

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

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

a single-employer plan a DFE (specify) C

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>RETIREPILOT AGGRESSIVE 2035 FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u></p> <p><u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>38-7304113</u></p> <p>2c Plan Sponsor's telephone number <u>866-427-6885</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/13/2025</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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>RETIREPILOT AGGRESSIVE 2035 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>38-7304113</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>BR MSCI ACWI EX-US IMI INDEX FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>27-4955447-001</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>10504412</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COMMODITY INDEX DAILY FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>27-4616854-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DEVELOPED REAL ESTATE INDEX FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>27-2659367-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG TERM GOV BOND INDEX FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>82-3997809-001</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>1150000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 INDEX FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-3357216-001</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>18895752</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 2000 INDEX FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-3318704-001</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>930565</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>0-5 YEAR U.S. TREASURY INFLATION PR</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>47-3988722-001</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>150353</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG TERM CREDIT BOND INDEX FUND F

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 87-1467186-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1727031
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a Name of MTIA, CCT, PSA, or 103-12 IE: FTSE NAREIT ALL EQUITY REITS INDEX

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 99-3288435-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1507597
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a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL CORE INFRASTRUCTURE INDEX FU

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 99-2814912-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 841166
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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	ACVB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ATLANTA CONVENTION & VISITORS BUREAU, INC.	c EIN-PN 58-0145680-001
a	Plan name	ADVANCED PAYROLL SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ADVANCED PAYROLL SOLUTIONS, INC.	c EIN-PN 56-2593567-001
a	Plan name	ALABAMA MOTOR EXPRESS 401(K) PLAN	
b	Name of plan sponsor	ALABAMA MOTOR EXPRESS	c EIN-PN 63-0983126-001
a	Plan name	ALLIED FINISHING, INC. PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	ALLIED FINISHING, INC.	c EIN-PN 38-2169890-001
a	Plan name	AMVC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMVC EMPLOYEE SERVICES, LLC	c EIN-PN 91-2104777-001
a	Plan name	APPVION, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	APPVION, LLC	c EIN-PN 87-3735970-001
a	Plan name	ARC HOME 401(K) PLAN	
b	Name of plan sponsor	ARC HOME, LLC	c EIN-PN 14-1841762-001
a	Plan name	ARDURRA RETIREMENT PLAN	
b	Name of plan sponsor	ARDURRA GROUP, INC.	c EIN-PN 59-1782900-002
a	Plan name	ARETUM 401(K) PLAN	
b	Name of plan sponsor	ARETUM, LLC	c EIN-PN 92-3172305-001
a	Plan name	ARTFARM USA, INC. DBA MANUELA 401(K) PLAN	
b	Name of plan sponsor	ARTFARM USA, INC. DBA MANUELA	c EIN-PN 47-5556757-001
a	Plan name	ATREDIS PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor	ATREDIS PARTNERS, LLC	c EIN-PN 46-3743352-001
a	Plan name	BADGER SCALE, INC. 401(K) PLAN	
b	Name of plan sponsor	BADGER SCALE, INC.	c EIN-PN 20-1549327-001

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	BIBLIOTHECA, LLC 401(K) PLAN	
b	Name of plan sponsor	BIBLIOTHECA, LLC	c EIN-PN 38-3837521-001
a	Plan name	BIOMED REALTY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BIOMED REALTY, L.P.	c EIN-PN 20-1320636-001
a	Plan name	BMD 401(K) PLAN	
b	Name of plan sponsor	BMD 401(K) PLAN	c EIN-PN 95-3926637-004
a	Plan name	BOUQUET MULLIGAN DEMAIIO EYE PROFESSIONALS, PC SAFE HARBOR 401(K) PROFIT SHARING PLAN AND TR	
b	Name of plan sponsor	BOUQUET MULLIGAN DEMAIIO EYE PROFESSIONALS, P.C.	c EIN-PN 25-1786893-002
a	Plan name	CARLSON WEST POVONDRA ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CARLSON WEST POVONDRA ARCHITECTS, INC.	c EIN-PN 47-0708410-001
a	Plan name	CENTER FOR UROLOGIC CARE OF BERKS COUNTY, P.C 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CENTER FOR UROLOGIC CARE OF BERKS CO PC	c EIN-PN 23-1727298-002
a	Plan name	CHERRY BEKAERT ADVISORY LLC 401(K) PLAN (AFTER 1/1/2024)	
b	Name of plan sponsor	CHERRY BEKAERT ADVISORY LLC (AFTER 1/1/2024)	c EIN-PN 56-0574444-001
a	Plan name	CITY OF BELLEVUE, NEBRASKA DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	CITY OF BELLEVUE, NEBRASKA	c EIN-PN 47-6006009-001
a	Plan name	CITY OF BELLEVUE, NEBRASKA RETIREMENT INCOME PLAN	
b	Name of plan sponsor	CITY OF BELLEVUE, NEBRASKA	c EIN-PN 47-6006099-001
a	Plan name	CLASSIC TRANSPORTATION SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	CLASSIC TRANSPORTATION SERVICES, INC.	c EIN-PN 38-2800519-003
a	Plan name	COBALT LABS INC	
b	Name of plan sponsor	COBALT LABS INC	c EIN-PN 37-1747923-001
a	Plan name	COKER TIRE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COKER TIRE COMPANY	c EIN-PN 62-0643841-001

