

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) C

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

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

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

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

special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>PGIM CORE CONSERVATIVE BOND FUND CIT</u>	1b Three-digit plan number (PN) ▶ <u>753</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u> <u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u>	2b Employer Identification Number (EIN) <u>38-7271359</u> 2c Plan Sponsor's telephone number <u>866-427-6885</u> 2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/08/2025</u>	<u>BRIAN MULLER</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>PGIM CORE CONSERVATIVE BOND FUND CIT</u>	B Three-digit plan number (PN)	<u>753</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>38-7271359</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>PRUDENTIAL CORE CONSERV BOND FUND</u>	
b Name of sponsor of entity listed in (a):	<u>PRUDENTIAL TRUST COMPANY</u>	
c EIN-PN <u>23-6994310-126</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>168632566</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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d Entity code

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d Entity code

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d Entity code

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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 ABAL TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor ABAL TECHNOLOGIES, INC.	c EIN-PN 27-3306024-001
a	Plan name ACM SERVICES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor ACM SERVICES, INC.	c EIN-PN 52-1673828-001
a	Plan name ADVANCE FITTINGS LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor AFC ACQUISITION LLC	c EIN-PN 87-2937841-001
a	Plan name ALEX'S MEAT DISTRIBUTORS CORP. 401(K) PLAN	
b	Name of plan sponsor ALEXS MEAT DISTRIBUTORS CORPORATION	c EIN-PN 20-0678508-001
a	Plan name ALLIED POWER SERVICES 401(K) PLAN	
b	Name of plan sponsor ALLIED POWER SERVICES, LLC	c EIN-PN 37-1857278-001
a	Plan name API MEDIA 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor API MEDIA INNOVATIONS, INC.	c EIN-PN 84-4144585-001
a	Plan name ARCHER REVIEW 401K PLAN	
b	Name of plan sponsor USMLEGALAXY LLC DBA ARCHER REVIEW	c EIN-PN 26-4288906-001
a	Plan name ASCENDHR RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ASCENDHR LLC	c EIN-PN 87-2071253-001
a	Plan name ASI 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASI 401(K) PROFIT SHARING PLAN	c EIN-PN 94-3289429-001
a	Plan name ASSOCIATION OF ECONOMIC COLLABORATION	
b	Name of plan sponsor ASSOCIATION OF ECONOMIC COLLABORATION AN	c EIN-PN 83-3122688-011
a	Plan name AUSTIN BIOASSAYS LLC 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor AUSTIN BIOASSAYS LLC	c EIN-PN 74-3025171-001
a	Plan name AUTOMOTIVE PARTS ASSOCIATES INC.	
b	Name of plan sponsor AUTOMOTIVE PARTS ASSOCIATES INC	c EIN-PN 48-1156791-001

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 BAMA PROFIT SHARING PLAN	
b	Name of plan sponsor THE BAMA COMPANIES, INC.	c EIN-PN 73-0988323-001
a	Plan name BARTLO PACKAGING, INC. 401(K) PLAN	
b	Name of plan sponsor BARTLO PACKAGING, INC.	c EIN-PN 22-1955538-002
a	Plan name BBTC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BRISTOL BAY TELEPHONE COOPERATIVE	c EIN-PN 92-0047849-001
a	Plan name BLUE HORIZONS POOLED EMPLOYER PLAN	
b	Name of plan sponsor TRGF, INC.	c EIN-PN 82-3095168-001
a	Plan name CARL F. STATZ AND SONS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor CARL F. STATZ AND SONS, INC.	c EIN-PN 39-6090024-001
a	Plan name CELLTRION RETIREMENT	
b	Name of plan sponsor CELLTRION USA, INC.	c EIN-PN 36-4905731-001
a	Plan name CENTURY GROUP 401(K) PLAN	
b	Name of plan sponsor CENTURY GROUP INTERNATIONAL, INC. DBA THE CENTURY GROUP	c EIN-PN 93-1022773-001
a	Plan name COMMERCIAL GLASS & ALUMINUM INC.	
b	Name of plan sponsor COMMERCIAL GLASS AND ALUMINUM INC	c EIN-PN 20-8113192-001
a	Plan name COMMUNITY AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor RAECOM HOLDINGS, LLC	c EIN-PN 20-2052978-001
a	Plan name CONSOLIDATED ANALYTICS, INC. 401(K) PLAN	
b	Name of plan sponsor CONSOLIDATED ANALYTICS, INC.	c EIN-PN 80-0324447-001
a	Plan name D. GREG SEAL, D.D.S., P.C. PROFIT SHARING PLAN % TRUST	
b	Name of plan sponsor D. GREG SEAL, D.D.S., P.C.	c EIN-PN 43-1226091-003
a	Plan name DANIELS & ERICKSON 401(K) PLAN	
b	Name of plan sponsor DANIELS & ERICKSON, P.C.	c EIN-PN 75-2916499-001

