

<p style="text-align: center;"><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">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><b>1a</b> Name of plan <u>PIONEER LARGE CAP GROWTH PORTFOLIO</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>290</u></p>
<p><b>2a</b> 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><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>81-4278868</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>866-427-6885</u></p> <p><b>2d</b> 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.

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/01/2025</u>	<u>MATT FALCIANI</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PIONEER LARGE CAP GROWTH PORTFOLIO</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>290</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>81-4278868</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE GOVERNMENT STIF</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC</u>		
<b>c</b> EIN-PN <u>45-6138589-068</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23133241</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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

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**c** EIN-PN

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**d** Entity code

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

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	ABSOLUTE SOFTWARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABSOLUTE SOFTWARE, INC.	<b>c</b> EIN-PN 98-0183485-001
<b>a</b>	Plan name	ALLEN MATKINS PRFIT SHARING AND	
<b>b</b>	Name of plan sponsor	JESSICA SANDOVAL	<b>c</b> EIN-PN 95-3605309-003
<b>a</b>	Plan name	AMERICAN COMMUNICATIONS SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN COMMUNICATIONS SOLUTIONS, LLC	<b>c</b> EIN-PN 82-2004371-001
<b>a</b>	Plan name	AMI ENTERTAINMENT 401(K)	
<b>b</b>	Name of plan sponsor	AMI ENTERTAINMENT NETWORK, LLC	<b>c</b> EIN-PN 23-2972134-001
<b>a</b>	Plan name	AMUNDI US, INC. SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	AMUNDI US, INC.	<b>c</b> EIN-PN 13-5657669-002
<b>a</b>	Plan name	ANDERSON HOLDINGS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ANDERSON HOLDINGS	<b>c</b> EIN-PN 95-2407261-001
<b>a</b>	Plan name	APERTURE GROUP, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	APERTURE GROUP, LLC	<b>c</b> EIN-PN 20-3935076-001
<b>a</b>	Plan name	ASSOCIATION OF ECONOMIC COLLABORATION	
<b>b</b>	Name of plan sponsor	ASSOCIATION OF ECONOMIC COLLABORATION AN	<b>c</b> EIN-PN 83-3122688-011
<b>a</b>	Plan name	ASTRO MANUFACTURING & DESIGN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASTRO MANUFACTURING & DESIGN	<b>c</b> EIN-PN 34-1228079-001
<b>a</b>	Plan name	BYTEDANCE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BYTEDANCE INC	<b>c</b> EIN-PN 81-2345210-001
<b>a</b>	Plan name	CAMINO REAL COMMUNITY SERVICES 401(A) PLAN	
<b>b</b>	Name of plan sponsor	CAMINO REAL COMMUNITY SERVICES	<b>c</b> EIN-PN 74-2951754-001
<b>a</b>	Plan name	CAPRI HOLDINGS LIMITED (USA) 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAPRI HOLDINGS LIMITED (USA)	<b>c</b> EIN-PN 06-1665964-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CHI SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHI SYSTEMS, INC	<b>c</b> EIN-PN 23-2387734-001
<b>a</b>	Plan name	COIM USA, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	COIM USA, INC.	<b>c</b> EIN-PN 06-1626302-001
<b>a</b>	Plan name	CRANBERRY LAKE ASSOCIATES LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CRANBERRY LAKE ASSOCIATES LLC	<b>c</b> EIN-PN 32-0543765-001
<b>a</b>	Plan name	DUBIN & CO. LP 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DUBIN & CO. LP	<b>c</b> EIN-PN 20-5209674-001
<b>a</b>	Plan name	ECONONE RESEARCH, INC. CASH OR DEFERRED PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ECONONE RESEARCH, INC.	<b>c</b> EIN-PN 95-4639689-001
<b>a</b>	Plan name	EDISON ENERGY GROUP 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EDISON ENERGY GROUP, INC.	<b>c</b> EIN-PN 45-5489020-002
<b>a</b>	Plan name	EMERGING MARKET SEPARATE ACCOUNT	
<b>b</b>	Name of plan sponsor	EMERGING MARKET SEPARATE ACCOUNT	<b>c</b> EIN-PN 46-3943208-001
<b>a</b>	Plan name	EMPOWER RETIREMENT, LLC 1081 SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EMPOWER RETIREMENT, LLC	<b>c</b> EIN-PN 84-1233483-002
<b>a</b>	Plan name	ENGAGED CAPITAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGAGED CAPITAL, LLC	<b>c</b> EIN-PN 45-4591052-001
<b>a</b>	Plan name	ENGINEERS GATE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGINEERS GATE MANAGER LP	<b>c</b> EIN-PN 32-0433589-001
<b>a</b>	Plan name	FLATIRON CONSTRUCTION CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FLATIRON CONSTRUCTION CORP.	<b>c</b> EIN-PN 04-3147491-004
<b>a</b>	Plan name	GLOBE STORAGE & MOVING COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLOBE STORAGE & MOVING COMPANY	<b>c</b> EIN-PN 13-3249475-002

