

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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: MARTIN CURRIE EMERGING MARKETS CIT; 1b Three-digit plan number (PN): 376; 1c Effective date of plan; 2a Plan sponsor's name: GREAT GRAY TRUST COMPANY, LLC; 2b Employer Identification Number (EIN): 82-4565709; 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.

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 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>MARTIN CURRIE EMERGING MARKETS CIT</u>	B Three-digit plan number (PN)	<u>▶</u> <u>376</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>82-4565709</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NT COLLECTIVE GOVERNMENT STIF</u>	
b Name of sponsor of entity listed in (a):	<u>NORTHERN TRUST INVESTMENTS, INC.</u>	
c EIN-PN <u>45-6138589-068</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3295562</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)
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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)

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c EIN-PN

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:

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d Entity code

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

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	ALPINE MEDICAL GROUP RETIREMENT PLAN	
b	Name of plan sponsor	ALPINE MEDICAL GROUP, LLC	c EIN-PN 84-1401924-001
a	Plan name	ARCY MANUFACTURING CO., INC. 401(K) PLAN	
b	Name of plan sponsor	ARCY M F G CO INC	c EIN-PN 13-5518766-001
a	Plan name	AUBURN FOUNDRY, INC. 401(K) PLAN	
b	Name of plan sponsor	AUBURN FOUNDRY, INC.	c EIN-PN 16-0916055-003
a	Plan name	AUTOMOTIVE PARTS ASSOCIATES INC.	
b	Name of plan sponsor	AUTOMOTIVE PARTS ASSOCIATES INC	c EIN-PN 48-1156791-001
a	Plan name	BARON PAYROLL INC 401K PLAN	
b	Name of plan sponsor	BARON PAYROLL INC	c EIN-PN 45-3542572-001
a	Plan name	BARSHOP JCC 401(K) PLAN	
b	Name of plan sponsor	BARSHOP JEWISH COMMUNITY CENTER OF SAN ANTONIO	c EIN-PN 74-1152783-001
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	BELLARI 401(K) PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	SOMERVILLE ALUMINUM, INC.	c EIN-PN 22-1547949-001
a	Plan name	BESWICK CORPORATION 401(K) PLAN	
b	Name of plan sponsor	BESWICK CORPORATION	c EIN-PN 38-1977703-001
a	Plan name	BRAND NU LABORATORIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BRAND-NU LABORATORIES, INC.	c EIN-PN 06-0702672-001
a	Plan name	BT SYSTEMS, LLC 401(K) PLAN	
b	Name of plan sponsor	BT SYSTEMS, LLC	c EIN-PN 26-3744850-001

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 BUCTEL METAL FINISHING INC. 401(K) PLAN	
b	Name of plan sponsor BUCTEL METAL FINISHING INC.	c EIN-PN 84-4165584-001
a	Plan name CABANA PEP SOLUTION	
b	Name of plan sponsor TRG FIDUCIARY SERVICES LLC	c EIN-PN 82-3095168-014
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 CITIZENS BANK & TRUST COMPANY SALARY DEFERRAL PLAN	
b	Name of plan sponsor CITIZENS BANK & TRUST COMPANY	c EIN-PN 72-0152830-002
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 CONNECT LOGISTICS, INC. 401(K) PLAN	
b	Name of plan sponsor CONNECT LOGISTICS, INC.	c EIN-PN 20-8567688-001
a	Plan name CORE MANUFACTURING LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CORE MANUFACTURING LLC	c EIN-PN 46-3608051-001
a	Plan name COUNTY NATIONAL BANK 401(K) PLAN	
b	Name of plan sponsor COUNTY NATIONAL BANK	c EIN-PN 38-0650660-001
a	Plan name CRAFT PATTERN & MOLD LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CRAFT PATTERN & MOLD LLC	c EIN-PN 26-1531960-001
a	Plan name CREDIT SAINT, LLC 401(K) PLAN	
b	Name of plan sponsor CREDIT SAINT, LLC	c EIN-PN 26-0839546-001
a	Plan name CUTEK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CUTEK, INC.	c EIN-PN 20-2732426-001
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

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 DR. SCOTT YARMARK RETIREMENT PLAN	
b	Name of plan sponsor FAMILY PRACTICE OF JEFFERSONVILLE LLC	c EIN-PN 23-3033766-001
a	Plan name EAK PENSION PLAN	
b	Name of plan sponsor VCI, INC.	c EIN-PN 66-0500059-001
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 ELECTRIC SYMPHONY LLC RETIREMENT PLAN	
b	Name of plan sponsor ELECTRIC SYMPHONY LLC	c EIN-PN 46-3284163-001
a	Plan name ELLINGTON TELEPHONE COMPANY 401(K) PLAN	
b	Name of plan sponsor ELLINGTON TELEPHONE COMPANY, INC.	c EIN-PN 43-0258000-001
a	Plan name EMERALD SITE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EMERALD SITE SERVICES, INC.	c EIN-PN 45-3991150-001
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 EUROTRANCIATURA USA LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor EUROTRANCIATURA USA LLC	c EIN-PN 46-4657373-001
a	Plan name EVS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EVS BROADCAST EQUIPMENT, INC.	c EIN-PN 23-2858394-001
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 FORT WORTH EMPLOYEES' RETIREMENT FUND	
b	Name of plan sponsor CITY OF FORT WORTH	c EIN-PN 75-6022714-001

