

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: JANUS HENDERSON INTERNATIONAL ALPHA EQUITY COLLECTIVE FUND
1b Three-digit plan number (PN): 001
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): 38-7275329
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.

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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>JANUS HENDERSON INTERNATIONAL ALPHA EQUITY COLLECTIVE FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>38-7275329</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>6796021</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)

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	AAIS EMPLOYEES SALARY SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN ASSOCIATION OF INSURANC	c EIN-PN 36-2021360-002
a	Plan name	ADVANCED DATA SYSTEMS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	ADVANCED DATA SYSTEMS CORPORATION	c EIN-PN 22-3841212-001
a	Plan name	AERIN MEDICAL RETIREMENT TRUST	
b	Name of plan sponsor	AERIN MEDICAL INC.	c EIN-PN 45-2572453-001
a	Plan name	AJ LEVIN COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	A.J. LEVIN COMPANY, INC.	c EIN-PN 95-2837302-002
a	Plan name	AL-AMIN BROTHERS TRANSPORTATION, L.L.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	AL-AMIN BROTHERS TRANSPORTATION, L.L.C.	c EIN-PN 36-4202840-001
a	Plan name	AMERICAN MARKETING & PUBLISHING, L.L.C. 401(K) PLAN	
b	Name of plan sponsor	AMERICAN MARKETING & PUBLISHING, L.L.C.	c EIN-PN 83-2820337-001
a	Plan name	AMERICAN RETIREMENT ASSOCIATION PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	AMERICAN RETIREMENT ASSOCIATION 401(K)	c EIN-PN 75-1247887-002
a	Plan name	AMERICAN SENIOR COMMUNITIES, L.L.C. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN SENIOR COMMUNITIES, L.L.C.	c EIN-PN 35-2077389-001
a	Plan name	AMERICAN WEATHERMAKERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN WEATHERMAKERS, INC.	c EIN-PN 36-4387414-001
a	Plan name	AMERIVET VETERINARY PARTNERS 401(K) PLAN	
b	Name of plan sponsor	AMERIVET PARTNERS MANAGEMENT, INC.	c EIN-PN 81-4559523-001
a	Plan name	ANDREW TECHNOLOGIES INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANDREW TECHNOLOGIES INC.	c EIN-PN 36-4165167-001
a	Plan name	ANSAY & ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor	ANSAY & ASSOCIATES, LLC	c EIN-PN 27-1304628-001

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 ATLAS AEROSPACE, LLC 401(K) PLAN	
b	Name of plan sponsor ATLAS AEROSPACE, LLC	c EIN-PN 20-3592321-002
a	Plan name ATRIA SENIOR LIVING, INC. 401(K) PLAN	
b	Name of plan sponsor ATRIA SENIOR LIVING, INC.	c EIN-PN 27-4673765-001
a	Plan name BIBLE LEAGUE 401(K) SAVINGS PLAN	
b	Name of plan sponsor BIBLE LEAGUE	c EIN-PN 36-2037761-001
a	Plan name BOSS HOLDINGS, INC. 401(K) PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor BOSS HOLDINGS, INC.	c EIN-PN 58-1972066-001
a	Plan name BRANCH SERVICES 401(K) PLAN	
b	Name of plan sponsor BRANCH SERVICES, INC.	c EIN-PN 11-2686867-001
a	Plan name CARING NURSES INC 401K PLAN	
b	Name of plan sponsor CARING NURSES INC	c EIN-PN 88-0321660-001
a	Plan name CASCADE WOOD PRODUCTS INC. 401K PLAN	
b	Name of plan sponsor CASCADE WOOD PRODUCTS INC.	c EIN-PN 93-0718474-013
a	Plan name CHAMBERS CONSTRUCTION CO. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor CHAMBERS CONSTRUCTION CO.	c EIN-PN 93-1209454-001
a	Plan name CHURCHILL DOWNS INCORPORATED 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CHURCHILL DOWNS INCORPORATED	c EIN-PN 61-0156015-003
a	Plan name CITY ELECTRIC SUPPLY PR RETIREMENT PLAN	
b	Name of plan sponsor CITY ELECTRIC SUPPLY COMPANY	c EIN-PN 59-2279498-002
a	Plan name COASTAL RECONSTRUCTION GROUP I 401K	
b	Name of plan sponsor COASTAL RECONSTRUCTION GORUP I	c EIN-PN 47-4600742-001
a	Plan name COLOR INK, INC. 401(K) PLAN	
b	Name of plan sponsor COLOR INK, INC.	c EIN-PN 39-1529739-001

