

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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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 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

<p>1a Name of plan <u>FRANKLIN DYNATECH GG TRUST CIT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>529</u></p>
<p>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></p> <p><u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>38-4116866</u></p> <p>2c Plan Sponsor's telephone number <u>866-427-6885</u></p> <p>2d Business code (see instructions)</p>

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	Filed with authorized/valid electronic signature.	09/19/2025	MATT FALCIANI
	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>FRANKLIN DYNATECH GG TRUST CIT</u>	B Three-digit plan number (PN)	<u>529</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>38-4116866</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>NT COLLECTIVE GOVERNMENT STIF</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-068</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>92584</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)

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	ALL WEBB ENTERPRISES INC. 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	ALL WEBB ENTERPRISES INC.
c	EIN-PN	59-2418764-001
a	Plan name	ATLANTIC COMMUNITY BANKERS BANK 401K PLAN
b	Name of plan sponsor	ATLANTIC COMMUNITY BANKERS BANK
c	EIN-PN	23-2217734-001
a	Plan name	AXIOM ENGINEERS, INC. 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	AXIOM ENGINEERS, INC. DBA LEE & ASSOCIATES
c	EIN-PN	94-2768038-002
a	Plan name	BARON PAYROLL INC 401K PLAN
b	Name of plan sponsor	BARON PAYROLL INC
c	EIN-PN	45-3542572-001
a	Plan name	BATON ROUGE AREA FOUNDATION RETIREMENT PLAN
b	Name of plan sponsor	BATON ROUGE AREA FOUNDATION
c	EIN-PN	72-6030391-001
a	Plan name	BENCHCRAFT CUSTOM MILLWORK INC 401(K) PLAN
b	Name of plan sponsor	BENCHCRAFT CUSTOM MILLWORK INC
c	EIN-PN	84-1587975-001
a	Plan name	BERLIN PATTEN EBLING, PLLC 401K PLAN
b	Name of plan sponsor	BERLIN PATTEN EBLING, PLLC
c	EIN-PN	27-0876012-001
a	Plan name	BETSY ROSS REHABILITATION CENTER INC 401K PLAN
b	Name of plan sponsor	BETSY ROSS REHABILITATION CENTER INC
c	EIN-PN	16-1549991-002
a	Plan name	BMAC RETIREMENT PLAN
b	Name of plan sponsor	MACPIE, LLC
c	EIN-PN	20-0450086-001
a	Plan name	BREAKTHROUGH 401K PLAN SPRINGSEAL, INC.
b	Name of plan sponsor	SPRINGSEAL, INC.
c	EIN-PN	86-1096867-347
a	Plan name	CABANA PEP SOLUTION
b	Name of plan sponsor	TRG FIDUCIARY SERVICES LLC
c	EIN-PN	82-3095168-014
a	Plan name	CAMBRIDGE CUISINE LLC 401(K) PLAN
b	Name of plan sponsor	CAMBRIDGE CUISINE LLC
c	EIN-PN	45-4048596-001

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	CBF LABELS, INC. 401(K) PLAN	
b	Name of plan sponsor	CBF LABELS, INC.	c EIN-PN 04-3677165-001
a	Plan name	CHIMERA INVESTORS LLC 401(K) PLAN	
b	Name of plan sponsor	CHIMERA INVESTORS LLC	c EIN-PN 45-5617158-001
a	Plan name	CINESITE LA INC. 401(K) PLAN	
b	Name of plan sponsor	CINESITE LA INC.	c EIN-PN 30-0634574-001
a	Plan name	COMMUNITY HERITAGE FINANCIAL 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY HERITAGE FINANCIAL	c EIN-PN 83-1950225-001
a	Plan name	COMPLIANCE 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	BOOK MARKETING DONE FOR YOU, LLC	c EIN-PN 81-1400115-001
a	Plan name	COMPLIANCE 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	AMERICAN INFRASTRUCTURE MAINTENANCE MANAGEMENT, LLC	c EIN-PN 82-3822451-001
a	Plan name	COMPLIANCE 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	BRAYTON CONSTRUCTION, LLC	c EIN-PN 83-2082611-001
a	Plan name	COPPER RIVER COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	BELLAGIO ROAD LLC	c EIN-PN 37-1782614-001
a	Plan name	CURTIS COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor	CURTIS COMPANIES, LLC DBA EXCEL PRODUCTION COMPANY	c EIN-PN 26-0444114-001
a	Plan name	DAWCOM LLC	
b	Name of plan sponsor	DAWCOM LLC	c EIN-PN 20-2252905-001
a	Plan name	DESERT HAVEN ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	DESERT HAVEN ENTERPRISES, INC	c EIN-PN 95-6006073-001
a	Plan name	DEY. 401(K) PLAN	
b	Name of plan sponsor	PUBLISEZ INC. DBA DEY.	c EIN-PN 27-0923093-001