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 DECISIVEDGE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DECISIVEDGE, LLC	c EIN-PN 26-1440851-001
a	Plan name DOUBLE MOUNTAIN LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DOUBLE MOUNTAIN LLC	c EIN-PN 20-4770900-001
a	Plan name EDM MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EDM MANAGEMENT, INC.	c EIN-PN 20-0415273-001
a	Plan name EDMIK INC. 401(K) PLAN	
b	Name of plan sponsor EDMIK INC.	c EIN-PN 36-2367652-001
a	Plan name ELLIS, LI & MCKINSTRY PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELLIS, LI & MCKINSTRY PLLC	c EIN-PN 91-1240777-001
a	Plan name EMERGING MARKET SEPARATE ACCOUNT	
b	Name of plan sponsor EMERGING MARKET SEPARATE ACCOUNT	c EIN-PN 46-3943208-001
a	Plan name FAIRFIELD MANAGEMENT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor FAIRFIELD MANAGEMENT SERVICES, INC.	c EIN-PN 54-2098518-001
a	Plan name FAMILY VISION 401(K) PLAN	
b	Name of plan sponsor FAMILY VISION CENTER OF LA CROSSE, LLC	c EIN-PN 81-4895832-001
a	Plan name FLO NETWORKS 401(K) PLAN	
b	Name of plan sponsor TRANSTELCO, INC.	c EIN-PN 20-8066819-001
a	Plan name FPI MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor FPI MANAGEMENT, INC.	c EIN-PN 68-0217638-002
a	Plan name GOLDEN COAST CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor GOLDEN COAST CONSTRUCTION AND RESTORATION	c EIN-PN 52-2449794-001
a	Plan name HAITIAN BRIDGE ALLIANCE, INC. 401(K) PLAN	
b	Name of plan sponsor HAITIAN BRIDGE ALLIANCE, INC.	c EIN-PN 81-3558713-001

