

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- 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) M
- 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
 - special extension (enter description)
 - the DFVC program
- 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 <u>GMAM GROUP PENSION TRUST III</u>	1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>STATE STREET BANK & TRUST COMPANY</u> <u>1776 HERITAGE DRIVE</u> <u>QUINCY, MA 02171</u>	2b Employer Identification Number (EIN) <u>01-6231432</u> 2c Plan Sponsor's telephone number <u>617-664-7874</u> 2d Business code (see instructions)

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>06/23/2025</u>	<u>ELLEN FITCH</u>
	Signature of DFE	Date	Enter name of individual signing as 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 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 _____ (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>GMAM GROUP PENSION TRUST III</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>STATE STREET BANK & TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>01-6231432</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>GM HOURLY CASH MANAGEMENT</u>		
b Name of sponsor of entity listed in (a): <u>GM HOURLY RATE EMPLOYES PENSION TRUST CASH MGT</u>		
c EIN-PN <u>25-6013833-003</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>1452039</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK CASH MANAGEMENT FUND</u>		
b Name of sponsor of entity listed in (a): <u>GMAM GROUP PENSION TRUST II CASH MGMT</u>		
c EIN-PN <u>02-0615827-002</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>756240</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:

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d Entity code

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d Entity code

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c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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	GM HOURLY-RATE EMP. PENSION PLAN	
b Name of plan sponsor	GENERAL MOTORS LLC	c EIN-PN 27-0383222-003

a Plan name	GM RETIREMENT PRGM FOR SALARIED EMP	
b Name of plan sponsor	GENERAL MOTORS LLC	c EIN-PN 27-0383222-016

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

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

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> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan GMAM GROUP PENSION TRUST III	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 STATE STREET BANK & TRUST COMPANY	D Employer Identification Number (EIN) 01-6231432

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	109784	18
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1690620	56173
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	-45862	
(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)	8292705	0
(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)	2257279	2208279
(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)		5081391
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12304526	7345861
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	12304526	7345861

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)	138	
(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)	1397849	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1397987
(2) Dividends:			
(A) Preferred stock	2b(2)(A)	-36804	
(B) Common stock	2b(2)(B)	-1162769	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	57052	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		-1142521
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	-24874565	
(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)		-24874565
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-3063008	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-3063008

		(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)		24851714
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-2830393

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)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(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)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		0

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2830393
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		2128272

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.)		X	
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.)		X	
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.)		X	
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.)	X		
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.)	X		
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 _____.

6FXK

GMAM GROUP PENSION TRUST III
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

PAGE: 1
PLAN YEAR ENDING: 09/30/24

THIS IS A COMPOSITE REPORT FOR:

7NGY	GMAMIII H PD FUND US AHY PEM
7NHF	GMAM GP TRUST III REC HOURLY
7NLH	GMAMIII S PD FUND US AHY PEM
7NMO	GMAM GP TRUST III REC SALARY
7NQ2	PENDING CLOSURE
7NVJ	PENDING CLOSURE
7N2U	PENDING CLOSURE
7N8I	PENDING CLOSURE

GMAM GROUP PENSION TRUST III
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE
CORPORATE STOCKS - COMMON						
	CONSTELLATION SOFTWARE INC	CONSTELLATION SOFTWARE IN 28				
		50.000			0.00	0.00
7N2U	21037X985	50.000			0.00	0.00
		-----			-----	-----
		50.000			0.00	0.00

GMAM GROUP PENSION TRUST III
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE

COMMON/COLLECTIVE TRUSTS						

		BLACKROCK CASH MANAGEMENT FUND		BLACKROCK CASH MANAGEMENT FUN	1.000 12/31/2050	
			756,239.47		756,239.47	756,239.47
7NMO	924QSDIIO		756,239.47		756,239.47	756,239.47
		GM HOURLY CASH MANAGEMENT			1.000 12/31/2030	
			1,452,039.43		1,452,039.43	1,452,039.43
7NHF	971DUWII6		1,452,039.43		1,452,039.43	1,452,039.43
		-----			-----	-----
			2,208,278.90		2,208,278.90	2,208,278.90