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.)	
<b>a</b>	Plan name GREAT WEST TRUST COMPANY COLLECTIVE INVESTMENT TRUST FOR EMPLOYEE BENEFITS PLAN	
<b>b</b>	Name of plan sponsor GREAT WEST TRUST COMPANY	<b>c</b> EIN-PN 84-1455663-001
<b>a</b>	Plan name HARRIS PERSONAL INJURY LAWYERS, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor HARRIS PERSONAL INJURY LAWYERS, INC	<b>c</b> EIN-PN 20-4529079-001
<b>a</b>	Plan name HCC INSURANCE HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HCC INSURANCE HOLDINGS, INC.	<b>c</b> EIN-PN 76-0336636-001
<b>a</b>	Plan name HEARTHSIDE BANK CORPORATION 401(K)/EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor HEARTHSIDE BANK CORPORATION	<b>c</b> EIN-PN 61-0305840-002
<b>a</b>	Plan name HOFFMAN SABBAN AND WATENMAKER A	
<b>b</b>	Name of plan sponsor HOFFMAN SABBAN AND WATENMAKER A PROFESSI	<b>c</b> EIN-PN 95-3862725-001
<b>a</b>	Plan name HUNTER FAN COMPANY RETIREMENT	
<b>b</b>	Name of plan sponsor JAMIE BURTON	<b>c</b> EIN-PN 62-1218702-003
<b>a</b>	Plan name IAI NORTH AMERICA, INC. DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor IAI NORTH AMERICA, INC.	<b>c</b> EIN-PN 54-0846186-001
<b>a</b>	Plan name INTERLOCK INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INTERLOCK INDUSTRIES, INC.	<b>c</b> EIN-PN 61-1024973-001
<b>a</b>	Plan name JEFFER MANGELS BUTLER & MITCHELL LLP	
<b>b</b>	Name of plan sponsor JEFFER MANGELS BUTLER MITCHELL LLP	<b>c</b> EIN-PN 95-3669194-008
<b>a</b>	Plan name JEFFER MANGELS BUTLER & MITCHELL LLP	
<b>b</b>	Name of plan sponsor JEFFER MANGELS BUTLER MITCHELL LLP	<b>c</b> EIN-PN 95-3669194-003
<b>a</b>	Plan name KRIEGER & STEWART, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KRIEGER & STEWART, INC.	<b>c</b> EIN-PN 95-2695159-001
<b>a</b>	Plan name LEWIS BRISBOIS BISGAARD & SMITH LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEWIS BRISBOIS BISGAARD & SMITH LLP	<b>c</b> EIN-PN 95-3720522-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name LEWIS BRISBOIS BISGAARD & SMITH LLP EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEWIS BRISBOIS BISGAARD & SMITH LLP	<b>c</b> EIN-PN 95-3720522-004
<b>a</b>	Plan name LIRO GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor LIRO ENGINEERS, INC.	<b>c</b> EIN-PN 13-1974950-001
<b>a</b>	Plan name LOWE ENTERPRISES INC & CORALTREE HOSPITALITY GROUP LLC 401K	
<b>b</b>	Name of plan sponsor LOWE ENTERPRISES INC	<b>c</b> EIN-PN 95-3738683-002
<b>a</b>	Plan name MARCO POLO, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARCO POLO, INC.	<b>c</b> EIN-PN 95-4261776-001
<b>a</b>	Plan name MARINA LANDSCAPE, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MARINA LANDSCAPE, INC.	<b>c</b> EIN-PN 95-3760820-001
<b>a</b>	Plan name MAZDA SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor MAZDA MOTOR OF AMERICA, INC. D/B/A MAZDA NORTH AMERICAN OPERATIONS	<b>c</b> EIN-PN 95-2668359-002
<b>a</b>	Plan name MITSUBISHI CHEMICAL AMERICA EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MITSUBISHI CHEMICAL AMERICA, INC	<b>c</b> EIN-PN 52-2196843-003
<b>a</b>	Plan name MP MATERIALS CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor MP MATERIALS CORP.	<b>c</b> EIN-PN 84-4465489-001
<b>a</b>	Plan name OLGOONIK DEVELOPMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor OLGOONIK DEVELOPMENT LLC	<b>c</b> EIN-PN 92-0176618-001
<b>a</b>	Plan name OZ ARCHITECTURE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor OZ ARCHITECTURE, INC.	<b>c</b> EIN-PN 84-0823111-001
<b>a</b>	Plan name PACE INDUSTRIES SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor PACE INDUSTRIES LLC	<b>c</b> EIN-PN 20-8436490-001
<b>a</b>	Plan name PARK WEST ASSET MANAGEMENT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PARK WEST ASSET MANAGEMENT LLC	<b>c</b> EIN-PN 30-0132084-001