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	DL CYCLES LLC 401(K) PLAN	
b	Name of plan sponsor	DL CYCLES HOLDINGS CO, LLC	c EIN-PN 46-4148022-001
a	Plan name	EDWARD LEHMANN 401(K) PLAN	
b	Name of plan sponsor	EDWARD H LEHMANN AGENCY LLC	c EIN-PN 27-0932497-001
a	Plan name	EFFINGHAM BUILDERS SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	EFFINGHAM BUILDERS SUPPLY, INC.	c EIN-PN 37-1287109-002
a	Plan name	EMP SERV, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EMP SERV, LLC	c EIN-PN 41-1893115-001
a	Plan name	ERIC W. BRUST, DDS, MS AND BRADLEY STIEPER, DDS, MS, P.C. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ERIC W. BRUST, DDS, MS AND BRADLEY STIEPER, DDS, MS, P.C.	c EIN-PN 38-3486924-001
a	Plan name	FALCON RAPPAPORT & BERKMAN LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FALCON RAPPAPORT & BERKMAN LLP	c EIN-PN 92-0665282-001
a	Plan name	FKM BRANDS 401K PLAN	
b	Name of plan sponsor	FKM BRANDS CORPORATION	c EIN-PN 83-2583378-001
a	Plan name	FNAM 401(K) PLAN	
b	Name of plan sponsor	FIRST NATIONAL ASSETS MANAGEMENT, LLC	c EIN-PN 20-0842769-001
a	Plan name	FULL THROTTLE COMMERCIAL LANDSCAPING LLC	
b	Name of plan sponsor	FULL THROTTLE COMMERCIAL LANDSCAPING LLC	c EIN-PN 83-0450321-001
a	Plan name	GENETECH ANIMAL REPRODUCTION LLC	
b	Name of plan sponsor	GENETECH ANIMAL REPRODUCTION LLC	c EIN-PN 87-2212623-001
a	Plan name	GEORGIES DINER 401(K) PLAN	
b	Name of plan sponsor	GEORGIES DINER LLC	c EIN-PN 27-0747235-001
a	Plan name	GREGORYS FLEET SUPPLY CORPORAT 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GREGORYS FLEET SUPPLY CORPORAT	c EIN-PN 54-0799767-001

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 IN MOTION DESIGN INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor IN MOTION DESIGN INC.	c EIN-PN 83-0468639-001
a	Plan name INFINITY MARKETING 401(K) PLAN	
b	Name of plan sponsor INFINITY MARKETING SOLUTIONS, INC.	c EIN-PN 57-1037068-001
a	Plan name INNERSTAVE, LLC 401(K) PLAN	
b	Name of plan sponsor INNERSTAVE, LLC	c EIN-PN 91-1858729-001
a	Plan name INNOVATIVE DESIGNS & PUBLISHING, INC. 401(K) PLAN	
b	Name of plan sponsor INNOVATIVE DESIGNS & PUBLISHING, INC.	c EIN-PN 23-2862428-001
a	Plan name INSIGHT FINANCIAL PARTNERS POOLED EMPLOYER PLAN	
b	Name of plan sponsor PLAN COMPLIANCE SERVICES, INC.	c EIN-PN 59-3708427-002
a	Plan name INTEGRATIVE OCCUPATIONAL THERA 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor INTEGRATIVE OCCUPATIONAL THERA	c EIN-PN 81-1282310-001
a	Plan name J & R LANDSCAPING INCORPORATED 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor J & R LANDSCAPING INCORPORATED	c EIN-PN 11-2958690-001
a	Plan name JAKE'S PALM SPRINGS 401K PLAN	
b	Name of plan sponsor JAKES PALM SPRINGS INC	c EIN-PN 88-3057145-001
a	Plan name JTS PIZZA 401K	
b	Name of plan sponsor JTS PIZZA LLC	c EIN-PN 27-3121724-001
a	Plan name KEEPWOL INC. 401K PLAN	
b	Name of plan sponsor KEEPWOL INC	c EIN-PN 82-4425022-001
a	Plan name LA GROTTA INC 401(K) PLAN	
b	Name of plan sponsor LA GROTTA RISTORANTE ITALIANO	c EIN-PN 58-1331893-001
a	Plan name LANDX MOTORS, INC 401(K) PLAN	
b	Name of plan sponsor LANDX MOTORS, INC	c EIN-PN 93-3903418-001