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	CORSAIR MEMORY 401(K) PLAN	
b	Name of plan sponsor	CORSAIR MEMORY, INC.	c EIN-PN 77-0362371-001
a	Plan name	DANDELION PAYMENTS, INC. 401(K) PLAN	
b	Name of plan sponsor	RIA MONEY TRANSFER	c EIN-PN 22-2829900-001
a	Plan name	DEBAUCHE TRUCK & DIESEL, INC. 401(K) PLAN	
b	Name of plan sponsor	DEBAUCHE TRUCK & DIESEL, INC.	c EIN-PN 39-1143384-002
a	Plan name	DOUGLAS DYNAMICS, L.L.C. 401(K) PLAN	
b	Name of plan sponsor	DOUGLAS DYNAMICS, L.L.C.	c EIN-PN 42-1623692-006
a	Plan name	ELK AIR CONDITIONING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELK AIR CONDITIONING INC	c EIN-PN 25-1756090-001
a	Plan name	ENTERPRISE PROPERTIES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ENTERPRISE PROPERTIES, INC	c EIN-PN 47-0151785-002
a	Plan name	EVERGREEN HEALTH GROUP, LLC 401(K)	
b	Name of plan sponsor	EVERGREEN HEALTH GROUP, LLC	c EIN-PN 84-2795435-001
a	Plan name	FAMILY SAVINGS CREDIT UNION RETIREMENT PLAN	
b	Name of plan sponsor	FAMILY SAVINGS CREDIT UNION	c EIN-PN 63-0355713-001
a	Plan name	FINWISE BANK 401(K) PLAN	
b	Name of plan sponsor	FINWISE BANK	c EIN-PN 87-0632133-001
a	Plan name	FIVE BELOW 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FIVE BELOW, INC.	c EIN-PN 75-3000378-001
a	Plan name	FUSION MEDICAL STAFFING LLC 401(K) PLAN	
b	Name of plan sponsor	FUSION MEDICAL STAFFING LLC	c EIN-PN 27-1600705-001
a	Plan name	GALLAGHER EVELIUS & JONE LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GALLAGHER EVELIUS & JONE LLP	c EIN-PN 52-0883759-001

