

<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: 2em; font-weight: bold; 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>METLIFE STABLE VALUE SOLUTIONS FUND II</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>505</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>81-3301561</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	Filed with authorized/valid electronic signature.	10/14/2025	MATT FALCIANI
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>METLIFE STABLE VALUE SOLUTIONS FUND II</u>	B Three-digit plan number (PN) ▶	<u>505</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>81-3301561</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:		
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)
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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)
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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)
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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)

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

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

c EIN-PN

d Entity code

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d Entity code

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d Entity code

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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	ABA-PGT, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	ABA-PGT, INC.	c EIN-PN 06-0623449-002
a	Plan name	ADRENALINE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ADRENALINE, LLC	c EIN-PN 43-1834321-001
a	Plan name	ADVANCED WEB TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ADVANCED WEB TECHNOLOGIES, INC.	c EIN-PN 47-4113525-001
a	Plan name	ALL TAXI MANAGEMENT INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ALL TAXI MANAGEMENT INC.	c EIN-PN 13-3775424-001
a	Plan name	ALLIED MOULDED PRODUCTS, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLIED MOULDED PRODUCTS, INC.	c EIN-PN 34-4492525-001
a	Plan name	ARCHER EDUCATION, INC. 401(K) PLAN	
b	Name of plan sponsor	ARCHER EDUCATION, INC.	c EIN-PN 20-5443842-001
a	Plan name	ART & WELLNESS ENTERPRISE 401(K) PLAN	
b	Name of plan sponsor	CRYSTAL BRIDGES MUSEUM OF AMERICAN ART, INC.	c EIN-PN 20-1359710-001
a	Plan name	ASSOCIATION OF EQUIPMENT MANUFACTURERS PENSION PLAN	
b	Name of plan sponsor	ASSOCIATION OF EQUIPMENT MANUFACTURERS	c EIN-PN 31-1796607-001
a	Plan name	BACKYARD FARMS, LLC 401(K) PLAN	
b	Name of plan sponsor	BACKYARD FARMS, LLC	c EIN-PN 20-2956034-001
a	Plan name	BAUDAX BIO RETIREMENT PLAN	
b	Name of plan sponsor	BAUDAX BIO, INC.	c EIN-PN 47-4639500-001
a	Plan name	BC ADHESIVES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BC ADHESIVES, LLC	c EIN-PN 20-1359243-001
a	Plan name	BEAUMAC COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	BEAUMAC COMPANY, INC.	c EIN-PN 02-0354363-001

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 BECKHOFF AUTOMATION 401(K) PLAN	
b	Name of plan sponsor BECKHOFF AUTOMATION, LLC	c EIN-PN 52-2124363-001
a	Plan name BLOOM INSURANCE AGENCY, LLC RETIREMENT PLAN	
b	Name of plan sponsor BLOOM INSURANCE AGENCY, LLC	c EIN-PN 26-0640936-001
a	Plan name BOB CIASULLI AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor BOB CIASULLI AUTO GROUP, INC.	c EIN-PN 22-2973033-001
a	Plan name BRINGCOM INCORPORATED 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BRINGCOM INCORPORATED	c EIN-PN 54-1633357-001
a	Plan name BROOKLYN SPORTS & ENTERTAINMENT 401(K) PLAN	
b	Name of plan sponsor BROOKLYN NETS LLC	c EIN-PN 22-2219916-001
a	Plan name C.J. FUCCI, INC. SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor C.J. FUCCI, INC.	c EIN-PN 06-0979048-001
a	Plan name CAMP CARIBOU PROFIT SHARING PLAN	
b	Name of plan sponsor CAMP CARIBOU FOR BOYS, INC.	c EIN-PN 80-0240924-001
a	Plan name CANNONBALL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CANNONBALL, INC.	c EIN-PN 26-2087302-001
a	Plan name CAPITAL PROJECT MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAPITAL PROJECT MANAGEMENT	c EIN-PN 23-2827922-001
a	Plan name CARTER BANK & TRUST 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor CARTER BANK & TRUST	c EIN-PN 20-5539935-001
a	Plan name CATAPULT SPORTS, INC. 401(K) PLAN	
b	Name of plan sponsor CATAPULT SPORTS, INC.	c EIN-PN 59-3558793-001
a	Plan name CK FRANCHISING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CK FRANCHISING, INC.	c EIN-PN 31-1638733-001