GMAM GROUP PENSION TRUST III
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(E) CURRENT VALUE
			(D) COST		
REGISTERED INVESTMENT COMPANY					
		TENNENBAUM OPPORTUNITIES V			
		34,580,457.570		34,580,457.57	5,081,390.76
7NLH	88199F961	34,580,457.570		34,580,457.57	5,081,390.76
		TENNENBAUM SPECIAL VAL EXP			
		SPECIAL VALUE OPPORTUNITIES			
		2.000		2.00	0.00
7NGY	88199V990	1.000		1.00	0.00
7NLH	88199V990	1.000		1.00	0.00
		----- 34,580,459.570		----- 34,580,459.57	----- 5,081,390.76

GMAM GROUP PENSION TRUST III
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

ASSET CATEGORY	UNITS	COST	CURRENT VALUE
INTEREST BEARING CASH	0.000	0.00	0.00
CERTIFICATES OF DEPOSIT	0.000	0.00	0.00
U.S. GOVERNMENT SECURITIES	0.000	0.00	0.00
CORP. DEBT INSTR. - PREFERRED	0.000	0.00	0.00
CORP. DEBT INSTR. - ALL OTHER	0.000	0.00	0.00
CORPORATE STOCKS - PREFERRED	0.000	0.00	0.00
CORPORATE STOCKS - COMMON	50.000	0.00	0.00
PARTN./JOINT VENTURE INTERESTS	0.000	0.00	0.00
REAL ESTATE-INCOME PRODUCING	0.000	0.00	0.00
REAL ESTATE-NON INC. PRODUCING	0.000	0.00	0.00
LOANS SECURED BY MTGES-RESID.	0.000	0.00	0.00
LOANS SECURED BY MTGES-COM'L	0.000	0.00	0.00
LOANS TO PARTIC. - MORTGAGES	0.000	0.00	0.00
LOANS TO PARTICIPANTS - OTHER	0.000	0.00	0.00
OTHER	0.000	0.00	0.00
COMMON/COLLECTIVE TRUSTS	2,208,278.900	2,208,278.90	2,208,278.90
POOLED SEPARATE ACCOUNTS	0.000	0.00	0.00
103-12 INVESTMENTS	0.000	0.00	0.00
REGISTERED INVESTMENT COMPANY	34,580,459.570	34,580,459.57	5,081,390.76
INSURANCE CO. GENERAL ACCOUNT	0.000	0.00	0.00
** ASSET CATEGORY NOT FOUND **	0.000	0.00	0.00
GRAND TOTALS	36,788,788.470	36,788,738.47	7,289,669.66

GMAM GROUP PENSION TRUST III
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

AS-OF DATE: 09/30/24

THIS IS A COMPOSITE REPORT FOR:

7NGY	GMAMIII H PD FUND US AHY PEM
7NHF	GMAM GP TRUST III REC HOURLY
7NLH	GMAMIII S PD FUND US AHY PEM
7NMO	GMAM GP TRUST III REC SALARY
7NQ2	PENDING CLOSURE
7NVJ	PENDING CLOSURE
7N2U	PENDING CLOSURE
7N8I	PENDING CLOSURE

GMAM GROUP PENSION TRUST III
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 12,304,525.90
 5% OF ASSET VALUE: 615,226.30

PLAN YEAR ENDING: 09/30/24

(A) IDENTITY OF PARTY		(B) DESCRIPTION OF ASSET		RATE		MAT DATE			
#PUR	(C) PURCHASE PRICE	#SALE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS	
CORPORATE STOCKS - COMMON									
927VYL900		KPI (BVI) RETAIL MGT		COMMON SHARES					
0		0.00	2	616,441.90	0.00	616,441.90	2	616,441.90	0.00
CORPORATE STOCKS - COMMON TOTALS									
0		0.00	2	616,441.90	0.00	616,441.90	2	616,441.90	0.00

GMAM GROUP PENSION TRUST III
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 12,304,525.90
 5% OF ASSET VALUE: 615,226.30

PLAN YEAR ENDING: 09/30/24

(A) IDENTITY OF PARTY		(B) DESCRIPTION OF ASSET		RATE		MAT DATE			
#PUR	(C) PURCHASE PRICE	#SALE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS	
PARTN./JOINT VENTURE INTERESTS									
902TLF000	KPI (BVI) RETAIL MGT		KPI (BVI) RETAIL MGT						
2	616,441.90	2	616,441.89	0.00	616,441.90	4	1,232,883.79	-0.01	
PARTN./JOINT VENTURE INTERESTS TOTALS									
2	616,441.90	2	616,441.89	0.00	616,441.90	4	1,232,883.79	-0.01	