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 COLORADO DOORWAYS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor COLORADO DOORWAYS, INC.	c EIN-PN 84-1031972-001
a	Plan name CONTINENTAL MATERIALS CORP EMPLOYEES PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor CONTINENTAL MATERIALS CORP	c EIN-PN 36-2274391-002
a	Plan name CORNERSTONE WEALTH 401(K) PLAN	
b	Name of plan sponsor CORNERSTONE WEALTH ADVISORY AND INSURANCE SERVICES, LLC	c EIN-PN 47-1105678-001
a	Plan name CRYSTAL 401(K) PLAN	
b	Name of plan sponsor CRYSTAL MANAGEMENT LLC	c EIN-PN 20-4626415-001
a	Plan name CW OHIO INC. 401K PLAN	
b	Name of plan sponsor CASCADE OHIO INC.	c EIN-PN 93-1062984-001
a	Plan name DEL MAR SCIENTIFIC ACQUISITION, LTD. 401(K) PLAN	
b	Name of plan sponsor DEL MAR SCIENTIFIC ACQUISITION, LTD.	c EIN-PN 75-2868088-002
a	Plan name DMC GLOBAL INC. 401(K) PLAN	
b	Name of plan sponsor DMC GLOBAL INC.	c EIN-PN 84-0608431-001
a	Plan name DPC RETIREMENT PLAN	
b	Name of plan sponsor DIVERSIFIED PROTECTION CORPORATION	c EIN-PN 46-1566334-001
a	Plan name E2 CONSULTING ENGINEERS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor E2 CONSULTING ENGINEERS, INC.	c EIN-PN 94-3061417-001
a	Plan name EDUCATION ANALYTICS 401(K) PLAN	
b	Name of plan sponsor EDUCATION ANALYTICS	c EIN-PN 46-1580391-001
a	Plan name ENERGY FUELS RESOURCES (USA) INC. 401(K) PLAN	
b	Name of plan sponsor ENERGY FUELS RESOURCES (USA) INC.	c EIN-PN 84-1372857-001
a	Plan name EQUUS SOFTWARE LLC 401K PROFIT SHARING	
b	Name of plan sponsor EQUUS SOFTWARE LLC	c EIN-PN 84-1499245-001

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	EVENING POST PUBLISHING, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	EVENING POST PUBLISHING, INC.	c EIN-PN 87-2154096-002
a	Plan name	EXPERINS 401(K) PLAN	
b	Name of plan sponsor	EXPERINS	c EIN-PN 83-4051653-001
a	Plan name	FINZER ROLLER, INC. SALARY SAVINGS PLAN	
b	Name of plan sponsor	FINZER ROLLER, INC	c EIN-PN 36-2674349-001
a	Plan name	FLORIDA MULTIEMPLOYER 401(K) PLAN	
b	Name of plan sponsor	FLORIDA MULTIEMPLOYER 401(K) PLAN	c EIN-PN 59-3483551-001
a	Plan name	FLORSTAR SALES, INC. RETIREMENT AND INCENTIVE PLAN	
b	Name of plan sponsor	FLORSTAR SALES, INC.	c EIN-PN 36-3574783-001
a	Plan name	FORWARD SERVICE CORPORATION 401(K) PLAN	
b	Name of plan sponsor	FORWARD SERVICE CORPORATION	c EIN-PN 39-1342890-002
a	Plan name	GERALD H. PHIPPS, INC. EMPLOYEE'S 401(K) PLAN	
b	Name of plan sponsor	GERALD H. PHIPPS, INC.	c EIN-PN 84-0423359-011
a	Plan name	GREENTARGET 401(K) PLAN	
b	Name of plan sponsor	GREENTARGET GLOBAL GROUP, LLC	c EIN-PN 20-1953768-001
a	Plan name	H. A. BERKHEIMER, INC. RETIREMENT PLAN	
b	Name of plan sponsor	H.A. BERKHEIMER, INC.	c EIN-PN 23-1669661-001
a	Plan name	H.N.S. MANAGEMENT CO INC RETIREMENT PLAN	
b	Name of plan sponsor	HNS MANAGEMENT CO INC	c EIN-PN 06-1002064-002
a	Plan name	HATZ DIESEL OF NORTH AMERICA, INC. RETIREMENT PLAN	
b	Name of plan sponsor	HATZ DIESEL OF NORTH AMERICA, INC.	c EIN-PN 36-2921706-001
a	Plan name	HILLSIDES EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	HILLSIDES	c EIN-PN 95-1644002-002