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 COOPER HEALTH SYSTEM, INC. DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor THE COOPER HEALTH SYSTEM	c EIN-PN 21-0634462-002
a	Plan name CRISTO REY JESUIT HIGH SCHOOL RETIREMENT TRUST	
b	Name of plan sponsor CRISTO REY JESUIT HIGH SCHOOL	c EIN-PN 20-4548714-001
a	Plan name DATUM FILING SYSTEMS INC. 401K PLAN	
b	Name of plan sponsor DATUM FILING SYSTEMS INC	c EIN-PN 11-2156739-001
a	Plan name DAYWEST MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor DAYWEST MANAGEMENT, INC.	c EIN-PN 20-8058906-001
a	Plan name DEANOS COLLISION 401K PLAN	
b	Name of plan sponsor DEANOS COLLISION SPECIALIST INC	c EIN-PN 41-1681867-001
a	Plan name DIAMOND BLADE WAREHOUSE 401(K) PLAN	
b	Name of plan sponsor DIAMOND BLADE WAREHOUSE, INC.	c EIN-PN 36-3527810-001
a	Plan name DJS SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DJS SYSTEMS, INC.	c EIN-PN 32-0067754-001
a	Plan name DRIGGS BILLS & DAY P.C. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor DRIGGS, BILLS & DAY, P.C.	c EIN-PN 87-0551087-001
a	Plan name EDWARDS ENGINEERING, INC. EMPLOYEES' PROFIT SHARING 401(K) PLAN & TRUST	
b	Name of plan sponsor EDWARDS ENGINEERING, INC.	c EIN-PN 36-2993107-001
a	Plan name EHNB 401(K) PLAN	
b	Name of plan sponsor EH NATIONAL BANK	c EIN-PN 57-1210958-001
a	Plan name GARY ROME AUTO GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GARY ROME HYUNDAI	c EIN-PN 04-3350655-001
a	Plan name GELBER GROUP 401(K) PLAN	
b	Name of plan sponsor GELBER GROUP, LLC	c EIN-PN 36-4330915-002

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 GREEN CIRCUITS, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor GREEN CIRCUITS, INC.	c EIN-PN 20-5085784-001
a	Plan name HEALTHCARE INFORMATION SERVICES, L.L.C. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor HEALTHCARE INFORMATION SERVICES, L.L.C.	c EIN-PN 36-4089115-001
a	Plan name HEREFORD INSURANCE COMPANY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor HEREFORD INSURANCE COMPANY	c EIN-PN 11-2774650-001
a	Plan name HIRSHFIELD'S, INC. SECTION 401(K) PLAN	
b	Name of plan sponsor HIRSHFIELDS, INC.	c EIN-PN 41-0313640-003
a	Plan name ICARIO, INC. 401(K) PLAN	
b	Name of plan sponsor ICARIO, INC.	c EIN-PN 85-3192831-001
a	Plan name ICONEX 401(K) PLAN	
b	Name of plan sponsor ICONEX, LLC	c EIN-PN 81-0719062-001
a	Plan name INTERCON CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor INTERCON CONSTRUCTION, INC.	c EIN-PN 39-1499349-001
a	Plan name IPC 401(K) PLAN	
b	Name of plan sponsor IPC SYSTEMS, INC.	c EIN-PN 30-0383566-001
a	Plan name KATUN CORPORATION EMPLOYEE RETIREMENT BENEFIT AND SAVINGS PLAN	
b	Name of plan sponsor KATUN CORPORATION	c EIN-PN 41-1335933-002
a	Plan name KITCHEN ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor KITCHEN ASSOCIATES, INC.	c EIN-PN 04-2505810-001
a	Plan name LIFEWAY MOBILITY 401	
b	Name of plan sponsor LIFEWAY MOBILITY HOLDINGS, LLC	c EIN-PN 47-4807209-001
a	Plan name MASSIMO ZANETTI BEVERAGE USA, INC. 401(K) PLAN	
b	Name of plan sponsor MASSIMO ZANETTI BEVERAGE USA, INC.	c EIN-PN 76-0538725-001

