

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) C

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>AB US SMALL AND MID CAP GROWTH CIT (W SERIES)</u>	1b Three-digit plan number (PN) ▶ <u>536</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>GREAT GRAY TRUST COMPANY, LLC</u> <u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u>	2b Employer Identification Number (EIN) <u>38-4116871</u> 2c Plan Sponsor's telephone number <u>866-427-6885</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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>08/25/2025</u>	<u>MATT FALCIANI</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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 US SMALL AND MID CAP GROWTH CIT (W SERIES)</u>	B Three-digit plan number (PN) ▶	<u>536</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>38-4116871</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 US SMALL AND MID CAP GROWTH CT</u>		
b Name of sponsor of entity listed in (a): <u>ALLIANCEBERNSTEIN LP</u>		
c EIN-PN <u>04-6948485-008</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>20420836</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

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d Entity code

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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	AAKASH CHEMICALS AND DYE-STUFFS, INC. PROFIT SHARING PLAN AND TRU	
b	Name of plan sponsor	AAKASH CHEMICALS AND DYE-STUFFS,	c EIN-PN 38-2321684-002
a	Plan name	ADAM R. KOLKER, M.D., P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ADAM R. KOLKER, M.D., P.C.	c EIN-PN 48-1275682-001
a	Plan name	ADMIRAL TOOL & MANUFACTURING 401K PLAN	
b	Name of plan sponsor	ADMIRAL TOOL & MANUFACTURING CO. OF MICHIGAN	c EIN-PN 26-2567866-001
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	AEA INVESTORS LP 401(K) SAVINGS PLAN	
b	Name of plan sponsor	AEA INVESTORS LP	c EIN-PN 59-3761840-002
a	Plan name	AGMOTION, INC. 401(K) PLAN	
b	Name of plan sponsor	AGMOTION, INC.	c EIN-PN 41-1971215-001
a	Plan name	ALTHANS INSURANCE AGENCY, INC. EMPLOYEES PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ALTHANS INSURANCE AGENCY, INC.	c EIN-PN 34-1192003-001
a	Plan name	AMBASSADOR HOME IMPROVEMENTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMBASSADOR HOME IMPROVEMENTS, INC.	c EIN-PN 23-2076387-001
a	Plan name	AMS RISK MANAGEMENT & CONSULTING, INC. 401(K) PLAN	
b	Name of plan sponsor	AMS RISK MANAGEMENT & CONSULTING, INC.	c EIN-PN 11-3207340-001
a	Plan name	APPLIED RESEARCH WORKS 401(K) PLAN	
b	Name of plan sponsor	APPLIED RESEARCH WORKS, INC.	c EIN-PN 26-3693564-001
a	Plan name	ARISTA GROUPS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARISTA GROUPS	c EIN-PN 84-3983791-001
a	Plan name	AUGEO AFFINITY MARKETING'S 401(K) PLAN	
b	Name of plan sponsor	AUGEO AFFINITY MARKETING, INC.	c EIN-PN 26-2331983-001

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 BANKWELL FINANCIAL GROUP, INC. AND ITS SUBSIDIARIES AND AFFILIATES 401(K) PLAN	
b	Name of plan sponsor BANKWELL FINANCIAL GROUP, INC.	c EIN-PN 20-8251355-001
a	Plan name BARETZ PLUS BRUNELLE, LLC PROFIT SHARING & TRUST	
b	Name of plan sponsor BARETZ PLUS BRUNELLE, LLC	c EIN-PN 81-1322414-001
a	Plan name BERNSTEIN LITOWITZ BERGER & GROSSMAN LLP EXECUTIVE 401(K) PLAN	
b	Name of plan sponsor BERNSTEIN LITOWITZ BERGER & GROSSMANN LLP	c EIN-PN 13-3165559-004
a	Plan name BOWMAN TOOL & MACHINING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BOWMAN TOOL & MACHINING, INC.	c EIN-PN 41-2027901-001
a	Plan name BPC 401(K) PLAN	
b	Name of plan sponsor BARRINGTON PSYCHIATRIC CENTER	c EIN-PN 95-4084637-001
a	Plan name BRIDGEWAY PARTNERS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BRIDGEWAY PARTNERS, INC.	c EIN-PN 84-1689979-001
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 II	
b	Name of plan sponsor THE COLLEGE OF WESTCHESTER	c EIN-PN 13-1879788-002
a	Plan name BUTLER WADDELL INTERESTS, LTD. 401(K) PLAN	
b	Name of plan sponsor BUTLER WADDEL INTERESTS, LTD.	c EIN-PN 76-0639944-001
a	Plan name CBI RETIREMENT PLAN	
b	Name of plan sponsor CLIFF BERRY, INC.	c EIN-PN 65-0511114-003
a	Plan name CLEVELAND MENU PRINTING, INC. 401(K) PLAN	
b	Name of plan sponsor CLEVELAND MENU PRINTING, INC.	c EIN-PN 34-0692640-001
a	Plan name CLYDE DUNEIER, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CLYDE DUNEIER, INC.	c EIN-PN 13-2627567-001

