

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 [X] a DFE (specify) C
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: AB MULTI-MANAGER RETIREMENT TRUST 2015 FUND (W SERIES)
1b Three-digit plan number (PN): 539
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): GREAT GRAY TRUST COMPANY, LLC
2b Employer Identification Number (EIN): 38-4116844
2c Plan Sponsor's telephone number: 866-427-6885
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>AB MULTI-MANAGER RETIREMENT TRUST 2015 FUND (W SERIES)</u>	B Three-digit plan number (PN)	<u>539</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>38-4116844</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>AB MULTI-MANAGER RETIREMENT 2015 CT</u>		
b Name of sponsor of entity listed in (a): <u>ALLIANCEBERNSTEIN LP</u>		
c EIN-PN <u>04-6948485-043</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>15777817</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):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ADVANCED SPECIALTY CARE, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor ADVANCED SPECIALTY CARE, P.C.	c EIN-PN 06-1005395-003
a	Plan name BARTON LLP 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor BARTON LLP	c EIN-PN 13-4081518-002
a	Plan name BIRMINGHAM MAPLE CLINIC 401(K) PLAN	
b	Name of plan sponsor BIRMINGHAM MAPLE CLINIC	c EIN-PN 38-3297723-001
a	Plan name BLANCHARD, KRASNER & FRENCH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLANCHARD, KRASNER & FRENCH	c EIN-PN 33-0597079-001
a	Plan name BONNE, BRIDGES, MUELLER, O'KEEFE & NICHOLS PROFESSIONAL CORPORATION 401(K) SAVINGS PLAN FOR ASSOCIATE ATTORNEYS	
b	Name of plan sponsor BONNE, BRIDGES, MUELLER, O'KEEFE & NICHOLS PROFESSIONAL CORPORATION	c EIN-PN 95-2839534-004
a	Plan name BORO PARK PEDIATRIC ASSOCIATES, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BORO PARK PEDIATRIC ASSOCIATES, PLLC	c EIN-PN 20-4881235-001
a	Plan name BUDGET DUMPSTER 401(K) PLAN	
b	Name of plan sponsor BUDGET DUMPSTER	c EIN-PN 27-0471717-001
a	Plan name BUSINESS SCHOOL DEFINED CONTRIBUTION PLAN I	
b	Name of plan sponsor THE COLLEGE OF WESTCHESTER	c EIN-PN 13-1879788-001
a	Plan name BUSINESS SCHOOL DEFINED CONTRIBUTION PLAN II	
b	Name of plan sponsor THE COLLEGE OF WESTCHESTER	c EIN-PN 13-1879788-002
a	Plan name CASEY, MENDEN, FAUST, & NELSON, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor CASEY, MENDEN, FAUST, & NELSON, P.A.	c EIN-PN 41-1535741-001
a	Plan name CHILDREN'S DENTAL HEALTH CENTER RETIREMENT PLAN	
b	Name of plan sponsor CHILDRENS DENTAL HEALTH CENTER, S.C.	c EIN-PN 39-1221409-001
a	Plan name CRISTALINO, INC. 401(K) PLAN	
b	Name of plan sponsor CRISTALINO, INC.	c EIN-PN 27-4087264-001

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 DANBERT CONTRACTORS AND EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DANBERT, INC.	c EIN-PN 31-1029004-001
a	Plan name DUGHI, HEWIT & DOMALEWSKI, P.C. RETIREMENT PLAN	
b	Name of plan sponsor DUGHI, HEWIT & DOMALEWSKI, P.C.	c EIN-PN 22-2493800-001
a	Plan name EASTERN TEA CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor EASTERN TEA CORPORATION	c EIN-PN 22-2404897-001
a	Plan name EGGLAND'S BEST 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EGGLANDS BEST, INC.	c EIN-PN 52-1588662-001
a	Plan name ENDOCRINE & DIABETES CARE CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ENDOCRINE AND DIABETES CARE CENTER, INC.	c EIN-PN 34-1954710-001
a	Plan name FIRELANDS AUTO GROUP I, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FIRELANDS AUTO GROUP I, LLC DBA FIRELANDS TOYOTA	c EIN-PN 85-1265937-001
a	Plan name FIRELANDS AUTO GROUP II, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FIRELANDS AUTO GROUP II, LLC DBA FIRELANDS CHRYSLER DODGE JEEP RAM	c EIN-PN 85-1272556-001
a	Plan name FIRELANDS AUTO GROUP III, LLC 401(K) PSP	
b	Name of plan sponsor FRLNDSAUTOGRPIII,LLC DBAFIRLND SCHVRLTOFVERMILI	c EIN-PN 87-3970011-001
a	Plan name FIRELANDS CHEVROLET BUICK 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor PATRICK CHEVROLET BUICK, INC.	c EIN-PN 82-1702529-001
a	Plan name GADGE USA, INC. PROFIT SHARING PLAN I	
b	Name of plan sponsor GADGE USA, INC.	c EIN-PN 11-3165963-003
a	Plan name GREENWALD DOHERTY LLP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor GREENWALD DOHERTY LLP	c EIN-PN 20-4591728-001
a	Plan name HERSH MANNIS LLP 401(K) PLAN II	
b	Name of plan sponsor HERSH MANNIS LLP	c EIN-PN 95-4814099-002