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.)	
<b>a</b>	Plan name PAUL HASTINGS LLP DEFINED CONTRIBUTION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PAUL HASTINGS LLP	<b>c</b> EIN-PN 95-2209675-001
<b>a</b>	Plan name PENTWATER CAPITAL MANAGEMENT LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor PENTWATER CAPITAL MANAGEMENT LP	<b>c</b> EIN-PN 20-8726027-001
<b>a</b>	Plan name PLASTICS FAMILY	
<b>b</b>	Name of plan sponsor PORT PLASTICS, INC.	<b>c</b> EIN-PN 95-2136193-001
<b>a</b>	Plan name PMC GLOBAL INC. AND SUBSIDIARIES	
<b>b</b>	Name of plan sponsor PMC GLOBAL INC	<b>c</b> EIN-PN 95-4605938-001
<b>a</b>	Plan name POLISH & SLAVIC FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor POLISH & SLAVIC FEDERAL CREDIT UNION	<b>c</b> EIN-PN 11-2433592-002
<b>a</b>	Plan name POPULAR INC PR SAVINGS AND INVESTMENT PL	
<b>b</b>	Name of plan sponsor POPULAR INC	<b>c</b> EIN-PN 66-0667416-006
<b>a</b>	Plan name POPULAR, INC. USA 401(K) SAVINGS & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor POPULAR, INC. USA 401(K) SAVINGS & INVESTMENT	<b>c</b> EIN-PN 66-0667416-053
<b>a</b>	Plan name PROSKAUER ROSE LLP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PROSKAUER ROSE LLP	<b>c</b> EIN-PN 13-1840454-044
<b>a</b>	Plan name PROSKAUER ROSE LLP SAVINGS PLAN FOR ASSOCIATES	
<b>b</b>	Name of plan sponsor PROSKAUER ROSE LLP	<b>c</b> EIN-PN 13-1840454-036
<b>a</b>	Plan name PROSKAUER ROSE LLP SAVINGS PLAN FOR STAFF AND PARTNERS	
<b>b</b>	Name of plan sponsor PROSKAUER ROSE LLP	<b>c</b> EIN-PN 13-1840454-037
<b>a</b>	Plan name PSL GROUP AMERICA 401(K) PLAN	
<b>b</b>	Name of plan sponsor PSL GROUP AMERICA	<b>c</b> EIN-PN 52-2124029-001
<b>a</b>	Plan name QSEMBLE CAPITAL MANAGEMENT LP	
<b>b</b>	Name of plan sponsor QSEMBLE CAPIAL MANAGMENT	<b>c</b> EIN-PN 82-2073106-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ROSCOE MOSS COMPANY PROFIT SHARING AND	
<b>b</b>	Name of plan sponsor	ROSCOE MOSS MANUFACTURING COMPANY	<b>c</b> EIN-PN 95-4299170-001
<b>a</b>	Plan name	SAN ANTONIO LIVESTOCK EXPOSITION, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SAN ANTONIO LIVESTOCK EXPOSITION, INC.	<b>c</b> EIN-PN 74-1075466-002
<b>a</b>	Plan name	SASSER FAMILY HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SASSER FAMILY HOLDINGS, INC.	<b>c</b> EIN-PN 27-4335661-001
<b>a</b>	Plan name	SATCO, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SATCO, INC.	<b>c</b> EIN-PN 95-2546613-001
<b>a</b>	Plan name	SCHAFFER CULLEN CAPITAL MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCHAFFER CULLEN CAPITAL MANAGEMENT, INC.	<b>c</b> EIN-PN 13-3089070-003
<b>a</b>	Plan name	SHAKLEE 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SHAKLEE CORPORATION	<b>c</b> EIN-PN 94-3389365-001
<b>a</b>	Plan name	TALENTBRIDGE COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EMPLOYEE RELATIONS ASSOCIATES, INC.	<b>c</b> EIN-PN 16-1237844-001
<b>a</b>	Plan name	THE DARWILL, INC. PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DARWILL, INC.	<b>c</b> EIN-PN 36-2516066-002
<b>a</b>	Plan name	THE DEPOSITORY TRUST &	
<b>b</b>	Name of plan sponsor	THE DEPOSITORY TRUST CLEARING CORP	<b>c</b> EIN-PN 13-4086405-002
<b>a</b>	Plan name	TRI-STATE 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TRI-STATE GENERATION AND TRANSMISSION ASSOCIATION INC.	<b>c</b> EIN-PN 84-0464189-003
<b>a</b>	Plan name	US FARATHANE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	US FARATHANE, LLC	<b>c</b> EIN-PN 46-3221181-001
<b>a</b>	Plan name	WEWORK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEWORK MANAGEMENT LLC	<b>c</b> EIN-PN 27-3869551-001



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PIONEER LARGE CAP GROWTH PORTFOLIO</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>290</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREAT GRAY TRUST COMPANY, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>81-4278868</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	2594466	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1728765	5137248
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	568676179	918573377
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	8343470	23133241
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	581342880	946843866
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	856442
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	1766930	14590905
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1766930	15447347
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	579575950	931396519

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	5764593	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		5764593
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	184192523	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	119094614	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	50220895	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		790938
(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)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		121874335

**Expenses**

<b>e</b> 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
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> 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)	2256860	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	649777	
(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)		2906637
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		2906637

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		118967698
<b>l</b> Transfers of assets:			
(1) To this plan.....	2l(1)		442944689
(2) From this plan .....	2l(2)		210091818

**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
<b>a</b> 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>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.