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 GAMLET INC. 401K SAVINGS PLAN	
b	Name of plan sponsor GAMLET INC.	c EIN-PN 23-1657301-001
a	Plan name GAP INTELLIGENCE, LLC 401(K) PLAN	
b	Name of plan sponsor GAP INTELLIGENCE, LLC	c EIN-PN 04-3737082-002
a	Plan name GIFFORD BROWN/DEE ELECTRONICS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GIFFORD AND BROWN, INC./DEE ELECTRONICS, INC.	c EIN-PN 42-0272480-001
a	Plan name GODSHALL'S QUALITY MEATS, INC. 401(K) PLAN	
b	Name of plan sponsor GODSHALLS QUALITY MEATS, INC.	c EIN-PN 23-2267598-001
a	Plan name GOOD NEWS JAIL & PRISON MINISTRY EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor GOOD NEWS JAIL & PRISON MINISTRY	c EIN-PN 54-0703077-001
a	Plan name HARDROCK CONCRETE PLACEMENT CO., INC. 401(K)	
b	Name of plan sponsor HARDROCK CONCRETE PLACEMENT CO., INC.	c EIN-PN 86-0717610-002
a	Plan name HRC-BE-CC 401(K) PLAN	
b	Name of plan sponsor HIREL CONNECTORS, INC.	c EIN-PN 95-2492124-001
a	Plan name HUSQVARNA PLAN	
b	Name of plan sponsor HUSQVARNA	c EIN-PN 20-3600732-001
a	Plan name IJAG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor IOWA JOBS FOR AMERICAS GRADUATES, INC.	c EIN-PN 42-1492988-001
a	Plan name IMAGEFIRST OF IOWA, INC. RETIREMENT PLAN	
b	Name of plan sponsor ASI	c EIN-PN 42-1241530-001
a	Plan name INNOVIA CONSULTING 401(K) P/S PLAN	
b	Name of plan sponsor INNOVIA CONSULTING, INC.	c EIN-PN 39-1842696-001
a	Plan name INTELLIGENT WAVES, LLC 401(K) PLAN	
b	Name of plan sponsor INTELLIGENT WAVES, LLC	c EIN-PN 20-5613444-002

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 INTERNATIONAL WIRE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor INTERNATIONAL WIRE GROUP, INC.	c EIN-PN 43-1705942-002
a	Plan name KIERNAN TREBACH PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor KIERNAN TREBACH LLP	c EIN-PN 52-2328075-001
a	Plan name KREG TOOL COMPANY 401(K) PLAN	
b	Name of plan sponsor KREG ENTERPRISES, INC., DBA KREG TOOL COMPANY	c EIN-PN 42-1367720-002
a	Plan name LEAPPOINT LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEAPPOINT LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 20-5702607-001
a	Plan name MAINSTAY LIFE SERVICES 401(K) PLAN	
b	Name of plan sponsor MAINSTAY LIFE SERVICES	c EIN-PN 25-1215557-001
a	Plan name MONTEITH CONSTRUCTION CORP. 401(K) PLAN	
b	Name of plan sponsor MONTEITH CONSTRUCTION CORP.	c EIN-PN 98-0190888-001
a	Plan name MOSSY COMPANIES SALARY DEFERRAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOSSY COMPANIES SALARY DEFERRAL	c EIN-PN 95-3767471-001
a	Plan name MOUNT AUBURN CEMETERY 401(K) PLAN	
b	Name of plan sponsor PROPRIETORS OF THE CEMETERY OF MOUNT AUBURN	c EIN-PN 04-1641320-003
a	Plan name OAK HILLS LIVING CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HIGHLAND MANOR INC	c EIN-PN 41-1733854-001
a	Plan name PCI GAMING AUTHORITY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PCI GAMING AUTHORITY 401(K) RETIREMENT PLAN	c EIN-PN 13-4221398-002
a	Plan name PLANET AID 401(K) PLAN	
b	Name of plan sponsor PLANET AID, INC.	c EIN-PN 04-3348171-001
a	Plan name POTATO KING, INC. 401(K) PLAN	
b	Name of plan sponsor THE POTATO KING, INC.	c EIN-PN 39-1166637-001