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 FRANKLIN TOTAL ADVANTAGE 2020 FUND	
b	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 82-3236968-351
a	Plan name FRANKLIN TOTAL ADVANTAGE 2025 FUND	
b	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 82-3269796-352
a	Plan name FRANKLIN TOTAL ADVANTAGE 2030 FUND	
b	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 82-3285163-353
a	Plan name FRANKLIN TOTAL ADVANTAGE 2035 FUND	
b	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 82-3297133-354
a	Plan name FRANKLIN TOTAL ADVANTAGE 2040 FUND	
b	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 82-3309063-355
a	Plan name FRANKLIN TOTAL ADVANTAGE 2045 FUND	
b	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 82-3327181-356
a	Plan name FRANKLIN TOTAL ADVANTAGE 2050 FUND	
b	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 82-3383993-357
a	Plan name FRANKLIN TOTAL ADVANTAGE 2055 FUND	
b	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 82-3397205-358
a	Plan name FRANKLIN TOTAL ADVANTAGE 2060 FUND	
b	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 82-3410489-359
a	Plan name FRANKLIN TOTAL ADVANTAGE RETIREMENT FUND	
b	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 82-3225947-350
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
a	Plan name HCF MANAGEMENT, INC. RETIREMENT INCENTIVE SAVINGS PLAN (HCF FAMILY OF COMPANIES)	
b	Name of plan sponsor HCF MANAGEMENT, INC.	c EIN-PN 20-0085606-001

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	HELLERSTEIN & BRENNER VISION CENTER P.C. PROFIT-SHARING PLAN	
b	Name of plan sponsor	HELLERSTEIN & BRENNER VISION CENTER PC	c EIN-PN 84-1185693-001
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	IBEW LOCAL 490 PENSION PLAN	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES OF THE IBEW LOCA	c EIN-PN 02-6026500-001
a	Plan name	JUST ZERO 401(K) PLAN	
b	Name of plan sponsor	JUST ZERO	c EIN-PN 88-2375282-001
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	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	LEGAL SERVICES OF NORTHERN CALIFORNIA 401(K) PLAN	
b	Name of plan sponsor	LEGAL SERVICES OF NORTHERN CALIFORNIA	c EIN-PN 94-1384659-002
a	Plan name	LENFAM MANAGEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor	LENFAM MANAGEMENT COMPANY	c EIN-PN 22-1892065-001
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	MARVEL ARCHITECTS, LANDSCAPE ARCHITECTS, LLP	
b	Name of plan sponsor	THE OFFICE OF MARVEL & MARCHAND ARCHITECTS, LLP	c EIN-PN 66-0542558-001
a	Plan name	MASSAGE ENVY 401K PLAN	
b	Name of plan sponsor	KPSM MANAGEMENT LLC	c EIN-PN 82-3817924-001
a	Plan name	MBM FABRICATORS COMPANY, INC. EMPLOYEE'S SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	MBM FABRICATORS COMPANY, INC.	c EIN-PN 38-1684224-001

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 METRA INDUSTRIES, INC. EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor METRA INDUSTRIES, INC.	c EIN-PN 22-2314048-001
a	Plan name MMM INC. 401(K) PLAN	
b	Name of plan sponsor MMM PLUMBING, HEATING & A/C INC.	c EIN-PN 75-1941004-001
a	Plan name MORRISON COMPANY 401(K) PLAN	
b	Name of plan sponsor MORRISON COMPANY	c EIN-PN 34-0678312-004
a	Plan name MURR SILER ECKELS DELANEY, PC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MURR SILER ECKELS DELANY, P.C.	c EIN-PN 84-1203371-001
a	Plan name NATIONAL STABILIZATION OF THE SHEET	
b	Name of plan sponsor TRUSTEES OF NATIONAL STABILIZATION AGREE	c EIN-PN 23-7315003-001
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 NEW DIRECTIONS PUBLISHING CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEW DIRECTIONS PUBLISHING	c EIN-PN 13-2508376-002
a	Plan name NEW ENGLAND HEALTH CARE EMPLOYEES PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES-NEW ENGLAND HEALTH CARE EMPLOYEES PENSION FUND	c EIN-PN 22-3071963-001
a	Plan name NEWLAND CONSTRUCTION CO, 401(K) DEF COMP & P	
b	Name of plan sponsor NEWL& CONSTRUCTION CO, 401(K) DEF COMP & PS	c EIN-PN 91-0489231-001
a	Plan name NEXGEN 401K	
b	Name of plan sponsor NEXGEN	c EIN-PN 27-3073403-001
a	Plan name OMNILERT LLC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor OMNILERT LLC	c EIN-PN 73-1719570-001
a	Plan name PALMETTO PROACTIVE HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor PALMETTO PROACTIVE HEALTHCARE, LLC	c EIN-PN 27-1636007-002

