

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: WESTERN ASSET CORE PLUS BOND CIT; 1b Three-digit plan number (PN): 374; 1c Effective date of plan; 2a Plan sponsor's name: GREAT GRAY TRUST COMPANY, LLC; 2b Employer Identification Number (EIN): 82-4391232; 2c Plan Sponsor's telephone number: 866-427-6885; 2d Business code

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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
--	--

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)
---	--

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.
---	--	---

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

A Name of plan <u>WESTERN ASSET CORE PLUS BOND CIT</u>	B Three-digit plan number (PN)	<u>374</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>82-4391232</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE GOVERNMENT STIF</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS INC</u>		
c EIN-PN <u>45-6138589-068</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4917846</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

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)

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	7 OAKS 401(K) PLAN	
b	Name of plan sponsor	THE 7 OAKS GROUP, LLC	c EIN-PN 46-4599458-001
a	Plan name	ADAPTHEALTH 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ADAPTHEALTH, LLC	c EIN-PN 45-5553972-001
a	Plan name	AIOI NISSAY DOWA INSURANCE SERVICES USA CORPORATION 401(K) PLAN	
b	Name of plan sponsor	AIOI NISSAY DOWA INSURANCE SERVICES USA CORPORATION	c EIN-PN 81-1934970-001
a	Plan name	ALAMO FARMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALAMO FARMS, INC.	c EIN-PN 73-1693156-001
a	Plan name	ALDEN MEDICAL GROUP, PLLC RETIREMENT PLAN	
b	Name of plan sponsor	ALDEN MEDICAL GROUP, PLLC	c EIN-PN 56-2467344-003
a	Plan name	ALL WEBB ENTERPRISES INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ALL WEBB ENTERPRISES INC.	c EIN-PN 59-2418764-001
a	Plan name	ALLEN, ALLEN, ALLEN & ALLEN RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ALLEN, ALLEN, ALLEN & ALLEN CORPORATION	c EIN-PN 54-0852062-001
a	Plan name	AMERISOURCEBERGEN EMPLOYEE INVESTMENT PLAN	
b	Name of plan sponsor	CENCORA, INC.	c EIN-PN 23-3079390-010
a	Plan name	ANDERSON BROTHERS CONSTRUCTION COMPANY OF BRAINERD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANDERSON BROTHERS CONSTRUCTION COMPANY OF BRAINERD, LLC	c EIN-PN 90-0952537-001
a	Plan name	ATLAS PROFESSIONAL SERVICES 401K	
b	Name of plan sponsor	ATLAS PROFESSIONAL SERVICES	c EIN-PN 04-3719038-001
a	Plan name	AVERITT EXPRESS, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	AVERITT EXPRESS, INC.	c EIN-PN 62-0755421-001
a	Plan name	BARON PAYROLL INC 401K PLAN	
b	Name of plan sponsor	BARON PAYROLL INC	c EIN-PN 45-3542572-001

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 BESWICK CORPORATION 401(K) PLAN	
b	Name of plan sponsor BESWICK CORPORATION	c EIN-PN 38-1977703-001
a	Plan name BREAKTHROUGH 401K PLAN SPRINGSEAL, INC.	
b	Name of plan sponsor SPRINGSEAL, INC.	c EIN-PN 86-1096867-347
a	Plan name CAMBIUM LEARNING PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor CAMBIUM LEARNING GROUP, INC.	c EIN-PN 27-0587428-101
a	Plan name CAMBRIDGE CUISINE LLC 401(K) PLAN	
b	Name of plan sponsor CAMBRIDGE CUISINE LLC	c EIN-PN 45-4048596-001
a	Plan name CBF LABELS, INC. 401(K) PLAN	
b	Name of plan sponsor CBF LABELS, INC.	c EIN-PN 04-3677165-001
a	Plan name CHALFANT CORP. 401(K) PLAN	
b	Name of plan sponsor CHALFANT CORP	c EIN-PN 90-0452856-001
a	Plan name CHILDREN & ADOLESCENTS CLINIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHILDREN & ADOLESCENTS CLINIC, INC.	c EIN-PN 62-1374635-001
a	Plan name CINESITE LA INC. 401(K) PLAN	
b	Name of plan sponsor CINESITE LA INC.	c EIN-PN 30-0634574-001
a	Plan name CLARION PARTNERS, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CLARION PARTNERS, LLC	c EIN-PN 13-3379970-001
a	Plan name CLEAN CUT TREE COMPANIES 401(K) PLAN	
b	Name of plan sponsor CLEAN CUT TREE SERVICE, INC.	c EIN-PN 36-3963749-002
a	Plan name COASTAL EQUIPMENT CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COASTAL EQUIPMENT CORP.	c EIN-PN 54-0990869-002
a	Plan name COPPERATIVA DE A/C DE HATILLO 1081.01(D) SALARY DEFERRAL RETIREMENT PLAN	
b	Name of plan sponsor COOPERATIVA DE AHORRO Y CREDITO DE HATILLO	c EIN-PN 66-0237982-001