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	LGD PODIATRIC SURGICAL PC 401(K) PLAN	
b	Name of plan sponsor	LGD PODIATRIC SURGICAL PC	c EIN-PN 45-2942044-001
a	Plan name	LIFEHOUSE, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	LIFEHOUSE, INC.	c EIN-PN 94-6050196-002
a	Plan name	MADFISH GRILL 401K PLAN	
b	Name of plan sponsor	MY POOR KITTY LLC DBA MADFISH GRILL	c EIN-PN 33-0881784-001
a	Plan name	MALLEY & HASSETT, LLP 401(K) PLAN	
b	Name of plan sponsor	MALLEY & HASSETT, LLP	c EIN-PN 82-4044848-001
a	Plan name	MASSAGE ENVY 401K PLAN	
b	Name of plan sponsor	KPSM MANAGEMENT LLC	c EIN-PN 82-3817924-001
a	Plan name	MID ATLANTIC TRUST COMPANY FBO MDRS HOLDINGS INC 401 K PROFIT S	
b	Name of plan sponsor	MEASUREMENT DRIVEN REHABILITATIONS	c EIN-PN 27-3169253-001
a	Plan name	MINOL USA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MINOL, INC.	c EIN-PN 84-1022702-001
a	Plan name	MONTGOMERY NURSING HOME 401(K) PLAN	
b	Name of plan sponsor	MONTGOMERY NURSING HOME	c EIN-PN 14-1739366-002
a	Plan name	MOSITES MOTORSPORTS, 401(K) PLAN	
b	Name of plan sponsor	MOSITES MOTORSPORTS, LLC	c EIN-PN 61-1489656-001
a	Plan name	NATIONWIDE SEPARATE ACCOUNT	
b	Name of plan sponsor	NATIONWIDE TRUST COMPANY	c EIN-PN 31-1592130-001
a	Plan name	NITRO ROOFING AND CONSTRUCTION	
b	Name of plan sponsor	NITRO ROOFING AND CONSTRUCTION LLC	c EIN-PN 45-1562156-001
a	Plan name	NORWEST JET 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NORWEST INGREDIENTS, LLC	c EIN-PN 91-2020914-001

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 PACIFIC KOAST GRAPHICS INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PACIFIC KOAST GRAPHICS INC	c EIN-PN 77-0156465-001
a	Plan name PHARMCHEM INC. 401K PLAN	
b	Name of plan sponsor PHARMCHEM INC	c EIN-PN 77-0187280-001
a	Plan name PHOBIO LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PHOBIO LLC	c EIN-PN 27-1034777-001
a	Plan name PORTTEUS PSYCHIATRY GROUP	
b	Name of plan sponsor ANDREW M PORTTEUS, MD, MPH, PA	c EIN-PN 71-0998743-001
a	Plan name PRO BACK OFFICE 401(K) PLAN AND TRUST	
b	Name of plan sponsor PRO BACK OFFICE, LLC	c EIN-PN 45-5636672-001
a	Plan name PROPLOGIX, LLC RETIREMENT PLAN	
b	Name of plan sponsor PROPLOGIX, LLC	c EIN-PN 81-3763469-001
a	Plan name PROSPECT BAY COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor PROSPECT PLANTATION WEST HOA, INC. D/B/A PROSPECT BAY COUNTRY CLUB	c EIN-PN 52-1186089-002
a	Plan name RALEIGH RECLAIMED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RALEIGH RECLAIMED	c EIN-PN 46-4873731-001
a	Plan name REDI SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor REDI SERVICES, LLC	c EIN-PN 13-4301855-001
a	Plan name REINSMAN CONSULTING 401K PLAN	
b	Name of plan sponsor REINSMAN CONSULTING LLC	c EIN-PN 86-2789207-001
a	Plan name ROCKHILL ORTHOPAEDICS, P.C. PROFIT SHARING 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ROCKHILL ORTHOPAEDICS, P.C.	c EIN-PN 43-0924473-003
a	Plan name ROHO RETIREMENT PLAN	
b	Name of plan sponsor PARKS TAX & CONSULTING PLLC	c EIN-PN 84-4754149-001