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	COMMERCE STEEL CORPORATION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	COMMERCE STEEL CORPORATION	c EIN-PN 38-3669627-001
a	Plan name	CONNECTICUT KIDNEY & HYPERTENSION SPECIALISTS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONNECTICUT KIDNEY & HYPERTENSION SPECIALISTS, LLC	c EIN-PN 26-2731148-001
a	Plan name	CONTINENTAL FARMS 401(K) PLAN	
b	Name of plan sponsor	CONTINENTAL FARMS, LLC	c EIN-PN 65-1097961-002
a	Plan name	CULLEN & DANOWSKI 401(K) PLAN	
b	Name of plan sponsor	CULLEN & DANOWSKI, LLP	c EIN-PN 11-2459188-001
a	Plan name	D4C DENTAL BRANDS, INC. 401(K) PLAN	
b	Name of plan sponsor	D4C DENTAL BRANDS, INC.	c EIN-PN 27-3864352-002
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	DESCO STEEL CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DESCO STEEL CORPORATION	c EIN-PN 23-2637611-001
a	Plan name	EGAMI CONSULTING GROUP SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	EGAMI GROUP, INC.	c EIN-PN 20-8585101-001
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	EGGS ALL DAY, INC.401(K) PLAN	
b	Name of plan sponsor	EGGS ALL DAY, INC.	c EIN-PN 81-4927592-001
a	Plan name	ELEVATION CHURCH 403B PLAN	
b	Name of plan sponsor	ELEVATION CHURCH	c EIN-PN 06-1741162-001
a	Plan name	FORTE CONSTRUCTION CORP 401K PLAN	
b	Name of plan sponsor	FORTE CONSTRUCTION CORP	c EIN-PN 27-3167155-001

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	FP1 STRATEGIES, LLC CASH BALANCE PENSION PLAN	
b	Name of plan sponsor	FP1 STRATEGIES, LLC	c EIN-PN 27-4719565-002
a	Plan name	FULLERTON ORTHODONTICS 401(K) PLAN	
b	Name of plan sponsor	LESLIE H. FULLERTON, DDS, MSD, PC	c EIN-PN 26-2831684-001
a	Plan name	FUREY, DOOLAN & ABELL EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor	FUREY, DOOLAN & ABELL LLP	c EIN-PN 52-1089863-002
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	GRAHAM HEALTHCARE GROUP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	GRAHAM HEALTHCARE GROUP, INC.	c EIN-PN 46-1471138-001
a	Plan name	GREENSTEIN AND SELLERS, PLLC 401(K) PLAN	
b	Name of plan sponsor	GREENSTEIN AND SELLERS, PLLC	c EIN-PN 83-3940644-001
a	Plan name	GROBSTEIN TEEPLE LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GROBSTEIN TEEPLE LLP	c EIN-PN 46-1955807-001
a	Plan name	GUAGLARDI MELITI LLP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	GUAGLARDI & MELITI LLP	c EIN-PN 20-4007101-001
a	Plan name	GUNNISON CONSULTING GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	GUNNISON CONSULTING GROUP, INC.	c EIN-PN 52-1907698-001
a	Plan name	HAMILTON CARDIOLOGY ASSOCIATES, P.A. 401(K) PLAN	
b	Name of plan sponsor	HAMILTON CARDIOLOGY ASSOCIATES, P.A.	c EIN-PN 22-3052989-001
a	Plan name	HELFRICH BROS BOILER WORKS, INC. 401(K) PLAN	
b	Name of plan sponsor	HELFRICH BROS BOILER WORKS, INC.	c EIN-PN 04-2280630-001
a	Plan name	HIGHLINE AFTERMARKET ACQUISITION, LLC 401(K) PLAN	
b	Name of plan sponsor	HIGHLINE AFTERMARKET ACQUISITION, LLC	c EIN-PN 81-1674681-001