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 MASTRONARDI PRODUCE - USA 401(K) PLAN	
b	Name of plan sponsor MASTRONARDI PRODUCE - USA INC.	c EIN-PN 20-3902640-001
a	Plan name METROPOLITAN NEUROSURGERY P.A. 401K	
b	Name of plan sponsor METROPOLITAN NEUROSURGERY PA	c EIN-PN 41-1368599-002
a	Plan name MG GLOBAL ENTERTAINMENT INC	
b	Name of plan sponsor MG GLOBAL ENTERTAINMENT INC	c EIN-PN 33-1222068-001
a	Plan name MINTZER, SAROWITZ, ZERIS, LEDVA & MEYERS, LLP 401(K) PLAN	
b	Name of plan sponsor MINTZER SAROWITZ ZERIS & WILLIS, PLLC	c EIN-PN 23-2325896-001
a	Plan name MIRATEC SYSTEMS INC PROFIT SHARING PLAN	
b	Name of plan sponsor MIRATEC SYSTEMS INC	c EIN-PN 41-1613472-001
a	Plan name MOREY ORGANIZATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE MOREY ORGANIZATION, INC.	c EIN-PN 22-2130568-001
a	Plan name MRS. KELLY'S INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MRS. KELLYS INC.	c EIN-PN 95-3278769-001
a	Plan name MUSICNOTES PROFIT SHARING AND EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor MUSICNOTES, INC.	c EIN-PN 39-1922597-002
a	Plan name OAK RIDGE INVESTMENTS, LLC 401(K) RETIREMENT PLAN & TRUST	
b	Name of plan sponsor OAK RIDGE INVESTMENTS, LLC	c EIN-PN 36-4142388-001
a	Plan name PACIFIC BEST INC. EMPLOYEE RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor PACIFIC BEST INC.	c EIN-PN 95-3929830-001
a	Plan name PEARLAND BROKERAGE INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor PEARLAND BROKERAGE INC.	c EIN-PN 13-2633235-002
a	Plan name PHARMING HEALTHCARE, INC. 401(K) PLAN	
b	Name of plan sponsor PHARMING HEALTHCARE, INC.	c EIN-PN 52-2097561-001

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 PRECISION STAMPING PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRECISION STAMPING PRODUCTS, INC.	c EIN-PN 36-4358004-001
a	Plan name RCS SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RCS SYSTEMS, INC.	c EIN-PN 39-1627604-001
a	Plan name READY MIX DRIVERS 401(K) PLAN	
b	Name of plan sponsor MODERN READY MIX, INC.	c EIN-PN 41-1613986-001
a	Plan name RETIREMENT LEARNING CENTER RETIREMENT PLAN	
b	Name of plan sponsor RETIREMENT LEARNING CENTER, LLC	c EIN-PN 20-3870376-002
a	Plan name REX CARTON COMPANY, INC. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor REX CARTON COMPANY, INC.	c EIN-PN 36-2539818-001
a	Plan name RHODE ISLAND TEXTILE COMPANY 401(K) PLAN	
b	Name of plan sponsor RHODE ISLAND TEXTILE COMPANY	c EIN-PN 05-0209010-002
a	Plan name ROSEN, SAPPERSTEIN & FRIEDLANDER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROSEN, SAPPERSTEIN & FRIEDLANDER, LLC	c EIN-PN 47-5153865-001
a	Plan name S & S FIRESTONE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor S & S FIRESTONE, INC.	c EIN-PN 61-0864995-001
a	Plan name S. WALTER PACKAGING CORP. 401(K) SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor S. WALTER PACKAGING CORP.	c EIN-PN 23-1745482-002
a	Plan name S.L. NUSBAUM REALTY CO. & NMC 401(K) PLAN	
b	Name of plan sponsor S. L. NUSBAUM REALTY CO.	c EIN-PN 54-1582671-002
a	Plan name SCHAFFER RICHARDSON, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SCHAFFER RICHARDSON, LLC	c EIN-PN 81-4833253-001
a	Plan name SEI 401(K) PLAN	
b	Name of plan sponsor SYNERGY ENTERPRISES, INCORPORATED	c EIN-PN 04-3755253-001