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 HARVEY TOOL COMPANY, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HARVEY TOOL COMPANY, LLC	c EIN-PN 20-8909122-001
a	Plan name HAWKINS ASH CPAS, LLP RETIREMENT PLAN	
b	Name of plan sponsor HAWKINS ASH CPAS, LLP	c EIN-PN 39-0912608-001
a	Plan name HAYNES DOWNARD LLP 401(K) PLAN	
b	Name of plan sponsor HAYNES DOWNARD LLP	c EIN-PN 63-1133963-002
a	Plan name HOLLAND CHRISTIAN HOME ASSOCIATION 403(B) RETIREMENT PLAN	
b	Name of plan sponsor HOLLAND CHRISTIAN HOME ASSOCIATION	c EIN-PN 22-1529791-002
a	Plan name HOWARD CONCRETE PUMPING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HOWARD CONCRETE PUMPING, INC.	c EIN-PN 25-1753167-001
a	Plan name HSDC 401(K) PLAN	
b	Name of plan sponsor HEARING SPEECH AND DEAF CENTER	c EIN-PN 91-0681207-002
a	Plan name INDEPENDENT MINING CONSULTANTS, INC. 401(K) PLAN	
b	Name of plan sponsor INDEPENDENT MINING CONSULTANTS, INC.	c EIN-PN 86-0460579-001
a	Plan name INVENTURE RENEWABLES INC. 401K PLAN	
b	Name of plan sponsor INVENTURE RENEWABLES INC	c EIN-PN 45-4890950-001
a	Plan name IRWIN COHEN GROUP 401K PLAN	
b	Name of plan sponsor AFFILIATED FINANCIAL SPECIALISTS INC DB	c EIN-PN 36-4458690-001
a	Plan name IWEN TOOL SUPPLY COMPANY PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor IWEN TOOL SUPPLY COMPANY	c EIN-PN 38-2777964-001
a	Plan name JENSEN MORSE BAKER PLLC 401(K) PLAN	
b	Name of plan sponsor JENSEN MORSE BAKER PLLC	c EIN-PN 81-2621677-001
a	Plan name KLOPFENSTEIN HOMEROOMS FURNITURE, INC. 401(K) PLAN	
b	Name of plan sponsor KLOPFENSTEIN HOMEROOMS FURNITURE	c EIN-PN 35-1887230-001

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	LARA & LUNA APC 401K PLAN	
b	Name of plan sponsor	LARA & LUNA APC	c EIN-PN 80-0715437-001
a	Plan name	LATITUDE SERVICE COMPANY INC	
b	Name of plan sponsor	LATITUDE SERVICE COMPANY INC	c EIN-PN 82-1371994-001
a	Plan name	LAUDERDALE ELECTRIC INC.	
b	Name of plan sponsor	LAUDERDALE ELECTRIC INC	c EIN-PN 36-3834309-001
a	Plan name	LEAFHOUSE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	LEAFHOUSE FINANCIAL GROUP, LLC	c EIN-PN 26-3479399-001
a	Plan name	LIFE WORKS 401(K) PLAN	
b	Name of plan sponsor	LIFE WORKS	c EIN-PN 91-1224762-001
a	Plan name	MEIDEN AMERICA SWITCHGEAR, INC. 401(K) PLAN	
b	Name of plan sponsor	MEIDEN AMERICA SWITCHGEAR, INC.	c EIN-PN 84-5091754-001
a	Plan name	MINTZ & HOKE INC. PROFIT SHARING/TAX-DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	MINTZ & HOKE INC.	c EIN-PN 06-0871841-001
a	Plan name	MITCHELL AUTO GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	MITCHELL AUTO GROUP, INC	c EIN-PN 06-0582770-001
a	Plan name	NCBFAA 401(K) PLAN	
b	Name of plan sponsor	NATIONAL CUSTOMS BROKERS & FORWARDERS ASSOCIATION OF AMERICA	c EIN-PN 13-5544472-001
a	Plan name	PACIFIC STANDARD CORPORATION 401(K) PLAN	
b	Name of plan sponsor	PACIFIC STANDARD CORPORATION	c EIN-PN 91-1546277-001
a	Plan name	PACIFIC WEST ASSOCIATION OF REALTORS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PACIFIC WEST ASSOCIATION OF REALTORS	c EIN-PN 33-0729887-001
a	Plan name	PETE FOWLER CONSTRUC	
b	Name of plan sponsor	PETE FOWLER CONSTRUCTION SERVICES, INC.	c EIN-PN 33-0690564-001