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	SAFE-HARBOR 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF ARIZONA WOMENAND#39;S RECOVERY CENTER	
b	Name of plan sponsor	ARIZONA WOMENAND#39;S RECOVERY CENTE	c EIN-PN 86-0208873-001
a	Plan name	SEASON TO TASTE LLC 401(K) PLAN	
b	Name of plan sponsor	SEASON TO TASTE LLC	c EIN-PN 30-1067056-001
a	Plan name	SECURESTRUX 401(K) PLAN	
b	Name of plan sponsor	SECURESTRUX, LLC	c EIN-PN 26-2577741-001
a	Plan name	SECURING AMERICA'S FUTURE ENERGY FOUNDATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SECURING AMERICAS FUTURE ENERGY FOUNDATION	c EIN-PN 20-1727977-001
a	Plan name	SEPULVEDA-SANCHEZ LAW 401(K) PLAN	
b	Name of plan sponsor	SEPULVEDA-SANCHEZ LAW PC	c EIN-PN 47-2254292-001
a	Plan name	SOUTHERN ROCK RESTAURANTS, LLC 401(K) PLAN PLAN	
b	Name of plan sponsor	SOUTHERN ROCK RESTAURANTS, LLC	c EIN-PN 45-2342647-001
a	Plan name	SPORTSMED PT LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPORTSMED PT, LLC	c EIN-PN 82-4913997-001
a	Plan name	SQUARE ROOT SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	SQUARE ROOT SERVICES, LLC	c EIN-PN 46-1996847-001
a	Plan name	SSUPERETTE DESIGN LLC 401(K) PLAN	
b	Name of plan sponsor	SSUPERETTE DESIGN LLC	c EIN-PN 47-5113087-001
a	Plan name	STERLING COMPUTER CONSULTANTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	STERLING COMPUTER CONSULTANTS, INC.	c EIN-PN 38-2938781-001
a	Plan name	SUMMIT MEDICAL CONSULTANTS 401K SAVINGS PLAN	
b	Name of plan sponsor	SUMMIT MEDICAL CONSULTANTS, PLLC	c EIN-PN 47-2840925-001
a	Plan name	SUNDOG PARTNERSHIP 401K PLAN	
b	Name of plan sponsor	SUNDOG PARTNERSHIP	c EIN-PN 75-3046044-001

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	SUNVENA SOLAR LLC 401(K) PLAN	
b	Name of plan sponsor	SUNVENA SOLAR LLC	c EIN-PN 84-1861498-001
a	Plan name	SUPPORTING STRATEGIES NCNJ 401K PLAN	
b	Name of plan sponsor	COHORT 8 LLC D B A SUPPORTING STRATEGIES	c EIN-PN 82-1293564-001
a	Plan name	TESTA BUILDERS, INC. 401(K) PLAN	
b	Name of plan sponsor	TESTA BUILDERS, INC.	c EIN-PN 34-1346208-001
a	Plan name	THE CENTER FOR SPECIAL NEEDS TRUST 401(K) PSP	
b	Name of plan sponsor	THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATION, INC.	c EIN-PN 59-3705979-001
a	Plan name	THE WISH CLINIC 401K PLAN	
b	Name of plan sponsor	THE WISH CLINIC	c EIN-PN 47-1730132-001
a	Plan name	TODD CHANEY GROUP PLLC 401(K) PLAN	
b	Name of plan sponsor	TODD CHANEY GROUP PLLC	c EIN-PN 92-3654729-001
a	Plan name	TRUECOURSE 401K POOLED EMPLOYER PLAN	
b	Name of plan sponsor	THE NEWPORT GROUP POOLED PLAN PROVIDER	c EIN-PN 27-2037969-017
a	Plan name	UNITED STATES GOLD BUREAU 401(K) PLAN	
b	Name of plan sponsor	USGB, LLC	c EIN-PN 26-3152705-001
a	Plan name	VELOCITY ENTERPRISES	
b	Name of plan sponsor	VELOCITY ENTERPRISES	c EIN-PN 93-4189154-001
a	Plan name	VOYAGER PEP - DOLLS KILL, INC.	
b	Name of plan sponsor	DOLLS KILL, INC.	c EIN-PN 45-4116149-001
a	Plan name	VOYAGER PEP - MVB LLC DBA BOHANAN'S LTD	
b	Name of plan sponsor	BOHANANS, LTD.	c EIN-PN 76-0642301-001
a	Plan name	VOYAGER PEP - ZTEX CONSTRUCTION	
b	Name of plan sponsor	ZTEX CONSTRUCTION, INC.	c EIN-PN 57-1241153-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan FRANKLIN DYNATECH GG TRUST CIT	B Three-digit plan number (PN) ▶ 529
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-4116866

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	0	4859
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	20350	9444
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)	12757581	16968052
(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)	46913	92584
(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)	25	0

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	12824869	17074939
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	17564
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	36024	1417
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	36024	18981
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12788845	17055958

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)	53163	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	7890639	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	5257640	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1523217	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	11145
(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	-412
d Total income. Add all income amounts in column (b) and enter total.....	2d	4220112

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)	791
(5) Investment advisory and investment management fees	2i(5)	51581
(6) Bank or trust company trustee/custodial fees	2i(6)	12274
(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)	64646
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	64646

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	4155466
l Transfers of assets:		
(1) To this plan.....	2l(1)	6502525
(2) From this plan	2l(2)	6390878

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 _____.