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	HOLIDAY DIVER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HOLIDAY DIVER, INC.	c EIN-PN 59-2470075-001
a	Plan name	HP HOMES HOLDING COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor	HP HOMES HOLDING COMPANY, LLC	c EIN-PN 27-3954977-001
a	Plan name	ICON TRADE SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ICON TRADE SERVICES, LLC	c EIN-PN 27-2404019-001
a	Plan name	JOHN F. DILLON & CO., LLC 401(K) PLAN	
b	Name of plan sponsor	JOHN F. DILLON & CO., LLC	c EIN-PN 06-1601925-001
a	Plan name	KEITH ALTIZER & CO. 401(K) PLAN	
b	Name of plan sponsor	KEITH ALTIZER & COMPANY, P.A.	c EIN-PN 59-1629947-001
a	Plan name	LAM DESIGN ASSOCIATES INC. PROFIT SHARING TRUST	
b	Name of plan sponsor	LAM DESIGN ASSOCIATES INC.	c EIN-PN 13-2788266-001
a	Plan name	LAW OFFICE OF MICHAEL G. DESMARAIS 401(K) SAFE HARBOR PROFIT SHARING PLAN	
b	Name of plan sponsor	LAW OFFICE OF MICHAEL G. DESMARAIS	c EIN-PN 77-0373127-001
a	Plan name	LECO PLASTICS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	LECO PLASTICS, INC.	c EIN-PN 13-5579802-001
a	Plan name	LEONIA MEDICAL ASSOCIATES, P.A. RETIREMENT TRUST	
b	Name of plan sponsor	LEONIA MEDICAL ASSOCIATES, P.A.	c EIN-PN 22-3522777-002
a	Plan name	MARON MARVEL BRADLEY ANDERSON & TARDY LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARON MARVEL BRADLEY ANDERSON & TARDY LLC	c EIN-PN 51-0375264-002
a	Plan name	MARTIN & MARTIN, D.D.S., P.C. 401(K) PLAN	
b	Name of plan sponsor	MARTIN & MARTIN, D.D.S.,P.C.	c EIN-PN 35-2141980-002
a	Plan name	MAUI CLASSIC CHARTERS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MAUI CLASSIC CHARTERS, INC.	c EIN-PN 99-0221763-001

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 MILHOUSE ENGINEERING AND CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MILHOUSE ENGINEERING AND CONSTRUCTION, INC.	c EIN-PN 36-4468621-001
a	Plan name NEIL HUFFMAN VOLKSWAGEN, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor NEIL HUFFMAN VOLKSWAGEN, INC.	c EIN-PN 61-0674549-002
a	Plan name NORTH SUBURBAN PEDIATRICS, S.C. PROFIT-SHARING AND SAVINGS PLAN AND TRUST	
b	Name of plan sponsor NORTH SUBURBAN PEDIATRICS, S.C.	c EIN-PN 36-2659757-002
a	Plan name PENSION PLAN FOR EMPLOYEES OF BRAZILL BROTHERS & ASSOCIATES INC.	
b	Name of plan sponsor BRAZILL BROTHERS & ASSOCIATES INC.	c EIN-PN 22-1630811-001
a	Plan name PERRY HAY PROFIT SHARING PLAN	
b	Name of plan sponsor PERRY HAY LLP	c EIN-PN 46-2290413-001
a	Plan name PHARMA-CARE, INC. 401(K) PLAN	
b	Name of plan sponsor PHARMA-CARE, INC.	c EIN-PN 22-2828314-001
a	Plan name RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.	
b	Name of plan sponsor HIAS, INC.	c EIN-PN 13-5633307-001
a	Plan name SNORING & SLEEP APNEA DENTAL TREATMENT CENTER, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SNORING & SLEEP APNEA DENTAL TREATMENT CENTER	c EIN-PN 41-1736306-001
a	Plan name SOCIAL STUDIES SCHOOL SERVICE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor SOCIAL STUDIES SCHOOL SERVICE	c EIN-PN 95-2512625-001
a	Plan name SOLUTIONS4NETWORKS 401(K) PLAN	
b	Name of plan sponsor SOLUTIONS4NETWORKS	c EIN-PN 25-1853518-001
a	Plan name TAP & AFFILIATES 401(K) PLAN	
b	Name of plan sponsor TAP ELECTRIC METRO JV	c EIN-PN 20-3646966-001
a	Plan name TECH QUIP, INC. 401(K) PLAN	
b	Name of plan sponsor TECH QUIP, INC.	c EIN-PN 74-1778531-001

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 KROOT CORPORATION 401(K) PLAN

b Name of plan sponsor THE KROOT CORPORATION **c** EIN-PN 35-1112017-004

a Plan name TRISALUS LIFE SCIENCES, INC. 401(K) PLAN

b Name of plan sponsor TRISALUS LIFE SCIENCES, INC. **c** EIN-PN 27-0629393-001

a Plan name ZANDER GROUP HOLDINGS, INC. 401(K) PLAN

b Name of plan sponsor ZANDER GROUP HOLDINGS, INC. **c** EIN-PN 45-2704607-001

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

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 AB MULTI-MANAGER RETIREMENT TRUST 2015 FUND (W SERIES)	B Three-digit plan number (PN) ▶ 539
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-4116844

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)	2734	2400
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)	18629033	15777817
(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	18631767	15780217
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	26541
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	42419	2400
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	42419	28941
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	18589348	15751276

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)		1280765
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1280765

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)		
(6) Bank or trust company trustee/custodial fees	2i(6)	110496	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		110496
j Total expenses. Add all expense amounts in column (b) and enter total	2j		110496

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1170269
l Transfers of assets:			
(1) To this plan	2l(1)		1625318
(2) From this plan	2l(2)		5633659

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 _____.