GMAM GROUP PENSION TRUST III
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 12,304,525.90
 5% OF ASSET VALUE: 615,226.30

PLAN YEAR ENDING: 09/30/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET					RATE	MAT DATE		
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS			
COMMON/COLLECTIVE TRUSTS									
971DUWII6	GM HOURLY CASH MANAGEMENT					1.000	12/31/2030		
63	364,361.32	7	452,682.77	0.00	452,682.77	70	817,044.09	0.00	
COMMON/COLLECTIVE TRUSTS TOTALS									
63	364,361.32	7	452,682.77	0.00	452,682.77	70	817,044.09	0.00	

GMAM GROUP PENSION TRUST III
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 12,304,525.90
 5% OF ASSET VALUE: 615,226.30

PLAN YEAR ENDING: 09/30/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET				RATE	MAT DATE		
#PUR (C) PURCHASE PRICE	#SALE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS	
REGISTERED INVESTMENT COMPANY								
88199V990	TENNEBAUM SPECIAL VAL EXP		SPECIAL VALUE OPPORTUNITIES					
2	0.00	2	24,851,714.24	0.00	24,851,712.24	4	24,851,714.24	2.00
REGISTERED INVESTMENT COMPANY TOTALS								
2	0.00	2	24,851,714.24	0.00	24,851,712.24	4	24,851,714.24	2.00

GMAM GROUP PENSION TRUST III
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 12,304,525.90
 5% OF ASSET VALUE: 615,226.30

PLAN YEAR ENDING: 09/30/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	RATE	MAT DATE	(I) GAIN/LOSS
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) CURR VALUE
#TOTAL				
INTEREST BEARING CASH				
0	0.00	0	0.00	0.00
CERTIFICATES OF DEPOSIT				
0	0.00	0	0.00	0.00
U.S. GOVERNMENT SECURITIES				
0	0.00	0	0.00	0.00
CORP. DEBT INSTR. - PREFERRED				
0	0.00	0	0.00	0.00
CORP. DEBT INSTR. - ALL OTHER				
0	0.00	0	0.00	0.00
CORPORATE STOCKS - PREFERRED				
0	0.00	0	0.00	0.00
CORPORATE STOCKS - COMMON				
0	0.00	2	616,441.90	0.00
2	616,441.90	2	616,441.90	616,441.90
PARTN./JOINT VENTURE INTERESTS				
2	616,441.90	2	616,441.89	0.00
4				1,232,883.79
REAL ESTATE-INCOME PRODUCING				
0	0.00	0	0.00	0.00
REAL ESTATE-NON INC. PRODUCING				
0	0.00	0	0.00	0.00
LOANS SECURED BY MTGES-RESID.				
0	0.00	0	0.00	0.00
LOANS SECURED BY MTGES-COM'L				
0	0.00	0	0.00	0.00
LOANS TO PARTIC. - MORTGAGES				
0	0.00	0	0.00	0.00
LOANS TO PARTICIPANTS - OTHER				
0	0.00	0	0.00	0.00
OTHER				
0	0.00	0	0.00	0.00
COMMON/COLLECTIVE TRUSTS				
63	364,361.32	7	452,682.77	0.00
70				817,044.09
POOLED SEPARATE ACCOUNTS				
0	0.00	0	0.00	0.00
103-12 INVESTMENTS				
0	0.00	0	0.00	0.00
REGISTERED INVESTMENT COMPANY				
2	0.00	2	24,851,714.24	0.00
4				24,851,714.24
INSURANCE CO. GENERAL ACCOUNT				
0	0.00	0	0.00	0.00
** ASSET CATEGORY NOT FOUND **				
0	0.00	0	0.00	0.00
REPORTABLE TRANSACTION TOTALS				
67	980,803.22	13	26,537,280.80	0.00
80				27,518,084.02
NON-REPORTABLE TRANSACTION TOTALS				
12	39,321.34	0	0.00	0.00
12				39,321.34

GMAM GROUP PENSION TRUST III
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

THIS IS A COMPOSITE REPORT FOR:

7NGY	GMAMIII H PD FUND US AHY PEM
7NHF	GMAM GP TRUST III REC HOURLY
7NLH	GMAMIII S PD FUND US AHY PEM
7NMO	GMAM GP TRUST III REC SALARY
7NQ2	PENDING CLOSURE
7NVJ	PENDING CLOSURE
7N2U	PENDING CLOSURE
7N8I	PENDING CLOSURE