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	HOT TOPIC 401(K) PLAN	
b	Name of plan sponsor	HOT TOPIC, INC.	c EIN-PN 77-0198182-001
a	Plan name	IMAGINE ONE, LTD. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	IMAGINE ONE TECHNOLOGY & MANAGEMENT, LTD.	c EIN-PN 52-2105248-001
a	Plan name	INDUSTRIAL TURNAROUND CORPORATION 401(K) PLAN	
b	Name of plan sponsor	INDUSTRIAL TURNAROUND CORPORATION	c EIN-PN 54-1453225-001
a	Plan name	INTERIOR SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTERIOR SUPPLY, INC.	c EIN-PN 31-1248412-001
a	Plan name	KOLINSKY WEALTH MANAGEMENT LLC 401K	
b	Name of plan sponsor	KOLINSKY WEALTH MGMT LLC	c EIN-PN 27-2353546-001
a	Plan name	LEADER PAPER PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	LEADER PAPER PRODUCTS, INC.	c EIN-PN 39-0424180-003
a	Plan name	LEMAN U.S.A. INC. PROFIT SHARING / 401(K) PLAN	
b	Name of plan sponsor	LEMAN U.S.A. INC.	c EIN-PN 39-1539537-001
a	Plan name	LERCH BATES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LERCH BATES 401(K) RETIREMENT PLAN	c EIN-PN 36-2285171-001
a	Plan name	LITHKO CONTRACTING, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LITHKO CONTRACTING, LLC	c EIN-PN 43-1214734-001
a	Plan name	LOCALS 302 & 612 OF THE INTERNATIONAL	
b	Name of plan sponsor	BOARD OF TRUSTEES LOCALS 302 612 OF T	c EIN-PN 91-6028571-001
a	Plan name	MARTIN ENGINEERING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARTIN ENGINEERING COMPANY	c EIN-PN 36-2336135-002
a	Plan name	MARYLAND RACE TRACK EMPLOYEES PENSION	
b	Name of plan sponsor	BOARD OF TRUSTEES	c EIN-PN 52-6118068-001

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 MICROMETL CORPORATION 401(K) PLAN	
b	Name of plan sponsor MICROMETL CORPORATION	c EIN-PN 36-4243029-002
a	Plan name MIKRON CORP MONROE RETIREMENT PL AND TR	
b	Name of plan sponsor MIKRON CORP MONROE	c EIN-PN 06-0974033-001
a	Plan name MODERN PROCESS EQUIPMENT, INC. PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor MODERN PROCESS EQUIPMENT, INC.	c EIN-PN 36-3305702-002
a	Plan name NAI HIFFMAN 401K PLAN	
b	Name of plan sponsor HIFFMAN SHAFFER ASSOCIATES, INC.	c EIN-PN 36-4333797-001
a	Plan name NATIONAL FUNERAL DIRECTORS ASSOCIATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor NATIONAL FUNERAL DIRECTORS ASSOCIATION	c EIN-PN 39-0978598-003
a	Plan name NAUTIC PARTNERS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NAUTIC PARTNERS, LLC	c EIN-PN 05-0511338-002
a	Plan name NTIRETY 401K PLAN	
b	Name of plan sponsor NTIRETY INC	c EIN-PN 26-4826233-501
a	Plan name OMNEX GROUP, INC. 401K PLAN	
b	Name of plan sponsor OMNEX GROUP, INC.	c EIN-PN 33-0422209-001
a	Plan name PARR INSTRUMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor PARR INSTRUMENT COMPANY	c EIN-PN 36-1602910-002
a	Plan name PBK ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PBK ARCHITECTS, INC	c EIN-PN 74-1975450-001
a	Plan name PENSION PLAN FOR EMPLOYEES OF HNS MGMT	
b	Name of plan sponsor HNS MANAGEMENT CO INC	c EIN-PN 06-1002064-001
a	Plan name PEOPLELINK, LLC 401(K) PLAN	
b	Name of plan sponsor PEOPLELINK, LLC	c EIN-PN 35-2154753-002