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 HOLLOMAN HOLDINGS CORPORATION 401(K) PLAN	
b	Name of plan sponsor HOLLOMAN HOLDINGS CORPORATION	c EIN-PN 20-5473185-001
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 INNOVIM, LLC 401(K) PLAN	
b	Name of plan sponsor INNOVIM, LLC	c EIN-PN 56-2304619-001
a	Plan name INTERNATIONAL INTEGRATED SOLUTIONS, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INTERNATIONAL INTEGRATED SOLUTIONS, LTD.	c EIN-PN 11-3006645-001
a	Plan name JACOBOWITZ NEWMAN TVERSKY LLP 401(K) PLAN	
b	Name of plan sponsor JACOBOWITZ NEWMAN TVERSKY LLP	c EIN-PN 82-0854280-001
a	Plan name JEFFERSON CAPITAL SYSTEMS, LLC 401(K) PLAN	
b	Name of plan sponsor JEFFERSON CAPITAL SYSTEMS, LLC	c EIN-PN 55-0806073-001
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 JULIEN FAREL GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JULIEN FAREL GROUP LLC	c EIN-PN 06-1605292-001
a	Plan name KAREN THOMAS ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor KAREN THOMAS ASSOCIATES, INC.	c EIN-PN 45-3169601-001
a	Plan name KEY ENERGY SERVICES 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor KEY ENERGY SERVICES, INC.	c EIN-PN 04-2648081-001
a	Plan name KING PLASTIC CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor KING PLASTIC CORPORATION	c EIN-PN 59-1223299-001
a	Plan name KMJ CORBIN & COMPANY LLP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor KMJ CORBIN AND COMPANY LLP	c EIN-PN 81-0569753-002

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 KOSTELANETZ LLP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor KOSTELANETZ LLP	c EIN-PN 13-3758926-001
a	Plan name KRAUS-MANNING INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KRAUS-MANNING, INC.	c EIN-PN 59-3601034-001
a	Plan name KRISH ACTUARIAL, INC. 401(K) PLAN	
b	Name of plan sponsor KRISH ACTUARIAL, INC.	c EIN-PN 45-2777929-001
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 LAMB MCERLANE PC EMPLOYEES' SAVINGS PLAN AND TRUST	
b	Name of plan sponsor LAMB MCERLANE PC	c EIN-PN 23-2181295-002
a	Plan name LEAR & PANNEPACKER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEAR & PANNEPACKER, LLP	c EIN-PN 22-2947255-001
a	Plan name LISTRAK, INC. 401(K) PLAN	
b	Name of plan sponsor LISTRAK INC.	c EIN-PN 23-3025990-001
a	Plan name MEHAFFY & WEBER, P. C. 401(K) PLAN	
b	Name of plan sponsor MEHAFFY & WEBER, P.C.	c EIN-PN 74-1727620-002
a	Plan name MIDDLETOWN FAMILY DENTISTRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MIDDLETOWN FAMILY DENTISTRY, P.C.	c EIN-PN 23-3013518-002
a	Plan name MULTICRAFT INTERNATIONAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MULTICRAFT INTERNATIONAL, LIMITED PLAN	c EIN-PN 64-0804677-002
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 NEW ENGLAND DERMATOLOGY, PLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEW ENGLAND DERMATOLOGY, PC	c EIN-PN 81-1024565-001