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 PPIC 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor PATRIOT POWER INVESTMENT CORPORATION	c EIN-PN 27-1061316-002
a	Plan name PROFIT SHARING PLAN AND TRUST OF GI MEDICINE ASSOC	
b	Name of plan sponsor G I MEDICINE ASSOCIATES PC	c EIN-PN 38-2081222-002
a	Plan name R & D TOOL & ENGINEERING COMPANY PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor R & D TOOL & ENGINEERING COMPANY	c EIN-PN 43-1237713-001
a	Plan name RADIOGRAPHIC ENGINEERING INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor RADIOGRAPHIC ENGINEERING, INC.	c EIN-PN 59-3704820-002
a	Plan name RMF ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor RMF ENGINEERING, INC. 401(K) PLAN	c EIN-PN 52-1279953-001
a	Plan name ROCHESTER COLON & RECTAL PC PROFIT SHARING PLAN	
b	Name of plan sponsor ROCHESTER COLON & RECTAL PC	c EIN-PN 38-2903233-001
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 ROTHE DEVELOPMENT, INC . 401(K) PLAN	
b	Name of plan sponsor ROTHE DEVELOPMENT, INC.	c EIN-PN 74-1606784-001
a	Plan name RUTLEDGE ECENIA, P.A. 401(K) PLAN	
b	Name of plan sponsor RUTLEDGE ECENIA, P.A.	c EIN-PN 59-3142223-001
a	Plan name SMILELYNN PEDIATRIC DENTISTRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SMILELYNN PEDIATRIC DENTISTRY	c EIN-PN 82-1709491-001
a	Plan name SONIDA SENIOR LIVING 401(K) PLAN	
b	Name of plan sponsor SONIDA SENIOR LIVING, INC.	c EIN-PN 75-2678809-001
a	Plan name SPUD SOFTWARE 401(K) PLAN	
b	Name of plan sponsor SPUD SOFTWARE INC.	c EIN-PN 38-3344039-001

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	SUDEKUM, CASSIDY & SHULRUFF, CHTD. PROFIT SHARING PLAN	
b	Name of plan sponsor	SUDEKUM, CASSIDY & SHULRUFF, CHARTERED	c EIN-PN 36-3866178-001
a	Plan name	TAYLOR BORSARI INC. 401(K) PLAN	
b	Name of plan sponsor	TAYLOR BORSARI INC.	c EIN-PN 20-3802556-001
a	Plan name	TECHPRO SOLUTIONS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TECHPRO SOLUTIONS LLC	c EIN-PN 27-1640628-001
a	Plan name	THE IFH GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	THE IFH GROUP, INC.	c EIN-PN 36-4216754-001
a	Plan name	THE STORAGE PLACE 401(K) PLAN	
b	Name of plan sponsor	ADVANTAGE PUBLIC STORAGE, LLC DBA THE STORAGE PLACE	c EIN-PN 74-2944121-001
a	Plan name	UNITED PLANT GROWERS, INC. 401(K) PLAN	
b	Name of plan sponsor	UNITED PLANT GROWERS, INC.	c EIN-PN 33-0783952-001
a	Plan name	UNMANNED SYSTEMS INC. 401(K) PLAN	
b	Name of plan sponsor	UNMANNED SYSTEMS INCORPORATED DBA ALBERS AEROSPACE	c EIN-PN 27-0056512-001
a	Plan name	WAGSTAFF TAYLOR & ASSOCIATES INC 401K	
b	Name of plan sponsor	WAGSTAFF TAYLOR ASSOCIATES INC 401K	c EIN-PN 88-4393921-001
a	Plan name	WILLIAM J PELTIER & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	WILLIAM J PELTIER & ASSOCIATES, INC.	c EIN-PN 26-4452823-001
a	Plan name	WMS ADVISORS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WMS ADVISORS, LLC	c EIN-PN 52-1569072-002
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 PGIM CORE CONSERVATIVE BOND FUND CIT	B Three-digit plan number (PN) ▶ 753
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-7271359

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
a Total noninterest-bearing cash	1a	10	7
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6105	52212
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	10126395	168632566
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	10132510	168684785
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	20553
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	7099	50128
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	7099	70681
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10125411	168614104

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3901678
(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		3901678

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)	6738	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	48126	
(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)		54864
j Total expenses. Add all expense amounts in column (b) and enter total	2j		54864

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3846814
l Transfers of assets:			
(1) To this plan	2l(1)		197377458
(2) From this plan	2l(2)		42735579

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 _____.