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 PKSB RETIREMENT PLAN	
b	Name of plan sponsor PKSB ARCHITECTS, P.C.	c EIN-PN 13-3675756-001
a	Plan name POLICEMEN'S AND FIREMEN'S PENSION PLAN OF THE CITY OF JOPLIN, MISSOURI	
b	Name of plan sponsor CITY OF JOPLIN, MISSOURI	c EIN-PN 43-1107939-401
a	Plan name POLY-TAINER INC. 401(K) PLAN	
b	Name of plan sponsor POLY-TAINER INC.	c EIN-PN 95-2687185-001
a	Plan name POWER RESOURCES, INC. 401(K) PLAN	
b	Name of plan sponsor POWER RESOURCES, INC.	c EIN-PN 84-1125472-001
a	Plan name PURPOSE VENTURE ADVISORS LLC 401K PROFIT	
b	Name of plan sponsor PURPOSE VENTURE ADVISORS LLC	c EIN-PN 84-4250696-001
a	Plan name QANTAS AIRWAYS LIMITED CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor QANTAS AIRWAYS LIMITED	c EIN-PN 94-1096229-002
a	Plan name QUANTUMDIGITAL, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor QUANTUMDIGITAL, INC.	c EIN-PN 74-2443182-001
a	Plan name R.B. PAMPLIN CORPORATION AND SUBSIDIARIES SAVINGS PLAN AND TRUST	
b	Name of plan sponsor R.B. PAMPLIN CORPORATION	c EIN-PN 91-6033627-003
a	Plan name RENEWABLE ENERGY SYSTEMS AMERICAS INC. 401(K) PLAN	
b	Name of plan sponsor RENEWABLE ENERGY SYSTEMS AMERICAS INC.	c EIN-PN 95-4683730-001
a	Plan name ROTECH HEALTHCARE INC. 401K SAVINGS PLAN	
b	Name of plan sponsor ROTECH HEALTHCARE INC.	c EIN-PN 03-0408870-001
a	Plan name SAVINGS PLAN FOR EMPLOYEES OF INTERMOUNTAIN POWER SERVICE CORPORATION	
b	Name of plan sponsor INTERMOUNTAIN POWER SERVICE CORPORATION	c EIN-PN 87-0388573-002
a	Plan name SCRIBE AMERICA 401(K) PLAN	
b	Name of plan sponsor SCRIBEAMERICA, LLC	c EIN-PN 20-2190415-001

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	SECURONIX, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SECURONIX, INC.	c EIN-PN 47-3465503-001
a	Plan name	SILVON SOFTWARE INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SILVON SOFTWARE INC	c EIN-PN 36-3539617-001
a	Plan name	SOMALOGIC INC. 401(K) PLAN	
b	Name of plan sponsor	SOMALOGIC INC.	c EIN-PN 52-2195896-001
a	Plan name	SPEEDWELL WEATHER CORP. 401(K) PLAN	
b	Name of plan sponsor	SWC	c EIN-PN 41-2251487-001
a	Plan name	STAFF ELECTRIC CO, INC. EMPLOYEES' PROFIT SHARING RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	STAFF ELECTRIC CO., INC.	c EIN-PN 39-0629300-001
a	Plan name	STOCKMAN, KAST, RYAN 401(K) PLAN	
b	Name of plan sponsor	STOCKMAN, KAST, RYAN & COMPANY, LLP	c EIN-PN 84-1509584-001
a	Plan name	SUNRISE COMMUNITY HEALTH 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor	SUNRISE COMMUNITY HEALTH	c EIN-PN 84-0613289-001
a	Plan name	SWEED MACHINERY INC. 401K PLAN	
b	Name of plan sponsor	SWEED MACHINERY INC.	c EIN-PN 93-0926443-001
a	Plan name	THE CITIZENS BANK KSOP PLAN	
b	Name of plan sponsor	THE CITIZENS BANK	c EIN-PN 57-0874845-001
a	Plan name	THE RETIREMENT ADVANTAGE, INC. 401(K) PLAN	
b	Name of plan sponsor	THE RETIREMENT ADVANTAGE, INC.	c EIN-PN 39-1816008-001
a	Plan name	THE RIVER PLAN	
b	Name of plan sponsor	SG&W CORPORATION	c EIN-PN 86-0545268-001
a	Plan name	TORRID 401(K) PLAN	
b	Name of plan sponsor	TORRID LLC	c EIN-PN 47-3648005-001