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	PARALLAX VISUAL COMMUNICATION 401(K) PLAN	
b	Name of plan sponsor	PARALLAX VISUAL COMMUNICATION	c EIN-PN 36-4664280-001
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	PURE HEALTH MIAMI 401(K) PLAN	
b	Name of plan sponsor	PURE EXECUTIVE HEALTH & WELLNESS, LLC	c EIN-PN 30-0785533-001
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	REGEN PROJECTS 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	STUART REGEN GALLERY, INC. DBA REGEN PROJECTS	c EIN-PN 95-4239553-001
a	Plan name	RESTORE ONE, INC.	
b	Name of plan sponsor	RESTORE ONE, INC.	c EIN-PN 20-8295069-001
a	Plan name	RETIREGUIDE CONSERVATIVE GROWTH	
b	Name of plan sponsor	RETIREGUIDE CONSERVATIVE GROWTH	c EIN-PN 84-4074165-001
a	Plan name	RETIREGUIDE GROWTH	
b	Name of plan sponsor	RETIREGUIDE GROWTH	c EIN-PN 84-4095754-001
a	Plan name	RETIREGUIDE MODERATE GROWTH	
b	Name of plan sponsor	RETIREGUIDE MODERATE GROWTH	c EIN-PN 84-4096529-001
a	Plan name	SIDHU PEDIATRICS, LLC. PROFIT SHARING PLAN	
b	Name of plan sponsor	SIDHU PEDIATRICS, LLC.	c EIN-PN 64-0888518-001
a	Plan name	SILOTECH GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	SILOTECH GROUP, INC.	c EIN-PN 26-3512026-002
a	Plan name	SPMR, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SMARTPHONE METER READING, LLC	c EIN-PN 47-5384068-001

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	SUMMERHAYS DEVELOPMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUMMERHAYS DEVELOPMENT, INC. DBA SUMMERHAYS MUSIC CENTER	c EIN-PN 87-6121486-001
a	Plan name	SUNDOG PARTNERSHIP 401K PLAN	
b	Name of plan sponsor	SUNDOG PARTNERSHIP	c EIN-PN 75-3046044-001
a	Plan name	SUPERIOR OFFICER COUNCIL BALANCED FUND	
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 38-4097316-464
a	Plan name	TALON.ONE INC 401(K) PLAN	
b	Name of plan sponsor	TALON.ONE INC.	c EIN-PN 86-1707744-001
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	TENNYSON CAPITAL PARTNERS 401(K) PLAN	
b	Name of plan sponsor	TENNYSON CAPITAL PARTNERS, LLC	c EIN-PN 47-2877272-001
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 ELAM GROUP 401(K) PLAN	
b	Name of plan sponsor	THE ENVIRONMENTAL LIABILITY AND ASSET MANAGEMENT GROUP, LLC	c EIN-PN 47-2325876-001
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	UNIVERSITY OF COLORADO HOSPITAL AUTHORITY RETIREMENT PLAN	
b	Name of plan sponsor	UCHEALTH	c EIN-PN 84-1179794-001
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

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	WAGSTAFF TAYLOR & ASSOCIATES INC 401K	
b Name of plan sponsor	WAGSTAFF TAYLOR ASSOCIATES INC 401K	c EIN-PN 88-4393921-001

a Plan name	WESTWOOD CONSTRUCTION OF NJ, LLC	
b Name of plan sponsor	WESTWOOD CONSTRUCTION OF NJ, LLC	c EIN-PN 81-0997709-001

a Plan name	WILLIAMS LAW FIRM, P.C. PROFIT SHARING 401(K) PLAN	
b Name of plan sponsor	WILLIAMS LAW FIRM	c EIN-PN 81-0386710-003

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

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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 MARTIN CURRIE EMERGING MARKETS CIT	B Three-digit plan number (PN) ▶ 376
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 82-4565709

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	637785	8
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1537177	478223
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)	830794810	271754475
(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)	15072281	3295562
(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)	87511	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	848129564	275528268
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	504896
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1406318	1189
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1406318	506085
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	846723246	275022183

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)	11232083	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	821763947	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	912939316	
(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)	122789368	
(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)		441277
(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		43287359

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)	5601	
(5) Investment advisory and investment management fees	2i(5)	3016806	
(6) Bank or trust company trustee/custodial fees	2i(6)	535311	
(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)	5455	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3563173
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3563173

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		39724186
l Transfers of assets:			
(1) To this plan	2l(1)		146522174
(2) From this plan	2l(2)		757947423

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 _____.