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	CRESCENT RIVER PORT PILOTS' ASSOCIATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CRESCENT RIVER PORT PILOTS ASSOCIATION	c EIN-PN 72-0162930-002
a	Plan name	CRL TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	CRL TECHNOLOGIES, INC.	c EIN-PN 20-5925428-001
a	Plan name	DEY. 401(K) PLAN	
b	Name of plan sponsor	PUBLISEZ INC. DBA DEY.	c EIN-PN 27-0923093-001
a	Plan name	DIECO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DIECO INC.	c EIN-PN 75-1464939-001
a	Plan name	DISPLAY SALES CO. 401(K) PLAN	
b	Name of plan sponsor	DISPLAY SALES CO.	c EIN-PN 41-1233161-003
a	Plan name	DL CYCLES LLC 401(K) PLAN	
b	Name of plan sponsor	DL CYCLES HOLDINGS CO, LLC	c EIN-PN 46-4148022-001
a	Plan name	DLA PIPER LLP (US) PROFIT SHARING AND 401(K) SAVINGS PLAN	
b	Name of plan sponsor	DLA PIPER LLP (US) PROFIT SHARING AND 401(K)	c EIN-PN 52-0616490-004
a	Plan name	DLA PIPER(PUERTO RICO) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DLA PIPER(PUERTO RICO)	c EIN-PN 66-0858444-006
a	Plan name	DOGTOPIA ENTERPRISES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DOGTOPIA ENTERPRISES LLC	c EIN-PN 46-0961949-001
a	Plan name	DWC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DWC ERISA CONSULTANTS, LLC D/B/A DWC - THE 401(K) EXPERTS	c EIN-PN 26-2091417-001
a	Plan name	EDWARD LEHMANN 401(K) PLAN	
b	Name of plan sponsor	EDWARD H LEHMANN AGENCY LLC	c EIN-PN 27-0932497-001
a	Plan name	EFFINGHAM BUILDERS SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	EFFINGHAM BUILDERS SUPPLY, INC.	c EIN-PN 37-1287109-002

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	ETERNAL TECHNOLOGY CORPORATION 401(K) PLAN
b	Name of plan sponsor	ETERNAL TECHNOLOGY CORPORATION
c	EIN-PN	52-2138709-001
a	Plan name	FKM BRANDS 401K PLAN
b	Name of plan sponsor	FKM BRANDS CORPORATION
c	EIN-PN	83-2583378-001
a	Plan name	FRIST ART MUSEUM 401(K) PLAN
b	Name of plan sponsor	FRIST ART MUSEUM
c	EIN-PN	62-1731492-001
a	Plan name	FULL THROTTLE COMMERCIAL LANDSCAPING LLC
b	Name of plan sponsor	FULL THROTTLE COMMERCIAL LANDSCAPING LLC
c	EIN-PN	83-0450321-001
a	Plan name	GENETECH ANIMAL REPRODUCTION LLC
b	Name of plan sponsor	GENETECH ANIMAL REPRODUCTION LLC
c	EIN-PN	87-2212623-001
a	Plan name	GEORGIES DINER 401(K) PLAN
b	Name of plan sponsor	GEORGIES DINER LLC
c	EIN-PN	27-0747235-001
a	Plan name	GREAT GRAY TRUST CORE PLUS FIXED INCOME SELECT FUND
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC
c	EIN-PN	26-3783650-003
a	Plan name	GROW MARKETING 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	GROW MARKETING
c	EIN-PN	47-0853473-001
a	Plan name	HAMPTON ROADS RADIOLOGY ASSOCIATES, P.C. RETIREMENT PLAN
b	Name of plan sponsor	HAMPTON ROADS RADIOLOGY ASSOCIATES, P.C.
c	EIN-PN	54-1147892-001
a	Plan name	HW STAFFING 401(K) PLAN
b	Name of plan sponsor	HW TEMPS LLC
c	EIN-PN	04-3095268-001
a	Plan name	INFOSYS LIMITED TAX SAVING 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	INFOSYS LIMITED
c	EIN-PN	58-1760235-001
a	Plan name	INTEGRATIVE OCCUPATIONAL THERA 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	INTEGRATIVE OCCUPATIONAL THERA
c	EIN-PN	81-1282310-001