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	TRIM-TEX, INC. EMPLOYEES PROFIT SHARING PLAN
b	Name of plan sponsor	TRIM-TEX, INC.
c	EIN-PN	36-2777715-002
a	Plan name	TURTLE CREEK MANAGEMENT, INC. 401(K) PLAN
b	Name of plan sponsor	TURTLE CREEK MANAGEMENT, INC.
c	EIN-PN	35-6037054-003
a	Plan name	VRC METAL SYSTEMS LLC 401K PLAN
b	Name of plan sponsor	VRC METAL SYSTEMS
c	EIN-PN	30-0781157-001
a	Plan name	W & W GLASS LLC 401(K) SAVINGS PLAN
b	Name of plan sponsor	W & W GLASS LLC
c	EIN-PN	13-4092923-003
a	Plan name	W. M. JORDAN COMPANY, INC. PROFIT SHARING/ 401(K) PLAN
b	Name of plan sponsor	W.M. JORDAN CO., INC. PROFIT SHARING/401K PLAN
c	EIN-PN	54-0637212-002
a	Plan name	WARNER BROS. DISCOVERY 401(K) SAVINGS PLAN
b	Name of plan sponsor	WARNER BROS. DISCOVERY, INC.
c	EIN-PN	35-2333914-001
a	Plan name	WESTERN VALLEY CUTSTOCK INC. 401K PLAN
b	Name of plan sponsor	WESTERN VALLEY CUTSTOCK INC.
c	EIN-PN	93-1070471-001
a	Plan name	WEXFORD PLANTATION 401K RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	WEXFORD PLANTATION HOMEOWNERS ASSOCIATION, INC.
c	EIN-PN	57-0843850-001
a	Plan name	WIS-PAK INC. PROFIT SHARING AND
b	Name of plan sponsor	WISPAK INC
c	EIN-PN	39-1130799-003
a	Plan name	WP BEVERAGES LLC 401K PROFIT SHARING
b	Name of plan sponsor	WP BEVERAGES LLC
c	EIN-PN	20-0570102-002
a	Plan name	WRIGHT & MCGILL COMPANY 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	WRIGHT & MCGILL COMPANY 401(K) PS PLAN
c	EIN-PN	84-0357930-001
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 JANUS HENDERSON INTERNATIONAL ALPHA EQUITY COLLECTIVE FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-7275329

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	1895	75578
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	403190	176965
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)	1178203	3980318
(B) Common	1c(4)(B)	82023653	234230719
(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)	1893595	6796021
(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)	7203	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	85507739	245259601
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	185722
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	302665	109114
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	302665	294836
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	85205074	244964765

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)	57417	
(B) Common stock.....	2b(2)(B)	2313144	
(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)	49599328	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	41450155	
(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)	-7619711	
(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)		134427
(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		3034450

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)	5544	
(5) Investment advisory and investment management fees	2i(5)	477669	
(6) Bank or trust company trustee/custodial fees	2i(6)	79221	
(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)		562434
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		562434

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2472016
l Transfers of assets:			
(1) To this plan.....	2l(1)		177220681
(2) From this plan	2l(2)		19933006

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 _____.