GMAM GROUP PENSION TRUST III

PLAN YEAR ENDING: 09/30/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 12,304,525.90
 5% OF ASSET VALUE: 615,226.30

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET		RATE	MAT DATE	
(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
CORPORATE STOCKS - COMMON					

CORPORATE STOCKS - COMMON TOTALS					

		0.00	0.00	0.00	0.00

GMAM GROUP PENSION TRUST III

PLAN YEAR ENDING: 09/30/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 12,304,525.90
5% OF ASSET VALUE: 615,226.30

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET		RATE	MAT DATE		
(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS	

PARTN./JOINT VENTURE INTERESTS

PARTN./JOINT VENTURE INTERESTS TOTALS

		0.00	0.00	0.00	0.00	
--	--	------	------	------	------	--

GMAM GROUP PENSION TRUST III

PLAN YEAR ENDING: 09/30/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 12,304,525.90
 5% OF ASSET VALUE: 615,226.30

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET		RATE	MAT DATE	
(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
COMMON/COLLECTIVE TRUSTS					

COMMON/COLLECTIVE TRUSTS TOTALS					

		0.00	0.00	0.00	0.00

GMAM GROUP PENSION TRUST III
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 12,304,525.90
 5% OF ASSET VALUE: 615,226.30

PLAN YEAR ENDING: 09/30/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
(C) PURCHASE PRICE	(D) SELLING PRICE				

REGISTERED INVESTMENT COMPANY					

88199V990	TENNENBAUM SPECIAL VAL EXP	SPECIAL VALUE OPPORTUNITIES			
	16,304,290.18	0.00	16,304,289.18	16,304,290.18	1.00
88199V990	TENNENBAUM SPECIAL VAL EXP	SPECIAL VALUE OPPORTUNITIES			
	8,547,424.06	0.00	8,547,423.06	8,547,424.06	1.00
REGISTERED INVESTMENT COMPANY TOTALS					

		0.00	24,851,712.24	24,851,714.24	2.00

GMAM GROUP PENSION TRUST III
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 12,304,525.90
 5% OF ASSET VALUE: 615,226.30

PLAN YEAR ENDING: 09/30/24

(A) IDENTITY OF PARTY (C) PURCHASE PRICE	(B) DESCRIPTION OF ASSET (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE (H) CURR VALUE	(I) GAIN/LOSS
INTEREST BEARING CASH						
		0.00		0.00	0.00	0.00
CERTIFICATES OF DEPOSIT						
		0.00		0.00	0.00	0.00
U.S. GOVERNMENT SECURITIES						
		0.00		0.00	0.00	0.00
CORP. DEBT INSTR. - PREFERRED						
		0.00		0.00	0.00	0.00
CORP. DEBT INSTR. - ALL OTHER						
		0.00		0.00	0.00	0.00
CORPORATE STOCKS - PREFERRED						
		0.00		0.00	0.00	0.00
CORPORATE STOCKS - COMMON						
		0.00		0.00	0.00	0.00
PARTN./JOINT VENTURE INTERESTS						
		0.00		0.00	0.00	0.00
REAL ESTATE-INCOME PRODUCING						
		0.00		0.00	0.00	0.00
REAL ESTATE-NON INC. PRODUCING						
		0.00		0.00	0.00	0.00
LOANS SECURED BY MTGES-RESID.						
		0.00		0.00	0.00	0.00
LOANS SECURED BY MTGES-COM'L						
		0.00		0.00	0.00	0.00
LOANS TO PARTIC. - MORTGAGES						
		0.00		0.00	0.00	0.00
LOANS TO PARTICIPANTS - OTHER						
		0.00		0.00	0.00	0.00
OTHER						
		0.00		0.00	0.00	0.00
COMMON/COLLECTIVE TRUSTS						
		0.00		0.00	0.00	0.00
POOLED SEPARATE ACCOUNTS						
		0.00		0.00	0.00	0.00
103-12 INVESTMENTS						
		0.00		0.00	0.00	0.00
REGISTERED INVESTMENT COMPANY						
		0.00	24,851,712.24		24,851,714.24	2.00
INSURANCE CO. GENERAL ACCOUNT						
		0.00		0.00	0.00	0.00
** ASSET CATEGORY NOT FOUND **						
		0.00		0.00	0.00	0.00
REPORTABLE TRANSACTION TOTALS						
		0.00	24,851,712.24		24,851,714.24	2.00