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	IQVIA 401(K) PLAN	
b	Name of plan sponsor	IQVIA INC.	c EIN-PN 06-1506026-004
a	Plan name	JAKE'S PALM SPRINGS 401K PLAN	
b	Name of plan sponsor	JAKES PALM SPRINGS INC	c EIN-PN 88-3057145-001
a	Plan name	JEL SERT COMPANY INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	JEL SERT COMPANY	c EIN-PN 36-1279850-002
a	Plan name	JEL SERT RETIREMENT INCOME AND SAVINGS PLAN	
b	Name of plan sponsor	THE JEL SERT COMPANY	c EIN-PN 36-1279850-003
a	Plan name	JM MOLD SOUTH, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	JM MOLD SOUTH, INC.	c EIN-PN 34-1486643-002
a	Plan name	JTS PIZZA 401K	
b	Name of plan sponsor	JTS PIZZA LLC	c EIN-PN 27-3121724-001
a	Plan name	KEEPWOL INC. 401K PLAN	
b	Name of plan sponsor	KEEPWOL INC	c EIN-PN 82-4425022-001
a	Plan name	KRAFTSON CAUDLE 401(K) PLAN	
b	Name of plan sponsor	KRAFTSON CAUDLE	c EIN-PN 74-3081825-001
a	Plan name	LDI MAP, LLC 401(K) PLAN	
b	Name of plan sponsor	LDI MAP, LLC	c EIN-PN 37-1852548-001
a	Plan name	LEE ENTERPRISES INC. EMPLOYEES RETIREMENT ACCOUNT PLAN	
b	Name of plan sponsor	LEE ENTERPRISES, INC.	c EIN-PN 42-0823980-018
a	Plan name	LGD PODIATRIC SURGICAL PC 401(K) PLAN	
b	Name of plan sponsor	LGD PODIATRIC SURGICAL PC	c EIN-PN 45-2942044-001
a	Plan name	MADFISH GRILL 401K PLAN	
b	Name of plan sponsor	MY POOR KITTY LLC DBA MADFISH GRILL	c EIN-PN 33-0881784-001

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	MAIN DIGITAL 401(K) PLAN	
b	Name of plan sponsor	MAIN DIGITAL LLC	c EIN-PN 83-1802037-001
a	Plan name	MESSAGE ENVY 401K PLAN	
b	Name of plan sponsor	KPSM MANAGEMENT LLC	c EIN-PN 82-3817924-001
a	Plan name	MERRELL FAMILY DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	LUCAS W. MERRELL, DDS, PA	c EIN-PN 46-4288509-001
a	Plan name	METTLER-TOLEDO LLC ENHANCED RETIREMENT	
b	Name of plan sponsor	METTLERTOLEDO LLC	c EIN-PN 34-1538688-031
a	Plan name	MILLER WACHMAN LLP 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	MILLER WACHMAN LLP	c EIN-PN 04-2211907-001
a	Plan name	NATIONAL LIFE GROUP 401(K) PLAN	
b	Name of plan sponsor	NATIONAL LIFE GROUP 401(K) PLAN	c EIN-PN 03-0144090-004
a	Plan name	NATIONAL LIFE INSURANCE COMPANY AGENTS RETIREMENT PLAN	
b	Name of plan sponsor	NLIC AGENTS RETIREMENT PLAN	c EIN-PN 03-0144090-005
a	Plan name	NATIONAL MEDIA, INC. 401(K) PLAN	
b	Name of plan sponsor	NATIONAL MEDIA, INC.	c EIN-PN 52-1397807-003
a	Plan name	NETSOFT HOLDINGS LLC 401K	
b	Name of plan sponsor	NETSOFT HOLDINGS LLC	c EIN-PN 46-1176221-001
a	Plan name	NEXGEN 401K	
b	Name of plan sponsor	NEXGEN	c EIN-PN 27-3073403-001
a	Plan name	NITRO ROOFING AND CONSTRUCTION	
b	Name of plan sponsor	NITRO ROOFING AND CONSTRUCTION LLC	c EIN-PN 45-1562156-001
a	Plan name	OVB HOLDINGS, LLC 401 (K) PLAN	
b	Name of plan sponsor	OVB HOLDINGS, LLC DBA OVERBUILT	c EIN-PN 81-3674435-001