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 SIGMAPHARM LABORATORIES, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SIGMAPHARM LABORATORIES, LLC	c EIN-PN 20-2433641-001
a	Plan name SINGULAR ANESTHESIA SERVICES, PLLC 401(K) PLAN	
b	Name of plan sponsor SINGULAR ANESTHESIA SERVICES, PLLC	c EIN-PN 47-2961712-001
a	Plan name SKARZYNSKI MARICK & BLACK LLP PROFIT SHARING AND 401K PLAN	
b	Name of plan sponsor SKARZYNSKI MARICK & BLACK LLP	c EIN-PN 16-1653096-001
a	Plan name SKILLS INC. 401(K) PLAN	
b	Name of plan sponsor SKILLS INC.	c EIN-PN 91-0816065-001
a	Plan name SOVEREIGN DISTRIBUTORS, INC. T/A AVALON FLOORING 401(K) PLAN	
b	Name of plan sponsor SOVEREIGN DISTRIBUTORS, INC. T/A AVALON FLOORING	c EIN-PN 22-2985143-001
a	Plan name SPORTECH, LLC 401(K) PLAN	
b	Name of plan sponsor SPORTECH, LLC	c EIN-PN 41-1867686-001
a	Plan name STONEBRIDGE PRESS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor STONEBRIDGE PRESS, INC.	c EIN-PN 04-3290513-001
a	Plan name SUPERIOR PLASTICS EXTRUSION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUPERIOR PLASTICS EXTRUSION COMPANY, INC	c EIN-PN 04-3070396-001
a	Plan name TEPA, LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor TEPA, LLC	c EIN-PN 20-3372298-001
a	Plan name THE HOEHN RETIREMENT PLAN	
b	Name of plan sponsor HOEHN MOTORS, INC.	c EIN-PN 62-0628782-001
a	Plan name THE IVES COMPANIES 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor IVES EQUIPMENT CORPORATION	c EIN-PN 23-1436788-004
a	Plan name THE MANAGEMENT GROUP 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor THE MANDEL COMPANY, INC.	c EIN-PN 95-4101058-001

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	THE PROCONEX GROUP 401K PLAN	
b	Name of plan sponsor	PROCONEX	c EIN-PN 23-1439311-005
a	Plan name	THRIFTY DRUG STORES INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	THRIFTY DRUG STORES INC.	c EIN-PN 41-0907427-001
a	Plan name	TOWER HILL INSURANCE GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	TOWER HILL INSURANCE GROUP, LLC	c EIN-PN 27-0867974-002
a	Plan name	TOWN & COUNTRY CLUB OF SAINT PAUL 401(K) PLAN	
b	Name of plan sponsor	TOWN & COUNTRY CLUB OF SAINT PAUL	c EIN-PN 41-0580900-001
a	Plan name	TURBON INTERNATIONAL INC. AND SUBSIDIARIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TURBON USA, INC.	c EIN-PN 13-5618582-002
a	Plan name	UNIVERSAL PRINTING COMPANY LLC 401(K) PLAN	
b	Name of plan sponsor	UNIVERSAL PRINTING COMPANY LLC	c EIN-PN 30-0609958-001
a	Plan name	UNIVERSAL SOLUTIONS INTERNATIONAL, INC. 401(K) PLAN	
b	Name of plan sponsor	UNIVERSAL SOLUTIONS INTERNATIONAL, INC.	c EIN-PN 20-8148487-001
a	Plan name	VARDE MANAGEMENT, L.P. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VARDE MANAGEMENT, L.P.	c EIN-PN 20-8368769-001
a	Plan name	VESERIS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ES OPCO USA LLC	c EIN-PN 84-3689531-001
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

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 METLIFE STABLE VALUE SOLUTIONS FUND II	B Three-digit plan number (PN) ▶ 505
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 81-3301561

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	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	36593
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)	
(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)	65900363
(15) Other.....	1c(15)	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	74766050	65936956
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	26802
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	109240	36591
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	109240	63393
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	74656810	65873563

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)	1293191	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1293191
(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)		
(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		1293191

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)	4396	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	3425	
(5) Investment advisory and investment management fees	2i(5)	69900	
(6) Bank or trust company trustee/custodial fees	2i(6)	34950	
(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)		112671
j Total expenses. Add all expense amounts in column (b) and enter total	2j		112671

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1180520
l Transfers of assets:			
(1) To this plan	2l(1)		13639417
(2) From this plan	2l(2)		23603184

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 _____.