OILS, LC	
b Name of plan sponsor	YOUNG LIVING ESSENTIAL OILS, LC	c EIN-PN 84-1368757-001

a Plan name	YUMA REGIONAL MEDICAL CENTER 401K PLAN	
b Name of plan sponsor	YUMA REGIONAL MEDICAL CENTER	c EIN-PN 86-6007596-002

a Plan name	YUSEN LOGISTICS (AMERICAS) INC. 401(K)	
b Name of plan sponsor	YUSEN LOGISTICS (AMERICAS) INC.	c EIN-PN 13-2618812-003

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
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 STRATEGIC COMMON TRUST FUND, T. ROWE PRICE RETIREMENT BALANCED 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) 38-7011316

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)	957414	1688430
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)	600981053	631875882
(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	601938467	633564312
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	175958	183760
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	959112	1689795
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1135070	1873555
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	600803397	631690757

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)	51545139
(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	1
d Total income. Add all income amounts in column (b) and enter total.....	2d	51545140

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)	2183578
(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)	2183610
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	2183610

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	49361530
l Transfers of assets:		
(1) To this plan.....	2l(1)	397783141
(2) From this plan	2l(2)	416257311

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 _____.