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	PEDIATRIC ASSOCIATES OF RICHMOND, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	PEDIATRIC ASSOCIATES OF RICHMOND, INC.	c EIN-PN 54-0886561-002
a	Plan name	PETERSON COMPANIES, INC. 401(K) PLAN	
b	Name of plan sponsor	PETERSON COMPANIES, INC.	c EIN-PN 41-1934913-001
a	Plan name	PHOBIO LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	PHOBIO LLC	c EIN-PN 27-1034777-001
a	Plan name	PINSTRIPES 401K PLAN	
b	Name of plan sponsor	PINSTRIPES, INC.	c EIN-PN 20-4618608-001
a	Plan name	PREMIER TRANSPORT USA, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PREMIER TRANSPORT USA INC.	c EIN-PN 20-2658104-001
a	Plan name	PROSPECT BAY COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	PROSPECT PLANTATION WEST HOA, INC. D/B/A PROSPECT BAY COUNTRY CLUB	c EIN-PN 52-1186089-002
a	Plan name	QUESTEK INNOVATIONS, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	QUESTEK INNOVATIONS LLC	c EIN-PN 36-4116425-001
a	Plan name	RALEIGH RECLAIMED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RALEIGH RECLAIMED	c EIN-PN 46-4873731-001
a	Plan name	RANCHO CUCAMONGA THERAPIST 401(K) PLAN	
b	Name of plan sponsor	MERRELL FAMILY COUNSELING INC. D/B/A RANCHO CUCAMONGA THERAPIST	c EIN-PN 81-4577577-001
a	Plan name	RAPID RESPONSE 401(K) PLAN	
b	Name of plan sponsor	RAPID RESPONSE	c EIN-PN 43-1925523-001
a	Plan name	REINHART INDUSTRIES 401K PLAN AND TRUST	
b	Name of plan sponsor	REINHART INDUSTRIES	c EIN-PN 20-2669213-001
a	Plan name	RIVERWAY FAMILY DENTAL 401(K) PLAN	
b	Name of plan sponsor	JEFFERY & DAVIES DDS, PLLC	c EIN-PN 83-2539901-001

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 ROHO RETIREMENT PLAN	
b	Name of plan sponsor PARKS TAX & CONSULTING PLLC	c EIN-PN 84-4754149-001
a	Plan name ROYCE & ASSOCIATES GP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROYCE & ASSOCIATES, LLC	c EIN-PN 52-2343049-002
a	Plan name SEASON TO TASTE LLC 401(K) PLAN	
b	Name of plan sponsor SEASON TO TASTE LLC	c EIN-PN 30-1067056-001
a	Plan name SEPULVEDA-SANCHEZ LAW 401(K) PLAN	
b	Name of plan sponsor SEPULVEDA-SANCHEZ LAW PC	c EIN-PN 47-2254292-001
a	Plan name SPOTSEE EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor SPOTSEE HOLDINGS	c EIN-PN 75-1842481-003
a	Plan name SQUARE ROOT SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor SQUARE ROOT SERVICES, LLC	c EIN-PN 46-1996847-001
a	Plan name SSUPERETTE DESIGN LLC 401(K) PLAN	
b	Name of plan sponsor SSUPERETTE DESIGN LLC	c EIN-PN 47-5113087-001
a	Plan name STAR MARKET 401(K) PLAN	
b	Name of plan sponsor GONG & KONG TRADING COMPANY, INC.	c EIN-PN 94-2619846-003
a	Plan name SUMMIT MEDICAL CAROLINAS 401(K) SAVINGS PLAN	
b	Name of plan sponsor SUMMIT MEDICAL CAROLINAS PLLC	c EIN-PN 88-2568242-001
a	Plan name SUMMIT MEDICAL CONSULTANTS 401K SAVINGS PLAN	
b	Name of plan sponsor SUMMIT MEDICAL CONSULTANTS, PLLC	c EIN-PN 47-2840925-001
a	Plan name SUNVENA SOLAR LLC 401(K) PLAN	
b	Name of plan sponsor SUNVENA SOLAR LLC	c EIN-PN 84-1861498-001
a	Plan name SUPPORTING STRATEGIES NCNJ 401K PLAN	
b	Name of plan sponsor COHORT 8 LLC D B A SUPPORTING STRATEGIES	c EIN-PN 82-1293564-001