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	PREMIER CREDIT UNION SAVINGS PLAN
b	Name of plan sponsor	PREMIER CREDIT UNION
c	EIN-PN	42-0127275-001
a	Plan name	PROLYTX TECH LLC 401(K) PLAN
b	Name of plan sponsor	PROLYTX TECH LLC
c	EIN-PN	86-2468758-001
a	Plan name	REACH, INC. RETIREMENT PLAN
b	Name of plan sponsor	REGIONAL ENTERPRISES FOR ADULTS & CHILDREN, INC
c	EIN-PN	23-7433428-001
a	Plan name	REDEVELOPMENT AUTHORITY OF THE COUNTY OF BUTLER MONEY PURCHASE PLAN
b	Name of plan sponsor	REDEVELOPMENT AUTHORITY OF THE COUNTY OF BUTLER
c	EIN-PN	23-2929442-002
a	Plan name	REXCO EQUIPMENT, INC. SAVINGS PLAN
b	Name of plan sponsor	REXCO EQUIPMENT, INC.
c	EIN-PN	42-0890503-001
a	Plan name	RIGHTDIRECTION 401(K)
b	Name of plan sponsor	RIGHTDIRECTION TECHNOLOGY SOLUTIONS LLC
c	EIN-PN	26-1153735-001
a	Plan name	RINKER DESIGN 401(K) PLAN
b	Name of plan sponsor	RINKER DESIGN ASSOCIATES P C
c	EIN-PN	54-1191817-002
a	Plan name	RIVERSIDE MEDICAL CLINIC, INC. 401(K) PROFIT-SHARING PLAN
b	Name of plan sponsor	RIVERSIDE MEDICAL CLINIC, INC.
c	EIN-PN	33-0587303-005
a	Plan name	SANTANNA ENERGY SERVICES EMPLOYEE STOCK OWNERSHIP 401(K) PLAN
b	Name of plan sponsor	SANTANNA ENERGY SERVICES 401(K)
c	EIN-PN	74-2500445-002
a	Plan name	SARES-REGIS GROUP 401(K) RETIREMENT PLAN
b	Name of plan sponsor	SARES-REGIS OPERATING CO, LP
c	EIN-PN	33-0550001-001
a	Plan name	SCOTT CONTRACTING LLC 401(K) PLAN
b	Name of plan sponsor	SCOTT CONTRACTING LLC
c	EIN-PN	45-0500431-001
a	Plan name	SECURITY BANK KSOP & TRUST
b	Name of plan sponsor	FIRST LAUREL SECURITY CO.
c	EIN-PN	47-0560288-003

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.)	
a	Plan name SHARP BUSINESS MANAGEMENT INC. 401(K) PLAN	
b	Name of plan sponsor SHARP BUSINESS MANAGEMENT INC.	c EIN-PN 83-1490683-001
a	Plan name SILVER DINER DEVELOPMENT, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SILVER DINER DEVELOPMENT, LLC	c EIN-PN 54-1439417-001
a	Plan name SOUNDVIEW, INC. RETIREMENT PLAN	
b	Name of plan sponsor SOUNDVIEW, INC.	c EIN-PN 23-2998791-001
a	Plan name SUSAN B. ANTHONY LIST 401(K) PLAN	
b	Name of plan sponsor SUSAN B. ANTHONY LIST	c EIN-PN 54-1850126-001
a	Plan name TECOMET 401(K) PLAN	
b	Name of plan sponsor TECOMET	c EIN-PN 04-3004131-001
a	Plan name THE CALIFORNIA COMMERCE CLUB, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COMMERCE CASINO	c EIN-PN 95-3757220-001
a	Plan name THE MANOR GROUP 401(K) PLAN	
b	Name of plan sponsor MANOR MANAGEMENT CORPORATION	c EIN-PN 23-2431853-001
a	Plan name TILLER CONSTRUCTORS PARTNERSHIP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TILLER CONSTRUCTORS PARTNERSHIP, INC.	c EIN-PN 33-0374629-001
a	Plan name TIPPERARY SALES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor TIPPERARY SALES, INC.	c EIN-PN 58-1933151-001
a	Plan name VERA AUTOMOTIVE, INC. RETIREMENT PLAN	
b	Name of plan sponsor VERA AUTOMOTIVE, INC.	c EIN-PN 45-1739578-003
a	Plan name WALTERS GARDENS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WALTERS GARDENS, INC.	c EIN-PN 38-1903867-002
a	Plan name WELLBE SENIOR MEDICAL 401(K) PLAN	
b	Name of plan sponsor WELLBE SENIOR MEDICAL, LLC	c EIN-PN 83-3843209-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RETIREPILOT AGGRESSIVE 2035 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) 38-7304113

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	56970
		3734270
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)	3488631
(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)	323947
(15) Other	1c(15)	4925076

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	3869548	44366222
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	12093
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	58053	3736551
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	58053	3748644
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3811495	40617578

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)	90466	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		90466
(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)		
(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)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	987955
(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)	780362
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total	2d	1858783

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)	1082
(5) Investment advisory and investment management fees	2i(5)	23475
(6) Bank or trust company trustee/custodial fees	2i(6)	8830
(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)	33387
j Total expenses. Add all expense amounts in column (b) and enter total	2j	33387

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	1825396
l Transfers of assets:		
(1) To this plan	2l(1)	37441286
(2) From this plan	2l(2)	2460599

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 _____.