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 NEWCOMER CONCRETE SERVICES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor NEWCOMER CONCRETE SERVICES, INC.	c EIN-PN 34-1302197-003
a	Plan name ORLANDO FOOD SALES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ORLANDO FOOD SALES, INC.	c EIN-PN 22-3140998-001
a	Plan name PARALLAX VOLATILITY ADVISERS, L.P. DISCRETIONARY CONTRIBUTION PLAN	
b	Name of plan sponsor PARALLAX VOLATILITY ADVISERS, L.P.	c EIN-PN 94-3235485-001
a	Plan name PARAMOUNT MECHANICAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor PARAMOUNT MECHANICAL CORPORATION	c EIN-PN 54-1518325-002
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 PRIDA, GUIDA & COMPANY, P. A. 401(K) PLAN	
b	Name of plan sponsor PRIDA, GUIDA & PEREZ, P.A.	c EIN-PN 59-1978917-001
a	Plan name RETIREMENT SERVICES GROUP PLAN	
b	Name of plan sponsor APPLIED VISUAL TECHNOLOGY, INC.	c EIN-PN 59-3514066-001
a	Plan name SAXTON INDUSTRIES, INC 401(K) PLAN	
b	Name of plan sponsor SAXTON INDUSTRIES, INC.	c EIN-PN 34-1741082-001
a	Plan name SHAPCO PRINTING, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor SHAPCO PRINTING, INC.	c EIN-PN 41-1271159-001
a	Plan name SMITH SLUSKY LAW 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor SMITH, SLUSKY, POHREN & ROGERS, LLP	c EIN-PN 47-0795114-001
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	TEGAN MARKETING, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor	TEGAN MARKETING INC.	c EIN-PN 41-1654760-003
a	Plan name	THE COYLE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE COYLE COMPANY INSURANCE GROUP, LLC	c EIN-PN 26-3469226-001
a	Plan name	THE GENERAL SHIP REPAIR 401(K) PLAN	
b	Name of plan sponsor	THE GENERAL SHIP REPAIR CORPORATION	c EIN-PN 52-0742044-003
a	Plan name	THE GREATER PRINCE WILLIAM COMMUNITY HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor	THE GREATER PRINCE WILLIAM COMMUNITY HEALTH CENTER	c EIN-PN 83-0435138-001
a	Plan name	THE INTELLEKT GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	THE INTELLEKT GROUP	c EIN-PN 47-4526395-001
a	Plan name	UNITED TRUST BANK RETIREMENT PLAN	
b	Name of plan sponsor	UNITED TRUST BANK	c EIN-PN 36-4393157-001
a	Plan name	UROLOGY CENTERS OF ALABAMA, P.C. 401(K) PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	UROLOGY CENTERS OF ALABAMA, P.C.	c EIN-PN 63-0581180-001
a	Plan name	VICTORIA ORTHOPEDIC CENTER PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	VICTORIA ORTHOPEDIC CENTER	c EIN-PN 26-0151734-001
a	Plan name	YORK SAW & KNIFE COMPANY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	YORK SAW & KNIFE COMPANY, INC.	c EIN-PN 23-1718032-001
a	Plan name	YOUNG-AGRIESTI & THOMAS, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	YOUNG-AGRIESTI & THOMAS, LLP	c EIN-PN 45-4509457-001
a	Plan name	YTL AND DYN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROBERT NAKO ENTERPRISES INC. DBA YAMKO TRUCK LINES	c EIN-PN 95-2367264-002
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.	<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 AB US SMALL AND MID CAP GROWTH CIT (W SERIES)	B Three-digit plan number (PN) ▶ 536
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-4116871

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)	411565	52776
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)	12341675	20420836
(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	12753240	20473612
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	38163
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	430334	52776
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	430334	90939
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12322906	20382673

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)		2954267
(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		2954267

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)	130992	
(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)		130992
j Total expenses. Add all expense amounts in column (b) and enter total	2j		130992

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2823275
l Transfers of assets:			
(1) To this plan	2l(1)		9620561
(2) From this plan	2l(2)		4384069

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 _____.