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	TAS ENVIRONMENTAL SERVICES LP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TAS ENVIRONMENTAL SERVICES, LP	c EIN-PN 20-1454928-001
a	Plan name	TESTA BUILDERS, INC. 401(K) PLAN	
b	Name of plan sponsor	TESTA BUILDERS, INC.	c EIN-PN 34-1346208-001
a	Plan name	THE ANTERO GROUP 401(K) PLAN	
b	Name of plan sponsor	THE ANTERO GROUP LLC	c EIN-PN 47-3959204-001
a	Plan name	THE CENTER FOR SPECIAL NEEDS TRUST 401(K) PSP	
b	Name of plan sponsor	THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATION, INC.	c EIN-PN 59-3705979-001
a	Plan name	THE DOBRUSIN LAW FIRM, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE DOBRUSIN LAW FIRM, P.C.	c EIN-PN 38-3570622-001
a	Plan name	THE GOLDEN 1 EMPLOYEE SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	GOLDEN 1 CREDIT UNION	c EIN-PN 94-0362025-003
a	Plan name	THE SCAN GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE SCAN GROUP, INC.	c EIN-PN 39-1460515-001
a	Plan name	THURSTON SPRING SERVICE, INC. PROFIT-SHARING PLAN	
b	Name of plan sponsor	THURSTON SPRING SERVICE, INC.	c EIN-PN 54-0660458-001
a	Plan name	TJRHCC 401K RETIREMENT PLAN	
b	Name of plan sponsor	TULSA JEWISH RETIREMENT AND HEALTH CARE	c EIN-PN 73-1227715-002
a	Plan name	TODD CHANEY GROUP PLLC 401(K) PLAN	
b	Name of plan sponsor	TODD CHANEY GROUP PLLC	c EIN-PN 92-3654729-001
a	Plan name	VELOCITY ENTERPRISES	
b	Name of plan sponsor	VELOCITY ENTERPRISES	c EIN-PN 93-4189154-001
a	Plan name	WALDEN SAVINGS BANK 401(K) PLAN	
b	Name of plan sponsor	WALDEN SAVINGS BANK	c EIN-PN 14-1155630-002

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	WALKER TAPE 401(K) RETIREMENT PLAN	c	EIN-PN	
b	Name of plan sponsor	WALKER TAPE COMPANY	c	EIN-PN	87-0442825-001
a	Plan name	WASKER, DORR, WIMMER & MARCOUILLER PC 401(K) PROFIT SHARING PLAN & TRUST	c	EIN-PN	
b	Name of plan sponsor	WASKER, DORR, WIMMER, & MARCOUILLER, P.C.	c	EIN-PN	42-1388229-001
a	Plan name	WORKFORCE SOLUTIONS, LLC 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	WORKFORCE SOLUTIONS, LLC	c	EIN-PN	81-0823242-001
a	Plan name	WORLEY GROUP 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	WORLEY GROUP INC. (401K PLAN)	c	EIN-PN	94-2624994-001
a	Plan name	XCELERATE SOLUTIONS 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	XCELERATE SOLUTIONS	c	EIN-PN	27-0790328-001
a	Plan name	Y SOFT NORTH AMERICA, INC. 401(K) & PROFIT SHARING PLAN	c	EIN-PN	
b	Name of plan sponsor	Y SOFT NORTH AMERICA, INC.	c	EIN-PN	75-2677943-001
a	Plan name	ZONAL HOSPITALITY SYSTEMS 401(K) PROFIT SHARING PLAN	c	EIN-PN	
b	Name of plan sponsor	ZONAL HOSPITALITY SYSTEMS, INC	c	EIN-PN	59-3182544-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan WESTERN ASSET CORE PLUS BOND CIT	B Three-digit plan number (PN) ▶ 374
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 82-4391232

Part I	Asset and Liability Statement
---------------	--------------------------------------

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	308256	5358027
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	118803024	116507196
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	505262558	103947368
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	423527827	132018957
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	4	0
(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)	33579424	7794927
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	5804244	4917846
(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)	218891908	12598474

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	1306177245	383142795
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	268732
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	98191861	129797599
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	98191861	130066331
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1207985384	253076464

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)	16241554	
(C) Corporate debt instruments.....	2b(1)(C)	33164573	
(D) Loans (other than to participants).....	2b(1)(D)	2087528	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	1186513	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		52680168
(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)	5544012964	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	5602799484	
(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)	24848460	
(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)		880339
(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		19622447

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)	14399	
(5) Investment advisory and investment management fees	2i(5)	1638786	
(6) Bank or trust company trustee/custodial fees	2i(6)	416237	
(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)		2069422
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2069422

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		17553025
l Transfers of assets:			
(1) To this plan	2l(1)		379719812
(2) From this plan	2l(2)		1352181757

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 _____.